

# California

## Ambetter by Health Net Drug List

### For Ambetter by Health Net Individual & Family Plans

The Essential Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at [www.healthnet.com](http://www.healthnet.com). Refer to Evidence of Coverage for specific cost share information.

#### For California Individual & Family Plans:

[https://ifp.healthnetcalifornia.com/Pharmacy\\_Information/drug\\_lists.html](https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html)

**NOTE:** To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug, and press the “Enter” key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at 1-800-839-3366

#### *Hours of Operation*

*8:00am – 6:00pm Monday through Friday*

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# Table of Contents

|                                                                                         |         |
|-----------------------------------------------------------------------------------------|---------|
| What If I Have Questions Regarding My Pharmacy Benefit?.....                            | i       |
| What is the Drug List? .....                                                            | i       |
| How do I find a drug in the Drug List? .....                                            | i       |
| How are the drugs listed in the categorical list? .....                                 | ii      |
| How much will I pay for my drugs? .....                                                 | ii      |
| Tier Descriptions .....                                                                 | iii     |
| Are there any limits on my drug coverage? .....                                         | iv      |
| How often does the Drug List change? .....                                              | v       |
| How can I get prior authorization or an exception to the rules for drug coverage? ..... | v       |
| Step Therapy Exception: .....                                                           | vi      |
| Are all contraceptives covered? .....                                                   | vii     |
| What blood glucose supplies covered? .....                                              | viii    |
| Are preventive drugs covered?.....                                                      | viii    |
| What drugs are under my medical benefit?.....                                           | viii    |
| Can I go to any pharmacy?.....                                                          | viii    |
| Can I use a mail order pharmacy?.....                                                   | ix      |
| How can I save money on my prescription drugs? .....                                    | ix      |
| Are infertility drugs covered? .....                                                    | ix      |
| Are Immunizations covered through pharmacies?.....                                      | ix      |
| Are Weight Loss drugs Covered? .....                                                    | ix      |
| Are hemophilia drugs and blood factors Covered?.....                                    | x       |
| Definitions .....                                                                       | x       |
| Alphabetical index of prescription drugs .....                                          | Index 1 |

# ***Welcome to Health Net***

## **What If I Have Questions Regarding My Pharmacy Benefit?**

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

## **What is the Drug List?**

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

***This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.***

## **How do I find a drug in the Drug List?**

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

**Search Tool:** Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

**Alphabetical Index:** The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

**Categorical list:** The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

## How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class. Example:

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) TABS | 3         | PA                   |
| <i>terbutaline sulfate tabs</i>                  | 1         |                      |

The generic drug name for a brand drug is included after the brand name in parentheses and are in ***Bold italicized lowercase*** letters.

**Brand Drug Example:** MAVYRET TABS (*glecaprevir-pibrentasvir*)

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

**Generic Drug Example:** *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

**Generic Drug Marketed Under a Proprietary Brand Name Example:** *levothyroxine sodium* (LEVOXYL) TABS

## How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

| Drug                              | Benefit Phase            | Maximum Cost Share | Days' Supply |
|-----------------------------------|--------------------------|--------------------|--------------|
| Oral Cancer Drugs                 | Before Deductible Is Met | \$250              | 30 Days      |
| All other (non-oral cancer) Drugs | After Deductible Is Met  | \$250              | 30 Days      |
| Bronze Plan Members               | After Deductible Is Met  | \$500              | 30 Days      |

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an insured is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply.

## Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

## Tier Descriptions

Below is a description for each tier. Refer to Evidence of Coverage for specific cost share information

| <i>Tier</i> | <i>Description</i>                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | Tier one consists of most generic drugs and low-cost preferred brand name drugs.                                                                                                                                                                                                                                                                                                                                                  |
| 2           | Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.                                                                                                                                                                                                           |
| 3           | Tier three consists of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.                                                                                                                                   |
| 4           | Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply. |
| 5           | Tier five includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.                                                                                                                                                                                                                                                                  |

## Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

| <i>Abbreviation</i> | <i>Definition</i>   | <i>Description</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL                  | Age Limit           | These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AC                  | Anti-cancer         | Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order, if applicable).                                                                                                                                                                                                                                                                                                                                   |
| LA                  | Limited Access      | <p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons:</p> <p>The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.</p> |
| PA                  | Prior Authorization | This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.                                                                                                                                                                                                                                                                                                                                                    |
| PV                  | Preventive Drugs    | Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.                                                                                                                                                                                         |

|        |                                       |                                                                                                                                                                                                                                                                                                                                |
|--------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QL     | Quantity Limit                        | These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.                                            |
| RX/OTC | Prescription & Over the Counter (OTC) | Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered. |
| ST     | Step Therapy                          | Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.                                                                                        |
| SP     | Specialty Drug                        | Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.                                                                                                           |

### **How often does the Drug List change?**

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary.
- Any change in the tier placement of a drug that results in an increase in cost-sharing.
- Adding or changing utilization management procedures applicable to a drug.

Before these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

### **How can I get prior authorization or an exception to the rules for drug coverage?**

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health plan may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

### **Step Therapy Exception:**

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
  - Worsen a comorbid condition.
  - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
  - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

### **Are all contraceptives covered?**

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not

available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

### **What blood glucose supplies covered?**

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

### **Are preventive drugs covered?**

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

### **What drugs are under my medical benefit?**

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

### **Can I go to any pharmacy?**

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

## **Can I use a mail order pharmacy?**

For maintenance prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at [Forms and Brochures - Pharmacy](#) or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

## **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

## **Are infertility drugs covered?**

Infertility drugs are not covered.

## **Are Immunizations covered through pharmacies?**

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

## **Are Weight Loss drugs Covered?**

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that includes diet, exercise, and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

| Weight Loss Medications         |                           |
|---------------------------------|---------------------------|
| Oral Medications                | Self-injected Medications |
| Contrave                        | Wegovy                    |
| Phentermine-Topiramate (Qsymia) | Saxenda                   |
| Phentermine                     | Zepbound                  |
| Orlistat (Xenical)              |                           |

### Are hemophilia drugs and blood factors Covered?

Hemophilia drugs and blood factors are covered through under the pharmacy benefit with a valid prescription, approved prior authorization, and provided by our contracted specialty pharmacy, Acaria Health.

### Definitions

**Brand drug:** Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

**Coinsurance:** Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

**Copayment:** Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

**Deductible:** Is the amount you pay for covered health care benefits that are subject to the deductible before your health plan begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays for the rest.

**Drug Tier:** Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

**Enrollee:** Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

**Exception request:** Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

**Exigent circumstances:** Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a

current course of treatment using a non-formulary drug.

**Formulary or prescription drug list:** Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

**Generic drug:** Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

**Medically Necessary:** Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

**Non-formulary drug:** Is a prescription drug that is not listed on the drug list.

**Out-of-pocket costs:** Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

**Prescribing provider:** This is a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

**Prescription:** Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

**Prescription drug:** Is a drug that by law requires a prescription.

**Prior Authorization:** Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

**Step therapy:** Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

**Step therapy exception** is a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

**Subscriber:** Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.



| 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>                                                                                    |           |                                 |
| (Dextroamphetamine Sulfate) PROCENTRA SOLN                                                             | 1         |                                 |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG                                                          | 1         |                                 |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG                                                         | 1         |                                 |
| ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )                                              | NF        | QL(2 EA daily; 90 Day(s) limit) |
| ADDERALL TABS 7.5 MG, 15 MG ( <i>amphetamine-dextroamphetamine</i> )                                   | NF        | QL(90 EA per fill retail)       |
| ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG ( <i>amphetamine-dextroamphetamine</i> )                     | NF        |                                 |
| ADDERALL TABS 10 MG ( <i>amphetamine-dextroamphetamine</i> )                                           | NF        |                                 |
| <i>amphetamine-dextroamphetamine</i> CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                      | 1         | QL(2 EA daily; 90 Day(s) limit) |
| <i>amphetamine-dextroamphetamine</i> TABS 5 MG, 12.5 MG, 20 MG, 30 MG                                  | 1         |                                 |
| <i>amphetamine-dextroamphetamine</i> TABS 7.5 MG, 15 MG                                                | 1         | QL(90 EA per fill retail)       |
| <i>amphetamine-dextroamphetamine</i> TABS 10 MG                                                        | 1         |                                 |
| DESOXYN ( <i>methamphetamine hcl</i> )                                                                 | NF        | PA                              |

| Drug Name                                                        | Drug Tier | Requirements/ Limits                 |
|------------------------------------------------------------------|-----------|--------------------------------------|
| DEXEDRINE CP24 10 MG, 15 MG ( <i>dextroamphetamine sulfate</i> ) | NF        |                                      |
| <i>dextroamphetamine sulfate</i> CP24                            | 1         |                                      |
| <i>dextroamphetamine sulfate</i> SOLN                            | 1         |                                      |
| <i>dextroamphetamine sulfate</i> TABS 10 MG                      | 1         |                                      |
| <i>dextroamphetamine sulfate</i> TABS 5 MG                       | 1         |                                      |
| <i>lisdexamfetamine dimesylate</i> CAPS                          | 2         | QL(1 EA daily)                       |
| <i>lisdexamfetamine dimesylate</i> CHEW                          | 1         | Limited to 1 per day; QL(1 EA daily) |
| <i>methamphetamine hcl</i>                                       | 2         | PA                                   |
| <b>Analeptics</b>                                                |           |                                      |
| <i>caffeine citrate</i> SOLN PO                                  | 1         |                                      |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>    |           |                                      |
| <i>atomoxetine hcl</i> 60 MG, 80 MG, 100 MG                      | 1         | QL(1 EA daily)                       |
| <i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG                | 1         | QL(2 EA daily)                       |
| <i>clonidine hcl (adhd)</i> TB12                                 | 1         | QL(4 EA daily)                       |
| <i>guanfacine hcl (adhd)</i>                                     | 1         | QL(1 EA daily)                       |
| INTUNIV ( <i>guanfacine hcl (adhd)</i> )                         | NF        | QL(1 EA daily)                       |
| KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )                      | NF        | QL(4 EA daily)                       |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )  | NF        | QL(2 EA daily)                       |
| STRATTERA 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )        | NF        | QL(1 EA daily)                       |
| <b>Stimulants - Misc.</b>                                        |           |                                      |
| APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )                  | NF        | QL(1 EA daily)                       |

Updated January 2026

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                    | Drug Name                                             | Drug Tier | Requirements/ Limits                                    |
|----------------------------------------------------------------------------|-----------|---------------------------------------------------------|-------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>armodafinil 50 MG</i>                                                   | 1         | PA                                                      | <i>methylphenidate hcl SOLN</i>                       | 1         |                                                         |
| <i>armodafinil 150 MG, 200 MG, 250 MG</i>                                  | 1         | PA                                                      | <i>methylphenidate hcl TABS 20 MG</i>                 | 1         | QL(3 EA daily)                                          |
| CONCERTA TBCR 18 MG ( <i>methylphenidate hcl</i> )                         | NF        | QL(1 EA daily; 90 EA per fill retail)                   | <i>methylphenidate hcl TABS 5 MG, 10 MG</i>           | 1         |                                                         |
| CONCERTA TBCR 54 MG ( <i>methylphenidate hcl</i> )                         | NF        | QL(2 EA daily; 180 EA per fill retail)                  | <i>methylphenidate hcl TB24 36 MG</i>                 | 1         | QL(2 EA daily; 90 Day(s) limit)                         |
| CONCERTA TBCR 27 MG, 36 MG ( <i>methylphenidate hcl</i> )                  | NF        | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) | <i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>   | 1         | QL(1 EA daily; 90 Day(s) limit)                         |
| DAYTRANA PTCH ( <i>methylphenidate</i> )                                   | NF        | QL(1 EA daily)                                          | <i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>   | 1         | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) |
| <i>dexmethylphenidate hcl CP24</i>                                         | 1         | QL(1 EA daily; 90 EA per 90 day(s) retail)              | <i>methylphenidate hcl TBCR 54 MG</i>                 | 2         | QL(2 EA daily; 180 EA per fill retail)                  |
| <i>dexmethylphenidate hcl TABS</i>                                         | 1         | QL(2 EA daily)                                          | <i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>   | 2         | QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail) |
| FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )                          | NF        | QL(1 EA daily; 90 EA per 90 day(s) retail)              | <i>methylphenidate hcl TBCR 10 MG, 20 MG</i>          | 1         | QL(1 EA daily; 90 EA per fill retail)                   |
| FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )                             | NF        | QL(2 EA daily)                                          | <i>methylphenidate hcl TBCR 54 MG</i>                 | 1         | QL(2 EA daily; 180 EA per fill retail)                  |
| METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> ) | NF        |                                                         | <i>methylphenidate PTCH</i>                           | 1         | QL(1 EA daily)                                          |
| METADATE CD CPCR 20 MG, 30 MG ( <i>methylphenidate hcl</i> )               | NF        | QL(2 EA daily)                                          | <i>modafinil</i>                                      | 1         | QL(1 EA daily); ST                                      |
| METHYLIN SOLN ( <i>methylphenidate hcl</i> )                               | NF        |                                                         | NUVIGIL 50 MG ( <i>armodafinil</i> )                  | NF        | PA                                                      |
| <i>methylphenidate hcl CHEW</i>                                            | 1         |                                                         | NUVIGIL 150 MG, 200 MG, 250 MG ( <i>armodafinil</i> ) | NF        | PA                                                      |
| <i>methylphenidate hcl CP24</i>                                            | 1         | QL(1 EA daily)                                          | PROVIGIL ( <i>modafinil</i> )                         | NF        | QL(1 EA daily); ST                                      |
| <i>methylphenidate hcl CP24 60 MG</i>                                      | 1         | QL(1 EA daily; 90 EA per fill retail)                   | QUILLICHEW ER CHER 30 MG                              | 3         | QL(2 EA daily); PA                                      |
| <i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>                 | 1         |                                                         | QUILLICHEW ER CHER 20 MG, 40 MG                       | 3         | QL(1 EA daily); PA                                      |
| <i>methylphenidate hcl CPCR 20 MG, 30 MG</i>                               | 1         | QL(2 EA daily)                                          | QUILLIVANT XR SRER                                    | 3         | QL(12 ML daily); PA                                     |
|                                                                            |           |                                                         | RELEXXII TBCR 54 MG ( <i>methylphenidate hcl</i> )    | NF        | QL(2 EA daily; 180 EA per fill retail)                  |

Updated January 2026

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| Drug Name                                                                                      | Drug Tier | Requirements/ Limits                                                                         | Drug Name                                                                                                                                          | Drug Tier | Requirements/ Limits                                                                             |
|------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------|
| RELEXXII TBCR 18 MG<br>( <i>methylphenidate hcl</i> )                                          | NF        | QL(1 EA daily;<br>90 EA per fill<br>retail)                                                  | XELJANZ SOLN                                                                                                                                       | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(10<br>ML daily); SP;<br>PA |
| RELEXXII TBCR 27 MG,<br>36 MG ( <i>methylphenidate<br/>hcl</i> )                               | NF        | QL(1 EA daily;<br>90 Day(s) limit ;<br>90 EA per fill<br>retail)                             | XELJANZ TABS                                                                                                                                       | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(2 EA<br>daily); SP; PA     |
| RITALIN LA CP24<br>( <i>methylphenidate hcl</i> )                                              | NF        | QL(1 EA daily)                                                                               | Antirheumatic Antimetabolites                                                                                                                      |           |                                                                                                  |
| RITALIN TABS 20 MG<br>( <i>methylphenidate hcl</i> )                                           | NF        | QL(3 EA daily)                                                                               | OTREXUP SOAJ 12.5<br>MG/0.4ML, 15 MG/0.4ML,<br>17.5 MG/0.4ML, 20<br>MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML                                        | SP        | PA                                                                                               |
| RITALIN TABS 5 MG, 10<br>MG ( <i>methylphenidate hcl</i> )                                     | NF        |                                                                                              | OTREXUP SOAJ 10<br>MG/0.4ML                                                                                                                        | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661;; PA                           |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial<br>Infections                                       |           |                                                                                              | RASUVO SOAJ 20<br>MG/0.4ML                                                                                                                         | SP        | PA                                                                                               |
| Aminoglycosides                                                                                |           |                                                                                              | RASUVO SOAJ 7.5<br>MG/0.15ML, 10<br>MG/0.2ML, 12.5<br>MG/0.25ML, 15<br>MG/0.3ML, 17.5<br>MG/0.35ML, 22.5<br>MG/0.45ML, 25<br>MG/0.5ML, 30 MG/0.6ML | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661;; PA                           |
| ARIKAYCE                                                                                       | SP        | PA                                                                                           | Anti-TNF-alpha - Monoclonal Antibodies                                                                                                             |           |                                                                                                  |
| BETHKIS NEBU<br>( <i>tobramycin</i> )                                                          | SP        | PA                                                                                           | ADALIMUMAB-AATY (1<br>PEN) AJKT                                                                                                                    | SP        | QL(0.143 EA<br>daily); PA                                                                        |
| HUMATIN                                                                                        | 2         |                                                                                              | ADALIMUMAB-AATY (2<br>PEN) AJKT                                                                                                                    | SP        | QL(0.143 EA<br>daily); PA                                                                        |
| KITABIS PAK (W/<br>NEBULIZER) NEBU 300<br>MG/5ML ( <i>tobramycin</i> )                         | NF        |                                                                                              | ADALIMUMAB-AATY (2<br>SYRINGE) PSKT                                                                                                                | SP        | QL(0.143 EA<br>daily); PA                                                                        |
| <i>neomycin sulfate TABS</i>                                                                   | 1         |                                                                                              | ADALIMUMAB-AATY<br>CD/UC/HS START AJKT<br>80 MG/0.8ML                                                                                              | SP        | QL(0.143 EA<br>daily); PA                                                                        |
| <i>streptomycin sulfate<br/>SOLR</i>                                                           | SP        | PA                                                                                           | ADALIMUMAB-ADAZ<br>SOAJ 80 MG/0.8ML                                                                                                                | SP        | QL(0.072 ML<br>daily); PA                                                                        |
| TOBI PODHALER CAPS                                                                             | SP        | PA                                                                                           |                                                                                                                                                    |           |                                                                                                  |
| TOBI NEBU ( <i>tobramycin</i> )                                                                | NF        |                                                                                              |                                                                                                                                                    |           |                                                                                                  |
| <i>tobramycin NEBU</i>                                                                         | SP        | PA                                                                                           |                                                                                                                                                    |           |                                                                                                  |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to<br>Treat Pain, Swelling, Muscle and Joint Conditions |           |                                                                                              |                                                                                                                                                    |           |                                                                                                  |
| Antirheumatic - Enzyme Inhibitors                                                              |           |                                                                                              |                                                                                                                                                    |           |                                                                                                  |
| RINVOQ LQ SOLN                                                                                 | SP        | QL(12 ML<br>daily); PA                                                                       |                                                                                                                                                    |           |                                                                                                  |
| RINVOQ TB24                                                                                    | SP        | QL(1 EA daily);<br>PA                                                                        |                                                                                                                                                    |           |                                                                                                  |
| XELJANZ XR TB24                                                                                | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(1 EA<br>daily); SP; PA |                                                                                                                                                    |           |                                                                                                  |

Updated January 2026

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| Drug Name                                | Drug Tier | Requirements/ Limits                                      | Drug Name                           | Drug Tier | Requirements/ Limits                                                      |
|------------------------------------------|-----------|-----------------------------------------------------------|-------------------------------------|-----------|---------------------------------------------------------------------------|
| ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML         | SP        | QL(0.143 ML daily); PA                                    | HUMIRA-PED<40KG CROHNS STARTER PSKT | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA |
| ADALIMUMAB-ADAZ SOSY                     | SP        | QL(0.143 ML daily); PA                                    | HUMIRA-PED>=40KG CROHNS START PSKT  | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT             | SP        | QL(0.143 EA daily); PA                                    | HUMIRA-PED>=40KG UC STARTER AJKT    | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA                 |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT         | SP        | QL(0.143 EA daily); PA                                    | HUMIRA-PS/UV/ADOL HS STARTER AJKT   | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA                 |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT      | SP        | QL(0.143 EA daily); PA                                    | HUMIRA-PSORIASIS/UEIT STARTER AJKT  | SP        | Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT      | SP        | QL(0.143 EA daily); PA                                    | SIMLANDI (1 PEN) AJKT               | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA (2 PEN) AJKT 40 MG/0.4ML          | SP        | Check plan documents for coverage; QL(0.143 EA daily); PA | SIMLANDI (1 SYRINGE) PSKT           | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA | SIMLANDI (2 PEN) AJKT               | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA (2 PEN) AJKT 80 MG/0.8ML          | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA | SIMLANDI (2 SYRINGE) PSKT           | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA (2 SYRINGE) PSKT                  | SP        | Check plan documents for coverage; QL(0.143 EA daily); PA | YUFLYMA (1 PEN) AJKT                | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | SP        | Check plan documents for coverage; QL(0.072 EA daily); PA | YUFLYMA (2 PEN) AJKT                | SP        | QL(0.143 EA daily); PA                                                    |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | SP        | Check Plan Documents for coverage; QL(0.143 EA daily); PA | YUFLYMA (2 SYRINGE) PSKT            | SP        | QL(0.143 EA daily); PA                                                    |
|                                          |           |                                                           | YUFLYMA-CD/UC/HS STARTER AJKT       | SP        | QL(0.143 EA daily); PA                                                    |
| Gold Compounds                           |           |                                                           |                                     |           |                                                                           |
| AURANOFIN 3 MG                           |           |                                                           |                                     | SP        |                                                                           |
| RIDAURA                                  |           |                                                           |                                     | SP        |                                                                           |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                                                             | Drug Name                                    | Drug Tier | Requirements/ Limits      |
|-----------------------------------------------------|-----------|----------------------------------------------------------------------------------|----------------------------------------------|-----------|---------------------------|
| Interleukin-1 Blockers                              |           |                                                                                  | DAYPRO TABS ( <i>oxaprozin</i> )             | NF        |                           |
| ARCALYST                                            | SP        | PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA                  | <i>diclofenac potassium TABS 50 MG</i>       | 1         |                           |
|                                                     |           |                                                                                  | <i>diclofenac sodium TB24</i>                | 1         |                           |
|                                                     |           |                                                                                  | <i>diclofenac sodium TBEC</i>                | 1         |                           |
|                                                     |           |                                                                                  | <i>diclofenac w/ misoprostol TBEC</i>        | 1         |                           |
| Interleukin-6 Receptor Inhibitors                   |           |                                                                                  | <i>etodolac CAPS</i>                         | 1         |                           |
| ACTEMRA ACTPEN SOAJ                                 | SP        | QL(3.6 ML per 28 day(s) retail); PA                                              | <i>etodolac TABS</i>                         | 1         |                           |
| ACTEMRA SOSY                                        | SP        | QL(3.6 ML per 28 day(s) retail); PA                                              | <i>etodolac TB24</i>                         | 1         | QL(2 EA daily)            |
| KEVZARA SOAJ                                        | SP        | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA | FELDENE CAPS 20 MG ( <i>piroxicam</i> )      | NF        | QL(1 EA daily)            |
|                                                     |           |                                                                                  | FELDENE CAPS 10 MG ( <i>piroxicam</i> )      | NF        |                           |
|                                                     |           |                                                                                  | <i>flurbiprofen TABS</i>                     | 1         |                           |
|                                                     |           |                                                                                  | <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i> | 1         |                           |
| KEVZARA SOSY                                        | SP        | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA | INDOCIN SUSP ( <i>indomethacin</i> )         | NF        |                           |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs)      |           |                                                                                  | <i>indomethacin CAPS 25 MG, 50 MG</i>        | 1         |                           |
| (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG         | 1         |                                                                                  | <i>indomethacin CPCR</i>                     | 1         |                           |
| (Indomethacin) INDOCIN SUPP                         | SP        |                                                                                  | <i>indomethacin SUPP</i>                     | SP        |                           |
| ANAPROX DS TABS ( <i>naproxen sodium</i> )          | NF        |                                                                                  | <i>indomethacin SUSP</i>                     | 2         |                           |
| ARTHROTEC TBEC ( <i>diclofenac w/ misoprostol</i> ) | NF        |                                                                                  | <i>ketoprofen CP24</i>                       | 1         |                           |
| CELEBREX 400 MG ( <i>celecoxib</i> )                | NF        | QL(2 EA daily); PA                                                               | <i>ketorolac tromethamine TABS</i>           | 1         | QL(20 EA per fill retail) |
| CELEBREX 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> ) | NF        | QL(2 EA daily)                                                                   | LODINE TABS ( <i>etodolac</i> )              | NF        |                           |
| <i>celecoxib 50 MG, 100 MG, 200 MG</i>              | 1         | QL(2 EA daily)                                                                   | LURBIPR TABS 100 MG ( <i>flurbiprofen</i> )  | NF        |                           |
| <i>celecoxib 400 MG</i>                             | 1         | QL(2 EA daily); PA                                                               | LURBIRO TABS 100 MG ( <i>flurbiprofen</i> )  | NF        |                           |
|                                                     |           |                                                                                  | <i>meclofenamate sodium CAPS</i>             | 1         |                           |
|                                                     |           |                                                                                  | <i>mefenamic acid CAPS</i>                   | 1         |                           |
|                                                     |           |                                                                                  | <i>meloxicam TABS 15 MG</i>                  | 1         | QL(1 EA daily)            |
|                                                     |           |                                                                                  | <i>meloxicam TABS 7.5 MG</i>                 | 1         | QL(2 EA daily)            |
|                                                     |           |                                                                                  | <i>nabumetone 500 MG</i>                     | 1         | QL(4 EA daily)            |
|                                                     |           |                                                                                  | <i>nabumetone 750 MG</i>                     | 1         | QL(3 EA daily)            |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                                        | Drug Name                                                                                  | Drug Tier | Requirements/ Limits                                                             |
|-----------------------------------------------|-----------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| NAPROSYN SUSP<br>( <i>naproxen</i> )          | NF        |                                                                             | ENBREL SURECLICK SOAJ                                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA    |
| NAPROSYN TABS 500 MG<br>( <i>naproxen</i> )   | NF        |                                                                             |                                                                                            |           |                                                                                  |
| <i>naproxen sodium TABS 275 MG, 550 MG</i>    | 1         |                                                                             | ENBREL SOLN                                                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA |
| <i>naproxen SUSP</i>                          | 1         |                                                                             |                                                                                            |           |                                                                                  |
| <i>naproxen TABS</i>                          | 1         |                                                                             | ENBREL SOSY 50 MG/ML                                                                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ML daily); SP; PA |
| <i>oxaprozin TABS</i>                         | 1         |                                                                             |                                                                                            |           |                                                                                  |
| <i>piroxicam CAPS 10 MG</i>                   | 1         |                                                                             | ENBREL SOSY 25 MG/0.5ML                                                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA |
| <i>piroxicam CAPS 20 MG</i>                   | 1         | QL(1 EA daily)                                                              |                                                                                            |           |                                                                                  |
| <i>sulindac TABS 200 MG</i>                   | 1         |                                                                             | <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>         |           |                                                                                  |
| <i>sulindac TABS 150 MG</i>                   | 1         | QL(2 EA daily)                                                              | <b>Analgesic Combinations</b>                                                              |           |                                                                                  |
| Phosphodiesterase 4 (PDE4) Inhibitors         |           |                                                                             | (Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG                                         | 2         |                                                                                  |
| OTEZLA XR TB24 PO 75 MG                       | SP        | QL(1 EA daily); SP; PA                                                      | (Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG                                        | 1         |                                                                                  |
| OTEZLA/OTEZLA XR INITIATION PK TBPk           | SP        | QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); PA                | (Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG | 1         |                                                                                  |
| OTEZLA TABS                                   | SP        | QL(2 EA daily); SP; PA                                                      | (Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG                          | 1         |                                                                                  |
| OTEZLA TBPk                                   | SP        | QL(2 EA daily); SP; PA                                                      |                                                                                            |           |                                                                                  |
| OTEZLA TBPk                                   | SP        | QL(55 EA per 365 day(s) retail); SP; PA                                     |                                                                                            |           |                                                                                  |
| Pyrimidine Synthesis Inhibitors               |           |                                                                             |                                                                                            |           |                                                                                  |
| ARAVA 20 MG<br>( <i>leflunomide</i> )         | NF        | QL(1 EA daily)                                                              |                                                                                            |           |                                                                                  |
| ARAVA 10 MG<br>( <i>leflunomide</i> )         | NF        | QL(2 EA daily)                                                              |                                                                                            |           |                                                                                  |
| <i>leflunomide 10 MG</i>                      | 1         | QL(2 EA daily)                                                              |                                                                                            |           |                                                                                  |
| <i>leflunomide 20 MG</i>                      | 1         | QL(1 EA daily)                                                              |                                                                                            |           |                                                                                  |
| Soluble Tumor Necrosis Factor Receptor Agents |           |                                                                             |                                                                                            |           |                                                                                  |
| ENBREL MINI SOCT                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); PA |                                                                                            |           |                                                                                  |

Updated January 2026

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i> | 1         |                      | (Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, QC ASPIRIN LOW DOSE, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG | PV        | PV                   |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                     | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| <i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>                                    | 2         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| <i>butalbital-acetaminophen TABS 50 MG-300 MG</i>                                    | 2         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                                    | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| <i>butalbital-aspirin-caffeine CAPS</i>                                              | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )                              | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| FIORICET CAPS ( <i>butalbital-acetaminophen-caffeine</i> )                           | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |
| Salicylates                                                                          |           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                      |

Updated January 2026

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| Drug Name                                                                                                                                                                                                                                                                                                                                                               | Drug Tier | Requirements/ Limits                  | Drug Name                                                                   | Drug Tier | Requirements/ Limits                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------|-----------------------------------------------------------------------------|-----------|----------------------------------------------|
| (Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW | PV        | PV                                    | DILAUDID TABS ( <i>hydromorphone hcl</i> )                                  | NF        | First fill opioids limited to 7 days.        |
| <i>aspirin CHEW</i>                                                                                                                                                                                                                                                                                                                                                     | PV        | PV                                    | <i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>   | 2         | PA                                           |
| <i>aspirin TBEC 81 MG</i>                                                                                                                                                                                                                                                                                                                                               | PV        | PV                                    | <i>fentanyl citrate LPOP 1600 MCG</i>                                       | 2         | QL(4 EA daily); PA                           |
| <i>diflunisal TABS</i>                                                                                                                                                                                                                                                                                                                                                  | 1         |                                       | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>                  | 1         | Limit 15 patches per month; QL(0.5 EA daily) |
| <i>salsalate</i>                                                                                                                                                                                                                                                                                                                                                        | 1         |                                       | <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1         | Limit 15 per month; QL(0.5 EA daily)         |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions                                                                                                                                                                                                                                                                                                  |           |                                       | <i>hydromorphone hcl LIQD</i>                                               | 1         | First fill opioids limited to 7 days.        |
| Opioid Agonists                                                                                                                                                                                                                                                                                                                                                         |           |                                       | <i>hydromorphone hcl TABS</i>                                               | 1         | First fill opioids limited to 7 days.        |
| (Methadone Hcl) METHADONE HCL INTENSOL CONC                                                                                                                                                                                                                                                                                                                             | 1         |                                       | <i>hydromorphone hcl TB24 32 MG</i>                                         | 1         | QL(2 EA daily)                               |
| (Methadone Hcl) METHADOSE TBSO                                                                                                                                                                                                                                                                                                                                          | 1         |                                       | <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>                            | 1         | QL(4 EA daily)                               |
| ACTIQ LPOP 400 MCG ( <i>fentanyl citrate</i> )                                                                                                                                                                                                                                                                                                                          | NF        | PA                                    | <i>levorphanol tartrate TABS 2 MG</i>                                       | SP        | First fill opioids limited to 7 days.; PA    |
| <i>codeine sulfate TABS</i>                                                                                                                                                                                                                                                                                                                                             | 1         | First fill opioids limited to 7 days. | <i>levorphanol tartrate TABS 3 MG</i>                                       | SP        | PA                                           |
| CONZIP CP24 ( <i>tramadol hcl</i> )                                                                                                                                                                                                                                                                                                                                     | 3         |                                       | <i>meperidine hcl SOLN PO 50 MG/5ML</i>                                     | 1         | First fill opioids limited to 7 days.        |
| DILAUDID LIQD ( <i>hydromorphone hcl</i> )                                                                                                                                                                                                                                                                                                                              | NF        | First fill opioids limited to 7 days. | <i>meperidine hcl TABS 50 MG</i>                                            | 1         | First fill opioids limited to 7 days.        |
|                                                                                                                                                                                                                                                                                                                                                                         |           |                                       | <i>methadone hcl CONC</i>                                                   | 1         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                         |           |                                       | <i>methadone hcl SOLN PO</i>                                                | 1         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                         |           |                                       | <i>methadone hcl TABS</i>                                                   | 1         | QL(12 EA daily)                              |
|                                                                                                                                                                                                                                                                                                                                                                         |           |                                       | <i>methadone hcl TBSO</i>                                                   | 1         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                         |           |                                       | METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )                          | NF        |                                              |

Updated January 2026

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                  | Drug Name                                                             | Drug Tier | Requirements/ Limits                                  |
|-------------------------------------------------------------------------------|-----------|-------------------------------------------------------|-----------------------------------------------------------------------|-----------|-------------------------------------------------------|
| METHADOSE CONC<br>(methadone hcl)                                             | NF        |                                                       | <i>oxymorphone hcl TABS 5 MG</i>                                      | 2         | First fill opioids limited to 7 days.                 |
| <i>morphine sulfate beads</i>                                                 | 2         | QL(1 EA daily)                                        | <i>oxymorphone hcl TABS 10 MG</i>                                     | 2         | First fill opioids limited to 7 days.; QL(8 EA daily) |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | QL(2 EA daily)                                        | <i>oxymorphone hcl TB12</i>                                           | 2         | QL(2 EA daily)                                        |
| <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>                          | 1         | First fill opioids limited to 7 days.                 | ROXICODONE TABS 15 MG ( <i>oxycodone hcl</i> )                        | NF        | First fill opioids limited to 7 days.                 |
| <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>                          | 1         | Not available through mail order                      | ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )                        | NF        | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>morphine sulfate SUPP</i>                                                  | 2         | First fill opioids limited to 7 days.                 | <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>                       | 1         |                                                       |
| <i>morphine sulfate TABS 30 MG</i>                                            | 1         |                                                       | <i>tramadol hcl TABS 100 MG</i>                                       | 1         |                                                       |
| <i>morphine sulfate TABS 15 MG</i>                                            | 1         | First fill opioids limited to 7 days.                 | <i>tramadol hcl TABS 50 MG</i>                                        | 1         | First fill opioids limited to 7 days.; QL(8 EA daily) |
| <i>morphine sulfate TBCR</i>                                                  | 1         | QL(3 EA daily)                                        | <i>tramadol hcl TB24 100 MG</i>                                       | 1         | QL(3 EA daily)                                        |
| MS CONTIN TBCR ( <i>morphine sulfate</i> )                                    | NF        | QL(3 EA daily)                                        | <i>tramadol hcl TB24</i>                                              | 1         |                                                       |
| OXAYDO TABS 5 MG                                                              | 2         | First fill opioids limited to 7 days.                 | <i>tramadol hcl TB24 200 MG</i>                                       | 1         | QL(1 EA daily)                                        |
| OXAYDO TABS 7.5 MG                                                            | 3         | First fill opioids limited to 7 days.; QL(4 EA daily) | Opioid Combinations                                                   |           |                                                       |
| <i>oxycodone hcl CAPS</i>                                                     | 1         | First fill opioids limited to 7 days.                 | (Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE                    | 1         | First fill opioids limited to 7 days.                 |
| <i>oxycodone hcl CONC 100 MG/5ML</i>                                          | 1         | First fill opioids limited to 7 days.                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG | 1         | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>oxycodone hcl SOLN</i>                                                     | 1         | First fill opioids limited to 7 days.                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG               | 1         | First fill opioids limited to 7 days.                 |
| <i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>                           | 1         | First fill opioids limited to 7 days.                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG                 | 1         | First fill opioids limited to 7 days.; QL(6 EA daily) |
| <i>oxycodone hcl TABS 30 MG</i>                                               | 1         | First fill opioids limited to 7 days.; QL(4 EA daily) |                                                                       |           |                                                       |

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| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                              | Drug Name                                                                       | Drug Tier | Requirements/ Limits                                  |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| <i>acetaminophen w/ codeine SOLN</i>                                                                        | 1         | First fill opioids limited to 7 days.                             | <i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>                        | 1         | First fill opioids limited to 7 days.                 |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>                                                           | 1         | First fill opioids limited to 7 days.; QL(6 EA daily)             | NALOCET TABS                                                                    | 3         |                                                       |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>                                             | 1         | First fill opioids limited to 7 days.                             | <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                            | 1         | First fill opioids limited to 7 days.                 |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                                | 1         | First fill opioids limited to 7 days.; PA                         | <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>              | 1         | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>                                | 1         | First fill opioids limited to 7 days.                             | <i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>                              | 1         | First fill opioids limited to 7 days.; QL(6 EA daily) |
| <i>butalbital-aspirin-caffeine w/cod</i>                                                                    | 1         | First fill opioids limited to 7 days.                             | OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG                                      | 3         |                                                       |
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )           | NF        | First fill opioids limited to 7 days.; PA                         | OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG           | 3         | First fill opioids limited to 7 days.                 |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1         | First fill opioids limited to 7 days.                             | PERCOCET TABS 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )                 | NF        | First fill opioids limited to 7 days.; QL(6 EA daily) |
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>                                             | 1         | First fill opioids limited to 7 days.                             | PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )               | NF        | First fill opioids limited to 7 days.                 |
| <i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>                                                         | 1         | First fill opioids limited to 7 days.; QL(6 EA daily)             | PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> ) | NF        | First fill opioids limited to 7 days.; QL(4 EA daily) |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                              | 1         | First fill opioids limited to 7 days.; QL(240 EA per fill retail) | PROLATE TABS                                                                    | 3         | First fill opioids limited to 7 days.                 |
| <i>hydrocodone-ibuprofen 5 MG-200 MG</i>                                                                    | 2         | First fill opioids limited to 7 days.                             | <i>tramadol-acetaminophen</i>                                                   | 1         | First fill opioids limited to 7 days.; QL(8 EA daily) |
| Opioid Partial Agonists                                                                                     |           |                                                                   |                                                                                 |           |                                                       |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                                          |           |                                                                   |                                                                                 | 1         | QL(2 EA daily)                                        |

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| Drug Name                                                                                              | Drug Tier | Requirements/ Limits                      | Drug Name                                          | Drug Tier | Requirements/ Limits                          |
|--------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|----------------------------------------------------|-----------|-----------------------------------------------|
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>              | 1         | QL(3 EA daily)                            | (Methyltestosterone) METHITEST TABS                | SP        |                                               |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                                   | 1         |                                           | (Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM | 1         | QL(10 ML daily)                               |
| <i>buprenorphine hcl SUBL 8 MG</i>                                                                     | 1         | QL(4 EA daily)                            | ANDROGEL PUMP GEL TD ( <i>testosterone</i> )       | NF        | Limited to 300 gms per month; QL(10 GM daily) |
| <i>buprenorphine hcl SUBL 2 MG</i>                                                                     | 1         | QL(3 EA daily)                            | <i>danazol CAPS</i>                                | 1         |                                               |
| <i>buprenorphine PTWK 7.5 MCG/HR</i>                                                                   | 2         | QL(4 EA per 28 day(s) retail)             | FORTESTA GEL TD ( <i>testosterone</i> )            | NF        | QL(4 GM daily)                                |
| <i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>                                    | 2         | QL(4 EA per 28 day(s) retail)             | <i>methyltestosterone CAPS</i>                     | 1         |                                               |
| <i>butorphanol tartrate NA 10 MG/ML</i>                                                                | 1         | Limit 7.5mls per month; QL(0.25 ML daily) | TESTIM GEL TD ( <i>testosterone</i> )              | 3         | QL(10 GM daily); PA                           |
| BUTRANS PTWK 7.5 MCG/HR ( <i>buprenorphine</i> )                                                       | NF        | QL(4 EA per 28 day(s) retail)             | <i>testosterone cypionate SOLN IM</i>              | 1         | QL(10 ML daily)                               |
| BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR ( <i>buprenorphine</i> )                        | NF        | QL(4 EA per 28 day(s) retail)             | <i>testosterone enanthate SOLN IM</i>              | 1         |                                               |
| <i>pentazocine w/ naloxone hcl</i>                                                                     | 1         |                                           | <i>testosterone GEL TD 1 %</i>                     | 1         | QL(10 GM daily)                               |
| SUBLOCADE SOSY                                                                                         | SP        | Covered under Medical Benefit; PA         | <i>testosterone GEL TD 10 MG/ACT</i>               | 1         | QL(4 GM daily)                                |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | NF        | QL(3 EA daily)                            | <i>testosterone GEL TD</i>                         | 1         | Limited to 300 gms per month; QL(10 GM daily) |
| SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )                        | NF        | QL(2 EA daily)                            | <i>testosterone SOLN</i>                           | 1         | QL(6 ML daily)                                |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                                                 |           |                                           | VOGELXO PUMP GEL TD ( <i>testosterone</i> )        | NF        | QL(10 GM daily)                               |
| Androgens                                                                                              |           |                                           | VOGELXO GEL TD ( <i>testosterone</i> )             | NF        | QL(10 GM daily)                               |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>               |           |                                           |                                                    |           |                                               |
| Intrarectal Steroids                                                                                   |           |                                           |                                                    |           |                                               |
| <i>budesonide (intrarectal)</i>                                                                        |           |                                           |                                                    | 2         | PA                                            |
| CORTENEMA ( <i>hydrocortisone intrarectal</i> )                                                        |           |                                           |                                                    | NF        | QL(60 ML daily)                               |
| CORTIFOAM EX 10 %                                                                                      |           |                                           |                                                    | 2         |                                               |
| <i>hydrocortisone (intrarectal)</i>                                                                    |           |                                           |                                                    | 1         | QL(60 ML daily)                               |

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits                      |
|-------------------------------------------------------------------------------|-----------|-------------------------------------------|
| UCERIS ( <i>budesonide (intrarectal)</i> )                                    | NF        | PA                                        |
| Rectal Combinations                                                           |           |                                           |
| ANALPRAM HC LOTN EX                                                           | 3         |                                           |
| ANALPRAM-HC LOTN EX                                                           | 3         |                                           |
| PROCTOFOAM HC FOAM EX                                                         | 2         |                                           |
| Rectal Steroids                                                               |           |                                           |
| (Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % | 1         |                                           |
| ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )                               | NF        |                                           |
| <i>hydrocortisone (rectal) EX 2.5 %</i>                                       | 1         |                                           |
| Vasodilating Agents                                                           |           |                                           |
| <i>nitroglycerin (intra-anal)</i>                                             | 2         |                                           |
| RECTIV ( <i>nitroglycerin (intra-anal)</i> )                                  | NF        |                                           |
| ANTHELMINTICS - Drugs to Treat Worm Infections                                |           |                                           |
| Anthelmintics                                                                 |           |                                           |
| <i>albendazole</i>                                                            | SP        |                                           |
| BENZNIDAZOLE                                                                  | 2         | AL(At least 2 yrs old - Up to 12 yrs old) |
| BILTRICIDE ( <i>praziquantel</i> )                                            | NF        |                                           |
| <i>ivermectin</i>                                                             | 1         |                                           |
| <i>praziquantel</i>                                                           | 2         |                                           |
| STROMECTOL ( <i>ivermectin</i> )                                              | NF        |                                           |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain                                |           |                                           |
| Antianginals-Other                                                            |           |                                           |
| <i>ranolazine TB12 1000 MG</i>                                                | 1         |                                           |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>ranolazine TB12 500 MG</i>                              | 1         | QL(4 EA daily)       |
| Nitrates                                                   |           |                      |
| ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )     | NF        |                      |
| <i>isosorbide dinitrate TABS 40 MG</i>                     | 2         |                      |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1         |                      |
| <i>isosorbide mononitrate TABS</i>                         | 1         |                      |
| ISOSORBIDE MONONITRATE TABS                                | 2         |                      |
| <i>isosorbide mononitrate TB24</i>                         | 1         |                      |
| NITRO-BID OINT                                             | 2         |                      |
| NITRO-DUR PT24 ( <i>nitroglycerin</i> )                    | NF        | QL(1 EA daily)       |
| NITRO-DUR PT24                                             | 2         | QL(1 EA daily)       |
| <i>nitroglycerin PT24</i>                                  | 1         | QL(1 EA daily)       |
| <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>                  | 1         |                      |
| <i>nitroglycerin SUBL</i>                                  | 1         |                      |
| NITROLINGUAL SOLN TL ( <i>nitroglycerin</i> )              | NF        |                      |
| NITROSTAT SUBL ( <i>nitroglycerin</i> )                    | NF        |                      |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety                |           |                      |
| Antianxiety Agents - Misc.                                 |           |                      |
| <i>buspirone hcl</i>                                       | 1         |                      |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i>                       | SP        | PA                   |
| <i>hydroxyzine hcl SYRP</i>                                | 1         |                      |
| <i>hydroxyzine hcl TABS</i>                                | 1         |                      |
| <i>hydroxyzine pamoate CAPS</i>                            | 1         |                      |
| VISTARIL CAPS 25 MG ( <i>hydroxyzine pamoate</i> )         | NF        |                      |
| Benzodiazepines                                            |           |                      |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| (Alprazolam) ALPRAZOLAM XR TB24                                | 1         |                      |
| (Diazepam) DIAZEPAM INTENSOL CONC                              | 1         |                      |
| (Lorazepam) LORAZEPAM INTENSOL CONC                            | 1         |                      |
| ALPRAZOLAM INTENSOL CONC                                       | 3         |                      |
| <i>alprazolam TABS</i>                                         | 1         |                      |
| <i>alprazolam TB24</i>                                         | 1         |                      |
| <i>alprazolam TBDP</i>                                         | 2         |                      |
| ATIVAN TABS ( <i>lorazepam</i> )                               | NF        |                      |
| <i>chlordiazepoxide hcl CAPS</i>                               | 1         |                      |
| <i>clorazepate dipotassium TABS</i>                            | 1         |                      |
| <i>diazepam CONC</i>                                           | 1         |                      |
| <i>diazepam SOLN PO 5 MG/5ML</i>                               | 1         |                      |
| <i>diazepam TABS 2 MG, 5 MG</i>                                | 1         |                      |
| <i>diazepam TABS 10 MG</i>                                     | 1         | QL(4 EA daily)       |
| <i>lorazepam CONC</i>                                          | 1         |                      |
| <i>lorazepam TABS</i>                                          | 1         |                      |
| <i>oxazepam CAPS 10 MG, 15 MG</i>                              | 1         |                      |
| <i>oxazepam CAPS 30 MG</i>                                     | 1         | QL(2 EA daily)       |
| VALIUM TABS 2 MG, 5 MG ( <i>diazepam</i> )                     | NF        |                      |
| VALIUM TABS 10 MG ( <i>diazepam</i> )                          | NF        | QL(4 EA daily)       |
| XANAX XR TB24 ( <i>alprazolam</i> )                            | NF        |                      |
| XANAX TABS ( <i>alprazolam</i> )                               | NF        |                      |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b> |           |                      |
| Antiarrhythmics Type I-A                                       |           |                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits                                                         |
|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| <i>disopyramide phosphate CAPS</i>                                              | 2         |                                                                              |
| NORPACE CR CP12                                                                 | 3         |                                                                              |
| NORPACE CAPS ( <i>disopyramide phosphate</i> )                                  | NF        |                                                                              |
| <i>quinidine gluconate TBCR</i>                                                 | 2         |                                                                              |
| Antiarrhythmics Type I-B                                                        |           |                                                                              |
| <i>mexiletine hcl</i>                                                           | 1         |                                                                              |
| Antiarrhythmics Type I-C                                                        |           |                                                                              |
| <i>flecainide acetate</i>                                                       | 1         |                                                                              |
| <i>propafenone hcl CP12</i>                                                     | 2         |                                                                              |
| <i>propafenone hcl TABS 150 MG</i>                                              | 1         | QL(6 EA daily)                                                               |
| <i>propafenone hcl TABS 225 MG, 300 MG</i>                                      | 1         | QL(3 EA daily)                                                               |
| RYTHMOL SR CP12 ( <i>propafenone hcl</i> )                                      | NF        |                                                                              |
| Antiarrhythmics Type III                                                        |           |                                                                              |
| (Amiodarone Hcl) PACERONE TABS                                                  | 1         |                                                                              |
| <i>amiodarone hcl TABS</i>                                                      | 1         |                                                                              |
| <i>dofetilide</i>                                                               | 2         |                                                                              |
| TIKOSYN ( <i>dofetilide</i> )                                                   | NF        |                                                                              |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                                                                              |
| Antiasthmatic - Monoclonal Antibodies                                           |           |                                                                              |
| FASENRA PEN SOAJ                                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA |
| FASENRA SOSY 30 MG/ML                                                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA |

Updated January 2026

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| Drug Name                                                | Drug Tier | Requirements/ Limits                                                         | Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| FASENRA SOSY 10 MG/0.5ML                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA | SINGULAIR PACK ( <i>montelukast sodium</i> )                                                     | NF        | QL(1 EA daily)       |
| Anti-Inflammatory Agents                                 |           |                                                                              | SINGULAIR TABS ( <i>montelukast sodium</i> )                                                     | NF        | QL(1 EA daily)       |
| <i>cromolyn sodium NEBU</i>                              | 2         |                                                                              | <i>zafirlukast 20 MG</i>                                                                         | 1         | QL(2 EA daily)       |
| Bronchodilators - Anticholinergics                       |           |                                                                              | <i>zafirlukast 10 MG</i>                                                                         | 1         |                      |
| ATROVENT HFA                                             | 2         | Limit 2 inhalers per month; QL(0.86 GM daily)                                | <i>zileuton TB12</i>                                                                             | SP        | ST                   |
| INCRUSE ELLIPTA                                          | 2         | QL(1 EA daily)                                                               | ZYFLO TABS                                                                                       | 3         | ST                   |
| <i>ipratropium bromide SOLN 0.02 %</i>                   | 1         |                                                                              | Selective Phosphodiesterase 4 (PDE4) Inhibitors                                                  |           |                      |
| SPIRIVA HANDIHALER CAPS IN ( <i>tiotropium bromide</i> ) | NF        | QL(1 EA daily)                                                               | DALIRESP ( <i>roflumilast</i> )                                                                  | NF        | QL(1 EA daily)       |
| SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT                     | 2         | Limit 1 inhaler per month; QL(0.14 GM daily)                                 | <i>roflumilast</i>                                                                               | 1         | QL(1 EA daily)       |
| SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT                    | 2         | Limit 1 inhaler per month; QL(0.143 GM daily)                                | Steroid Inhalants                                                                                |           |                      |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                 | 2         | QL(1 EA daily)                                                               | ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate (inhalation)</i> ) | 2         | QL(1 EA daily)       |
| Leukotriene Modulators                                   |           |                                                                              | <i>budesonide (inhalation) SUSP 1 MG/2ML</i>                                                     | 1         | QL(2 ML daily)       |
| ACCOLATE 10 MG ( <i>zafirlukast</i> )                    | NF        |                                                                              | <i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>                                                  | 2         | QL(8 ML daily)       |
| ACCOLATE 20 MG ( <i>zafirlukast</i> )                    | NF        | QL(2 EA daily)                                                               | <i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>                                                   | 2         | QL(4 ML daily)       |
| <i>montelukast sodium CHEW</i>                           | 1         | QL(1 EA daily)                                                               | FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )                       | NF        | QL(0.8 GM daily)     |
| <i>montelukast sodium PACK</i>                           | 1         | QL(1 EA daily)                                                               | FLOVENT HFA 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )                                     | NF        | QL(0.36 GM daily)    |
| <i>montelukast sodium TABS</i>                           | 1         | QL(1 EA daily)                                                               | <i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>                     | 1         | QL(1 EA daily)       |
| SINGULAIR CHEW ( <i>montelukast sodium</i> )             | NF        | QL(1 EA daily)                                                               | <i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>                                      | 1         | QL(20 EA daily)      |
|                                                          |           |                                                                              | <i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>                                      | 1         | QL(8 EA daily)       |

Updated January 2026

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits                                                 | Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                                             |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>                                                        | 1         | QL(40 EA daily)                                                      | AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )                                           | NF        | QL(0.04 EA daily)                                                |
| <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>                                                        | 1         | QL(0.8 GM daily)                                                     | AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )                                           | NF        | QL(0.04 EA daily)                                                |
| <i>fluticasone propionate hfa 44 MCG/ACT</i>                                                                      | 1         | QL(0.36 GM daily)                                                    | AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )                                            | NF        | QL(0.04 EA daily)                                                |
| PULMICORT FLEXHALER AEPB                                                                                          | 2         | Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail) | <i>albuterol sulfate AERS</i>                                                                             | 1         | QL(0.6 GM daily)                                                 |
| PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )                                                      | NF        | QL(4 ML daily)                                                       | <i>albuterol sulfate AERS</i>                                                                             | 1         | 1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail |
| PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )                                                        | NF        | QL(2 ML daily)                                                       | <i>albuterol sulfate AERS</i>                                                                             | 1         | QL(0.47 GM daily)                                                |
| PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )                                                     | NF        | QL(8 ML daily)                                                       | <i>albuterol sulfate NEBU</i>                                                                             | 1         |                                                                  |
| QVAR REDHALER 40 MCG/ACT                                                                                          | 2         | Limit 1 inhaler per month; QL(0.36 GM daily)                         | ALBUTEROL SULFATE NEBU                                                                                    | 2         |                                                                  |
| QVAR REDHALER 80 MCG/ACT                                                                                          | 2         | Limit 2 Inhalers per month; QL(0.72 GM daily)                        | <i>albuterol sulfate SYRP</i>                                                                             | 1         |                                                                  |
| Sympathomimetics                                                                                                  |           |                                                                      | <i>albuterol sulfate TABS</i>                                                                             | 1         |                                                                  |
| (Budesonide-Formoterol Fumarate Dihydrate) BREYNA                                                                 | 1         |                                                                      | ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>umeclidinium-vilanterol</i> )                                  | NF        | QL(2 EA daily)                                                   |
| (Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT | 1         | QL(2 EA daily)                                                       | BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )                                                    | NF        |                                                                  |
| ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )                                                              | NF        | QL(2 EA daily)                                                       | BREZTRI AEROSPHERE                                                                                        | 2         | QL(0.36 GM daily)                                                |
| ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )                                                                 | NF        | QL(0.4 GM daily)                                                     | <i>budesonide-formoterol fumarate dihydrate</i>                                                           | 1         |                                                                  |
|                                                                                                                   |           |                                                                      | COMBIVENT RESPIMAT AERS                                                                                   | 2         | Limit 1 inhaler per month; QL(0.16 GM daily)                     |
|                                                                                                                   |           |                                                                      | DULERA                                                                                                    | 2         |                                                                  |
|                                                                                                                   |           |                                                                      | <i>fluticasone furoate-vilanterol</i>                                                                     | 1         |                                                                  |
|                                                                                                                   |           |                                                                      | <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1         | QL(2 EA daily)                                                   |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits                          |
|---------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>fluticasone-salmeterol AERO</i>                            | 1         | QL(0.4 GM daily)                              |
| <i>ipratropium-albuterol SOLN</i>                             | 1         |                                               |
| <i>levalbuterol hcl</i>                                       | 1         |                                               |
| <i>levalbuterol tartrate</i>                                  | 1         | 1 inhaler per month; QL(0.6 GM daily)         |
| PROAIR RESPICLICK AEPB                                        | 3         | Limit 2 inhalers per month; QL(0.07 EA daily) |
| PROVENTIL HFA AERS ( <i>albuterol sulfate</i> )               | NF        |                                               |
| SEREVENT DISKUS                                               | 2         | QL(2 EA daily)                                |
| STIOLTO RESPIMAT                                              | 2         | Limit 1 inhaler per month; QL(0.14 GM daily)  |
| STRIVERDI RESPIMAT                                            | 2         | Limit 1 inhaler per month; QL(0.14 GM daily)  |
| SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> ) | NF        |                                               |
| <i>terbutaline sulfate TABS</i>                               | 1         |                                               |
| TRELEGY ELLIPTA                                               | 2         | QL(2 EA daily)                                |
| <i>umeclidinium-vilanterol</i>                                | 2         | QL(2 EA daily)                                |
| VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )                | NF        | Limit 2 inhalers per month; QL(0.6 GM daily)  |
| XOPENEX HFA ( <i>levalbuterol tartrate</i> )                  | NF        | QL(0.6 GM daily)                              |
| XOPENEX HFA ( <i>levalbuterol tartrate</i> )                  | NF        |                                               |
| Xanthines                                                     |           |                                               |
| (Theophylline) ELIXOPHYLLIN ELIX                              | 1         |                                               |
| THEO-24 CP24                                                  | 2         |                                               |
| <i>theophylline ELIX</i>                                      | 1         |                                               |
| <i>theophylline SOLN</i>                                      | 1         |                                               |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                                     |
|------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>theophylline TB12 300 MG</i>                                              | 1         | QL(2 EA daily)                                           |
| <i>theophylline TB12 450 MG</i>                                              | 1         | QL(1 EA daily)                                           |
| <i>theophylline TB24</i>                                                     | 1         | QL(1 EA daily)                                           |
| ANTICOAGULANTS - Blood Thinners                                              |           |                                                          |
| Coumarin Anticoagulants                                                      |           |                                                          |
| (Warfarin Sodium) JANTOVEN TABS                                              | 1         |                                                          |
| <i>warfarin sodium TABS</i>                                                  | 1         |                                                          |
| Direct Factor Xa Inhibitors                                                  |           |                                                          |
| ELIQUIS DVT/PE STARTER PACK TBPK                                             | 2         | QL(74 EA per 30 day(s) retail)                           |
| ELIQUIS TABS                                                                 | 2         | QL(2 EA daily)                                           |
| <i>rivaroxaban SUSR 1 MG/ML</i>                                              | 1         | QL(900 ML per 30 day(s) retail)                          |
| <i>rivaroxaban TABS 2.5 MG</i>                                               | 1         | QL(1 EA daily)                                           |
| XARELTO STARTER PACK TBPK                                                    | 2         | QL(51 EA per 30 day(s) retail)                           |
| XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )                                  | NF        | QL(900 ML per 30 day(s) retail)                          |
| XARELTO TABS                                                                 | 2         | QL(1 EA daily)                                           |
| XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG ( <i>rivaroxaban</i> )              | 2         | QL(1 EA daily)                                           |
| Heparins And Heparinoid-Like Agents                                          |           |                                                          |
| ARIXTRA 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )                          | SP        | QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA |
| ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ( <i>fondaparinux sodium</i> ) | SP        | PA                                                       |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                                  | 1         | QL(0.1 ML daily); PA                                     |

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| Drug Name                                                        | Drug Tier | Requirements/ Limits                                                                                            | Drug Name                                                                                                          | Drug Tier | Requirements/ Limits                                                                                           |
|------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                        | 2         | Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail   | FRAGMIN SOSY 2500 UNIT/0.2ML                                                                                       | SP        |                                                                                                                |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                        | 2         | Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail | FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML | SP        | PA                                                                                                             |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                        | 2         | Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail   | <i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>                                                              | SP        | PA                                                                                                             |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>          | 2         | Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail  | LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                            | NF        | QL(0.1 ML daily); PA                                                                                           |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>               | 2         | Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail  | LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )                                                              | NF        | Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail  |
| <i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i> | SP        | PA                                                                                                              | LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )                                                              | NF        | Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail  |
| <i>fondaparinux sodium 2.5 MG/0.5ML</i>                          | SP        | QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA                                                        | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )                                                | NF        | Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail |
| FRAGMIN SOLN 95000 UNIT/3.8ML                                    | SP        | PA                                                                                                              | LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )                                                     | NF        | Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                                                                            | Drug Name                                                  | Drug Tier | Requirements/ Limits                 |
|--------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------|--------------------------------------|
| LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )        | NF        | Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail | <i>perampanel TABS 2 MG</i>                                | SP        | QL(6 EA daily)                       |
| Thrombin Inhibitors                                          |           |                                                                                                                 | Anticonvulsants - Benzodiazepines                          |           |                                      |
| <i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>      | 1         | QL(2 EA daily)                                                                                                  | <i>clobazam SUSP</i>                                       | 2         |                                      |
| <i>dabigatran etexilate mesylate CAPS 110 MG</i>             | 1         | QL(4 EA daily)                                                                                                  | <i>clobazam TABS 20 MG</i>                                 | 2         | QL(2 EA daily)                       |
| PRADAXA CAPS 150 MG ( <i>dabigatran etexilate mesylate</i> ) | NF        | QL(2 EA daily)                                                                                                  | <i>clobazam TABS 10 MG</i>                                 | 2         | QL(1 EA daily)                       |
| PRADAXA CAPS 110 MG ( <i>dabigatran etexilate mesylate</i> ) | NF        | QL(4 EA daily)                                                                                                  | <i>clonazepam TABS</i>                                     | 1         |                                      |
| PRADAXA CAPS 75 MG ( <i>dabigatran etexilate mesylate</i> )  | NF        |                                                                                                                 | <i>clonazepam TBDP</i>                                     | 1         |                                      |
| ANTICONVULSANTS - Drugs to Treat Seizures                    |           |                                                                                                                 | DIASTAT ACUDIAL GEL ( <i>diazepam (anticonvulsant)</i> )   | NF        | Limit 4 per month; QL(0.14 EA daily) |
| AMPA Glutamate Receptor Antagonists                          |           |                                                                                                                 | DIASTAT PEDIATRIC GEL ( <i>diazepam (anticonvulsant)</i> ) | NF        | Limit 4 per month; QL(0.14 EA daily) |
| FYCOMPA SUSP 0.5 MG/ML ( <i>perampanel</i> )                 | SP        | QL(24 ML daily)                                                                                                 | <i>diazepam (anticonvulsant) GEL</i>                       | 2         | QL(0.14 EA daily)                    |
| FYCOMPA TABS 2 MG ( <i>perampanel</i> )                      | SP        | QL(6 EA daily)                                                                                                  | KLONOPIN TABS ( <i>clonazepam</i> )                        | NF        |                                      |
| FYCOMPA TABS 6 MG ( <i>perampanel</i> )                      | SP        | QL(2 EA daily)                                                                                                  | NAYZILAM                                                   | SP        | QL(10 EA per 30 day(s) retail); PA   |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG ( <i>perampanel</i> )        | SP        | QL(1 EA daily)                                                                                                  | ONFI SUSP ( <i>clobazam</i> )                              | NF        |                                      |
| FYCOMPA TABS 4 MG ( <i>perampanel</i> )                      | SP        | QL(3 EA daily)                                                                                                  | ONFI TABS 20 MG ( <i>clobazam</i> )                        | NF        | QL(2 EA daily)                       |
| <i>perampanel SUSP 0.5 MG/ML</i>                             | SP        | QL(24 ML daily)                                                                                                 | ONFI TABS 10 MG ( <i>clobazam</i> )                        | NF        | QL(1 EA daily)                       |
| <i>perampanel TABS 6 MG</i>                                  | SP        | QL(2 EA daily)                                                                                                  | VALTOCO 10 MG DOSE LIQD                                    | SP        | QL(10 EA per 30 day(s) retail); PA   |
| <i>perampanel TABS 8 MG, 10 MG, 12 MG</i>                    | SP        | QL(1 EA daily)                                                                                                  | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                       | SP        | QL(10 EA per 30 day(s) retail); PA   |
| <i>perampanel TABS 4 MG</i>                                  | SP        | QL(3 EA daily)                                                                                                  | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                        | SP        | QL(10 EA per 30 day(s) retail); PA   |
|                                                              |           |                                                                                                                 | VALTOCO 5 MG DOSE LIQD                                     | SP        | QL(10 EA per 30 day(s) retail); PA   |
|                                                              |           |                                                                                                                 | Anticonvulsants - Misc.                                    |           |                                      |
|                                                              |           |                                                                                                                 | (Carbamazepine) EPITOL TABS                                | 1         |                                      |

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| Drug Name                                                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|----------------------|
| (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT       | 2         |                      | DIACOMIT PACK 500 MG                                                 | SP        | QL(6 EA daily); PA   |
| (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG | 2         |                      | DIACOMIT PACK 250 MG                                                 | SP        | QL(12 EA daily); PA  |
| (Lamotrigine) SUBVENITE TABS                                                                                  | 1         |                      | EPIDIOLEX                                                            | SP        | PA                   |
| (Levetiracetam) ROWEEPRA TABS 500 MG                                                                          | 1         | QL(6 EA daily)       | <i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG        | 1         | QL(2 EA daily); PA   |
| APTOM 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )                                       | NF        | QL(2 EA daily); PA   | <i>gabapentin CAPS</i>                                               | 1         |                      |
| BANZEL SUSP ( <i>rufinamide</i> )                                                                             | SP        |                      | <i>gabapentin SOLN</i>                                               | 1         |                      |
| BANZEL TABS 400 MG ( <i>rufinamide</i> )                                                                      | SP        | QL(8 EA daily)       | <i>gabapentin TABS</i> 600 MG, 800 MG                                | 1         |                      |
| BANZEL TABS 200 MG ( <i>rufinamide</i> )                                                                      | SP        |                      | KEPPRA XR TB24 ( <i>levetiracetam</i> )                              | 3         | QL(4 EA daily)       |
| <i>carbamazepine CHEW</i> 100 MG                                                                              | 1         |                      | KEPPRA SOLN PO 100 MG/ML ( <i>levetiracetam</i> )                    | 3         |                      |
| <i>carbamazepine CP12</i>                                                                                     | 1         |                      | KEPPRA TABS ( <i>levetiracetam</i> )                                 | 3         | QL(6 EA daily)       |
| <i>carbamazepine SUSP</i>                                                                                     | 1         |                      | <i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML           | 1         | QL(40 ML daily)      |
| <i>carbamazepine TABS</i>                                                                                     | 1         |                      | <i>lacosamide TABS</i>                                               | 1         | QL(2 EA daily)       |
| <i>carbamazepine TB12</i> 100 MG                                                                              | 1         |                      | LAMICTAL ODT KIT ( <i>lamotrigine</i> )                              | NF        | PA                   |
| <i>carbamazepine TB12</i> 400 MG                                                                              | 1         | QL(4 EA daily)       | LAMICTAL ODT TBDP ( <i>lamotrigine</i> )                             | 3         | PA                   |
| <i>carbamazepine TB12</i> 200 MG                                                                              | 1         | QL(8 EA daily)       | LAMICTAL STARTER KIT 25 MG ( <i>lamotrigine</i> )                    | NF        |                      |
| CARBATROL CP12 ( <i>carbamazepine</i> )                                                                       | 3         |                      | LAMICTAL XR KIT                                                      | 3         | PA                   |
| DIACOMIT CAPS 500 MG                                                                                          | SP        | QL(6 EA daily); PA   | LAMICTAL XR TB24 250 MG ( <i>lamotrigine</i> )                       | NF        | PA                   |
| DIACOMIT CAPS 250 MG                                                                                          | SP        | QL(12 EA daily); PA  | LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG ( <i>lamotrigine</i> ) | NF        | QL(1 EA daily); PA   |
|                                                                                                               |           |                      | LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )                       | NF        | QL(2 EA daily)       |
|                                                                                                               |           |                      | LAMICTAL CHEW ( <i>lamotrigine</i> )                                 | 3         |                      |
|                                                                                                               |           |                      | LAMICTAL TABS ( <i>lamotrigine</i> )                                 | 3         |                      |
|                                                                                                               |           |                      | <i>lamotrigine CHEW</i>                                              | 1         |                      |
|                                                                                                               |           |                      | <i>lamotrigine KIT</i> 25 MG                                         | 2         |                      |

Updated January 2026

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                          | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------|-----------|----------------------|
| <i>lamotrigine KIT</i>                                                        | 1         | PA                   | <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 1         | QL(3 EA daily)       |
| <i>lamotrigine TABS</i>                                                       | 1         |                      | <i>pregabalin CAPS 225 MG, 300 MG</i>                              | 1         | QL(2 EA daily)       |
| <i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>                          | 2         | QL(1 EA daily); PA   | <i>pregabalin SOLN</i>                                             | 1         | QL(30 ML daily)      |
| <i>lamotrigine TB24 250 MG</i>                                                | 2         | PA                   | <i>primidone 50 MG, 250 MG</i>                                     | 1         |                      |
| <i>lamotrigine TB24 300 MG</i>                                                | 2         | QL(2 EA daily)       | QUDEXY XR CS24 25 MG, 50 MG ( <i>topiramate</i> )                  | NF        | QL(2 EA daily); PA   |
| <i>lamotrigine TBDP</i>                                                       | 1         | PA                   | QUDEXY XR CS24 100 MG, 150 MG, 200 MG ( <i>topiramate</i> )        | NF        | QL(1 EA daily); PA   |
| <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>                            | 1         |                      | <i>rufinamide SUSP</i>                                             | 2         |                      |
| <i>levetiracetam TABS</i>                                                     | 1         | QL(6 EA daily)       | <i>rufinamide TABS 400 MG</i>                                      | 2         | QL(8 EA daily)       |
| <i>levetiracetam TB24</i>                                                     | 1         | QL(4 EA daily)       | <i>rufinamide TABS 200 MG</i>                                      | 2         |                      |
| LYRICA CAPS 225 MG, 300 MG ( <i>pregabalin</i> )                              | NF        | QL(2 EA daily)       | TEGRETOL SUSP ( <i>carbamazepine</i> )                             | 3         |                      |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> ) | NF        | QL(3 EA daily)       | TEGRETOL TABS ( <i>carbamazepine</i> )                             | 3         |                      |
| LYRICA SOLN ( <i>pregabalin</i> )                                             | NF        | QL(30 ML daily)      | TEGRETOL-XR TB12 200 MG ( <i>carbamazepine</i> )                   | NF        | QL(8 EA daily)       |
| MYSOLINE ( <i>primidone</i> )                                                 | 3         |                      | TEGRETOL-XR TB12 400 MG ( <i>carbamazepine</i> )                   | NF        | QL(4 EA daily)       |
| NEURONTIN CAPS ( <i>gabapentin</i> )                                          | 3         |                      | TEGRETOL-XR TB12 100 MG ( <i>carbamazepine</i> )                   | 3         |                      |
| NEURONTIN SOLN ( <i>gabapentin</i> )                                          | 3         |                      | TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )                        | 3         |                      |
| NEURONTIN TABS ( <i>gabapentin</i> )                                          | 3         |                      | TOPAMAX TABS 100 MG ( <i>topiramate</i> )                          | 3         | QL(4 EA daily)       |
| <i>oxcarbazepine SUSP</i>                                                     | 1         | QL(40 ML daily)      | TOPAMAX TABS 50 MG ( <i>topiramate</i> )                           | 3         | QL(8 EA daily)       |
| <i>oxcarbazepine TABS 300 MG</i>                                              | 1         | QL(8 EA daily)       | TOPAMAX TABS 25 MG ( <i>topiramate</i> )                           | 3         |                      |
| <i>oxcarbazepine TABS 600 MG</i>                                              | 1         | QL(4 EA daily)       | TOPAMAX TABS 200 MG ( <i>topiramate</i> )                          | 3         | QL(2 EA daily)       |
| <i>oxcarbazepine TABS 150 MG</i>                                              | 1         |                      | <i>topiramate CP24 200 MG</i>                                      | 2         | QL(2 EA daily); PA   |
| <i>oxcarbazepine TB24 600 MG</i>                                              | 1         | QL(4 EA daily); ST   | <i>topiramate CP24 25 MG, 50 MG, 100 MG</i>                        | 2         | PA                   |
| <i>oxcarbazepine TB24 150 MG, 300 MG</i>                                      | 1         | ST                   | <i>topiramate CPSP 15 MG, 25 MG</i>                                | 1         |                      |
| OXTELLAR XR TB24 600 MG ( <i>oxcarbazepine</i> )                              | NF        | QL(4 EA daily); ST   |                                                                    |           |                      |
| OXTELLAR XR TB24 150 MG, 300 MG ( <i>oxcarbazepine</i> )                      | NF        | ST                   |                                                                    |           |                      |

Updated January 2026

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| Drug Name                                                   | Drug Tier | Requirements/ Limits | Drug Name                                               | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------|-----------|----------------------|
| <i>topiramate CS24 25 MG, 50 MG</i>                         | 2         | QL(2 EA daily); PA   | (Vigabatrin) VIGADRONE, VIGODER PACK                    | SP        | QL(6 EA daily)       |
| <i>topiramate CS24 100 MG, 150 MG, 200 MG</i>               | 2         | QL(1 EA daily); PA   | (Vigabatrin) VIGADRONE TABS                             | SP        |                      |
| <i>topiramate TABS 25 MG</i>                                | 1         |                      | SABRIL PACK ( <i>vigabatrin</i> )                       | SP        | QL(6 EA daily)       |
| <i>topiramate TABS 100 MG</i>                               | 1         | QL(4 EA daily)       | SABRIL TABS ( <i>vigabatrin</i> )                       | SP        |                      |
| <i>topiramate TABS 50 MG</i>                                | 1         | QL(8 EA daily)       | <i>tiagabine hcl</i>                                    | 2         |                      |
| <i>topiramate TABS 200 MG</i>                               | 1         | QL(2 EA daily)       | <i>vigabatrin PACK</i>                                  | SP        | QL(6 EA daily)       |
| TRILEPTAL SUSP ( <i>oxcarbazepine</i> )                     | 3         | QL(40 ML daily)      | <i>vigabatrin TABS</i>                                  | SP        |                      |
| TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )              | 3         | QL(4 EA daily)       | Hydantoins                                              |           |                      |
| TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )              | 3         | QL(8 EA daily)       | (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG     | 1         |                      |
| TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )              | 3         |                      | (Phenytoin) PHENYTOIN INFATABS CHEW                     | 1         |                      |
| TROKENDI XR CP24 200 MG ( <i>topiramate</i> )               | NF        | QL(2 EA daily); PA   | DILANTIN ( <i>phenytoin sodium extended</i> )           | 3         |                      |
| TROKENDI XR CP24 25 MG, 50 MG, 100 MG ( <i>topiramate</i> ) | NF        | PA                   | DILANTIN                                                | 3         |                      |
| VIMPAT SOLN PO 10 MG/ML ( <i>lacosamide</i> )               | NF        | QL(40 ML daily)      | DILANTIN INFATABS CHEW ( <i>phenytoin</i> )             | 3         |                      |
| VIMPAT TABS ( <i>lacosamide</i> )                           | NF        | QL(2 EA daily)       | DILANTIN-125 SUSP ( <i>phenytoin</i> )                  | 3         |                      |
| ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )                  | 3         | QL(6 EA daily)       | DILANTIN SUSP ( <i>phenytoin</i> )                      | 3         |                      |
| ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )                   | 3         |                      | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1         |                      |
| <i>zonisamide CAPS 25 MG, 50 MG</i>                         | 1         |                      | <i>phenytoin CHEW</i>                                   | 1         |                      |
| <i>zonisamide CAPS 100 MG</i>                               | 1         | QL(6 EA daily)       | <i>phenytoin SUSP</i>                                   | 1         |                      |
| Carbamates                                                  |           |                      | Succinimides                                            |           |                      |
| <i>felbamate SUSP</i>                                       | 1         |                      | CELONTIN ( <i>methsuximide</i> )                        | 3         |                      |
| <i>felbamate TABS</i>                                       | 1         |                      | <i>ethosuximide CAPS</i>                                | 1         |                      |
| FELBATOL SUSP ( <i>felbamate</i> )                          | 3         |                      | <i>ethosuximide SOLN</i>                                | 1         |                      |
| FELBATOL TABS ( <i>felbamate</i> )                          | NF        |                      | <i>methsuximide</i>                                     | 1         |                      |
| GABA Modulators                                             |           |                      | ZARONTIN CAPS ( <i>ethosuximide</i> )                   | 3         |                      |

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|---------------------------------------------------------|-----------|----------------------|------------------------------------------------------|-----------|----------------------|
| ZARONTIN SOLN<br>( <i>ethosuximide</i> )                | 3         |                      | WELLBUTRIN XL TB24<br>( <i>bupropion hcl</i> )       | NF        | QL(1 EA daily)       |
| Valproic Acid                                           |           |                      | Monoamine Oxidase Inhibitors (MAOIs)                 |           |                      |
| DEPAKOTE ER TB24<br>( <i>divalproex sodium</i> )        | 3         |                      | EMSAM                                                | 3         | QL(1 EA daily)       |
| DEPAKOTE SPRINKLES<br>CSDR ( <i>divalproex sodium</i> ) | 3         |                      | MARPLAN                                              | 3         |                      |
| DEPAKOTE TBEC<br>( <i>divalproex sodium</i> )           | 3         |                      | NARDIL ( <i>phenelzine sulfate</i> )                 | NF        |                      |
| <i>divalproex sodium CSDR</i>                           | 1         |                      | PARNATE<br>( <i>tranylcypromine sulfate</i> )        | NF        |                      |
| <i>divalproex sodium TB24</i>                           | 1         |                      | <i>phenelzine sulfate</i>                            | 1         |                      |
| <i>divalproex sodium TBEC</i>                           | 1         |                      | <i>tranylcypromine sulfate</i>                       | 2         |                      |
| <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1         |                      | N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists |           |                      |
| <i>valproic acid CAPS</i>                               | 1         |                      | SPRAVATO (56 MG DOSE)                                | SP        | PA                   |
| ANTIDEPRESSANTS - Drugs to Treat Depression             |           |                      | SPRAVATO (84 MG DOSE)                                | SP        | PA                   |
| Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      | Selective Serotonin Reuptake Inhibitors (SSRIs)      |           |                      |
| <i>mirtazapine TABS</i>                                 | 1         |                      | CELEXA TABS<br>( <i>citalopram hydrobromide</i> )    | NF        | QL(1 EA daily)       |
| <i>mirtazapine TBDP</i>                                 | 1         |                      | <i>citalopram hydrobromide SOLN</i>                  | 1         | QL(20 ML daily)      |
| REMERON SOLTAB<br>TBDP ( <i>mirtazapine</i> )           | NF        |                      | <i>citalopram hydrobromide TABS</i>                  | 1         | QL(1 EA daily)       |
| REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )        | NF        |                      | <i>escitalopram oxalate SOLN</i>                     | 1         |                      |
| Antidepressants - Misc.                                 |           |                      | <i>escitalopram oxalate TABS 5 MG</i>                | 1         | QL(2 EA daily)       |
| <i>bupropion hcl TABS</i>                               | 1         |                      | <i>escitalopram oxalate TABS 10 MG, 20 MG</i>        | 1         | QL(1 EA daily)       |
| <i>bupropion hcl TB12</i>                               | 1         |                      | <i>fluoxetine hcl CAPS 10 MG, 20 MG</i>              | 1         |                      |
| <i>bupropion hcl TB24 450 MG</i>                        | 1         | QL(1 EA daily); ST   | <i>fluoxetine hcl CAPS 40 MG</i>                     | 1         | QL(1 EA daily)       |
| <i>bupropion hcl TB24 150 MG, 300 MG</i>                | 1         | QL(1 EA daily)       | <i>fluoxetine hcl CPDR</i>                           | 2         |                      |
| FORFIVO XL TB24<br>( <i>bupropion hcl</i> )             | 3         | QL(1 EA daily); ST   | <i>fluoxetine hcl SOLN</i>                           | 1         | QL(15 ML daily)      |
| FORFIVO XL TB24<br>( <i>bupropion hcl</i> )             | NF        |                      | <i>fluoxetine hcl TABS 20 MG, 60 MG</i>              | 1         | QL(1 EA daily)       |
| WELLBUTRIN SR TB12<br>( <i>bupropion hcl</i> )          | NF        |                      |                                                      |           |                      |

Updated January 2026

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| Drug Name                                                 | Drug Tier | Requirements/ Limits | Drug Name                                            | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|------------------------------------------------------|-----------|----------------------|
| <i>fluoxetine hcl TABS 10 MG</i>                          | 1         |                      | VIIBRYD STARTER PACK KIT                             | 3         | PA                   |
| FLUOXETINE HCL TABS ( <i>fluoxetine hcl</i> )             | NF        | QL(1 EA daily)       | VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )         | NF        | QL(2 EA daily)       |
| <i>fluvoxamine maleate CP24 100 MG</i>                    | 2         | QL(3 EA daily)       | VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )  | NF        |                      |
| <i>fluvoxamine maleate CP24 150 MG</i>                    | 2         |                      | <i>vilazodone hcl TABS 10 MG, 40 MG</i>              | 1         |                      |
| <i>fluvoxamine maleate TABS 100 MG</i>                    | 1         | QL(3 EA daily)       | <i>vilazodone hcl TABS 20 MG</i>                     | 1         | QL(2 EA daily)       |
| <i>fluvoxamine maleate TABS 25 MG, 50 MG</i>              | 1         |                      | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |           |                      |
| LEXAPRO TABS 10 MG, 20 MG ( <i>escitalopram oxalate</i> ) | NF        | QL(1 EA daily)       | CYMBALTA CPEP ( <i>duloxetine hcl</i> )              | NF        | QL(2 EA daily)       |
| LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )         | NF        | QL(2 EA daily)       | <i>desvenlafaxine succinate</i>                      | 1         | QL(1 EA daily)       |
| <i>paroxetine hcl SUSP</i>                                | 2         |                      | <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>       | 1         | QL(2 EA daily)       |
| <i>paroxetine hcl TABS</i>                                | 1         |                      | EFFEXOR XR CP24 ( <i>venlafaxine hcl</i> )           | NF        | QL(2 EA daily)       |
| <i>paroxetine hcl TB24</i>                                | 1         |                      | FETZIMA TITRATION C4PK                               | 3         | ST                   |
| PAXIL CR TB24 ( <i>paroxetine hcl</i> )                   | NF        |                      | FETZIMA CP24 20 MG                                   | 3         | QL(2 EA daily); ST   |
| PAXIL SUSP ( <i>paroxetine hcl</i> )                      | NF        |                      | FETZIMA CP24 40 MG, 80 MG, 120 MG                    | 3         | QL(1 EA daily); ST   |
| PAXIL TABS ( <i>paroxetine hcl</i> )                      | NF        |                      | PRISTIQ ( <i>desvenlafaxine succinate</i> )          | NF        | QL(1 EA daily)       |
| PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )        | NF        |                      | <i>venlafaxine hcl CP24</i>                          | 1         | QL(2 EA daily)       |
| PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )               | NF        | QL(1 EA daily)       | <i>venlafaxine hcl TABS</i>                          | 1         |                      |
| <i>sertraline hcl CONC</i>                                | 1         |                      | <i>venlafaxine hcl TB24 225 MG</i>                   | 1         |                      |
| <i>sertraline hcl TABS</i>                                | 1         | QL(2 EA daily)       | <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>   | 1         | QL(1 EA daily)       |
| ZOLOFT CONC ( <i>sertraline hcl</i> )                     | NF        |                      | Tricyclic Agents                                     |           |                      |
| ZOLOFT TABS ( <i>sertraline hcl</i> )                     | NF        | QL(2 EA daily)       | <i>amitriptyline hcl TABS</i>                        | 1         |                      |
| Serotonin Modulators                                      |           |                      | <i>amoxapine</i>                                     | 1         |                      |
| <i>nefazodone hcl</i>                                     | 1         |                      | ANAFRANIL ( <i>clomipramine hcl</i> )                | NF        |                      |
| <i>trazodone hcl TABS</i>                                 | 1         |                      | <i>clomipramine hcl</i>                              | 2         |                      |
| TRINTELLIX                                                | 3         | ST                   | <i>desipramine hcl TABS</i>                          | 1         |                      |

Updated January 2026

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| Drug Name                                                                | Drug Tier | Requirements/ Limits | Drug Name                                                    | Drug Tier | Requirements/ Limits                                                                                        |
|--------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|
| <i>doxepin hcl CAPS</i>                                                  | 1         |                      | JANUMET XR TB24 1000 MG-100 MG                               | 2         | QL(1 EA daily)                                                                                              |
| <i>doxepin hcl CONC</i>                                                  | 1         |                      | JANUMET TABS                                                 | 2         | QL(2 EA daily)                                                                                              |
| <i>imipramine hcl TABS 50 MG</i>                                         | 1         | QL(4 EA daily)       | KOMBIGLYZE XR ( <i>saxagliptin-metformin hcl</i> )           | NF        | QL(1 EA daily)                                                                                              |
| <i>imipramine hcl TABS 10 MG, 25 MG</i>                                  | 1         |                      | <i>pioglitazone hcl-glimepiride</i>                          | 2         |                                                                                                             |
| <i>imipramine pamoate</i>                                                | 1         |                      | <i>pioglitazone hcl-metformin hcl TABS</i>                   | 1         |                                                                                                             |
| NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> )                   | NF        |                      | <i>saxagliptin-metformin hcl</i>                             | 2         | QL(1 EA daily)                                                                                              |
| <i>nortriptyline hcl CAPS</i>                                            | 1         |                      | SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG               | 2         | QL(2 EA daily)                                                                                              |
| <i>nortriptyline hcl SOLN</i>                                            | 1         |                      | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG                | 2         | QL(1 EA daily)                                                                                              |
| PAMELOR CAPS ( <i>nortriptyline hcl</i> )                                | NF        |                      | SYNJARDY TABS                                                | 2         | QL(2 EA daily)                                                                                              |
| <i>protriptyline hcl</i>                                                 | 2         |                      | TRIJARDY XR                                                  | 2         |                                                                                                             |
| <i>trimipramine maleate CAPS</i>                                         | 1         |                      | XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(1 EA daily)                                                                                              |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>                     |           |                      | XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) | 2         | QL(2 EA daily)                                                                                              |
| Alpha-Glucosidase Inhibitors                                             |           |                      | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG                        | 2         | QL(1 EA daily)                                                                                              |
| <i>acarbose</i>                                                          | 1         |                      | XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG          | 2         | QL(2 EA daily)                                                                                              |
| <i>miglitol</i>                                                          | 1         |                      | Biguanides                                                   |           |                                                                                                             |
| Antidiabetic Combinations                                                |           |                      | <i>metformin hcl SOLN</i>                                    | 2         |                                                                                                             |
| ACTOPLUS MET TABS 850 MG-15 MG ( <i>pioglitazone hcl-metformin hcl</i> ) | NF        |                      | <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>            | PV        | Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>             | 2         | QL(1 EA daily)       |                                                              |           |                                                                                                             |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>              | 2         | QL(2 EA daily)       |                                                              |           |                                                                                                             |
| DUETACT ( <i>pioglitazone hcl-glimepiride</i> )                          | NF        |                      |                                                              |           |                                                                                                             |
| <i>glipizide-metformin hcl</i>                                           | 1         |                      |                                                              |           |                                                                                                             |
| <i>glyburide-metformin</i>                                               | 1         |                      |                                                              |           |                                                                                                             |
| GLYXAMBI                                                                 | 2         |                      |                                                              |           |                                                                                                             |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG                              | 2         | QL(2 EA daily)       |                                                              |           |                                                                                                             |

Updated January 2026

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| Drug Name                                           | Drug Tier | Requirements/ Limits                                                       | Drug Name                        | Drug Tier | Requirements/ Limits                                 |
|-----------------------------------------------------|-----------|----------------------------------------------------------------------------|----------------------------------|-----------|------------------------------------------------------|
| <b>metformin hcl TB24 500 MG, 750 MG</b>            | 1         |                                                                            | RYBELSUS TABS                    | 2         | Not available through mail order; QL(1 EA daily); PA |
| RIOMET SOLN ( <b>metformin hcl</b> )                | NF        |                                                                            | TRULICITY                        | 2         | QL(2 ML per 28 day(s) retail); PA                    |
| Diabetic Other                                      |           |                                                                            | VICTOZA ( <b>liraglutide</b> )   | NF        | QL(9 ML per 28 day(s) retail); PA                    |
| <b>diazoxide</b>                                    | 2         |                                                                            | Insulin                          |           |                                                      |
| GLUCAGON EMERGENCY SOLR IJ 1 MG ( <b>glucagon</b> ) | NF        | Use NDC 00548-5850-00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail) | AFREZZA POWD                     | 3         |                                                      |
| <b>glucagon SOLR IJ 1 MG</b>                        | 2         | QL(1 EA per fill retail; 2 EA per 30 day(s) retail)                        | AFREZZA POWD                     | 3         | QL(3 EA daily)                                       |
| PROGLYCEM ( <b>diazoxide</b> )                      | NF        |                                                                            | AFREZZA POWD                     | 3         | QL(6 EA daily)                                       |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors           |           |                                                                            | HUMALOG JUNIOR KWIKPEN SOPN      | 2         | QL(1.5 ML daily)                                     |
| <b>alogliptin benzoate</b>                          | 2         | QL(2 EA daily)                                                             | HUMALOG KWIKPEN SOPN 100 UNIT/ML | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| JANUVIA                                             | 2         | QL(1 EA daily)                                                             | HUMALOG KWIKPEN SOPN 200 UNIT/ML | 2         | QL(0.8 ML daily)                                     |
| NESINA ( <b>alogliptin benzoate</b> )               | NF        | QL(2 EA daily)                                                             | HUMALOG MIX 50/50 KWIKPEN SUPN   | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| ONGLYZA ( <b>saxagliptin hcl</b> )                  | NF        |                                                                            | HUMALOG MIX 50/50 SUSP           | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| <b>saxagliptin hcl</b>                              | 1         | QL(2 EA daily)                                                             | HUMALOG MIX 75/25 KWIKPEN SUPN   | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| Incretin Mimetic Agents                             |           |                                                                            | HUMALOG MIX 75/25 SUSP           | 2         | Limit 40mls per month; QL(1.34 ML daily)             |
| <b>liraglutide</b>                                  | 2         | QL(9 ML per 28 day(s) retail); PA                                          | HUMALOG SOCT                     | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                  | 2         | QL(1.5 ML per 28 day(s) retail); PA                                        | HUMALOG SOLN IJ                  | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                  | 2         | QL(3 ML per 28 day(s) retail); PA                                          | HUMULIN 70/30 KWIKPEN SUPN       | 2         | Limit 45mls per month; QL(1.5 ML daily)              |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML                   | 2         | QL(3 ML per 28 day(s) retail); PA                                          | HUMULIN 70/30 SUSP               | 2         | Limit 40mls per month; QL(1.34 ML daily)             |
| OZEMPIC (2 MG/DOSE) SOPN                            | 2         | QL(3 ML per 28 day(s) retail); PA                                          |                                  |           |                                                      |

Updated January 2026

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| Drug Name                                      | Drug Tier | Requirements/ Limits                      |
|------------------------------------------------|-----------|-------------------------------------------|
| HUMULIN N KWIKPEN SUPN                         | 2         | Limit 45mls per month; QL(1.5 ML daily)   |
| HUMULIN N SUSP                                 | 2         | Limit 45mls per month; QL(1.5 ML daily)   |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC         | 2         | Limit 40mls per month; QL(1.34 ML daily)  |
| HUMULIN R U-500 KWIKPEN SOPN SC                | 2         | Limit 40mls per month; QL(1.34 ML daily)  |
| HUMULIN R SOLN IJ                              | 2         | Limit 40mls per month; QL(1.34 ML daily)  |
| INSULIN GLARGINE-YFGN SOLN                     | 2         | QL(1.5 ML daily)                          |
| INSULIN GLARGINE-YFGN SOPN                     | 2         | QL(1.5 ML daily)                          |
| INSULIN LISPRO (1 UNIT DIAL) SOPN              | 2         | QL(1.5 ML daily)                          |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN             | 2         | QL(1.5 ML daily)                          |
| INSULIN LISPRO PROT & LISPRO SUPN              | 2         | Limit 45mls per month; QL(1.5 ML daily)   |
| INSULIN LISPRO SOLN IJ                         | 2         | QL(1.5 ML daily)                          |
| TOUJEO MAX SOLOSTAR SOPN                       | 2         | QL(0.2 ML daily)                          |
| TOUJEO SOLOSTAR SOPN                           | 2         | Limit 3 pens per month; QL(0.15 ML daily) |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML             | 2         | QL(0.9 ML daily)                          |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML             | 2         | QL(1.5 ML daily)                          |
| TRESIBA SOLN                                   | 2         | QL(1.5 ML daily)                          |
| Insulin Sensitizing Agents                     |           |                                           |
| ACTOS 15 MG ( <i>pioglitazone hcl</i> )        | NF        |                                           |
| ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> ) | NF        | QL(1 EA daily)                            |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| <i>pioglitazone hcl 30 MG, 45 MG</i>                     | 1         | QL(1 EA daily)       |
| <i>pioglitazone hcl 15 MG</i>                            | 1         |                      |
| Meglitinide Analogues                                    |           |                      |
| <i>nateglinide</i>                                       | 1         |                      |
| <i>repaglinide</i>                                       | 1         |                      |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors       |           |                      |
| <i>dapagliflozin propanediol</i>                         | 2         | QL(1 EA daily)       |
| FARXIGA ( <i>dapagliflozin propanediol</i> )             | 2         | QL(1 EA daily)       |
| JARDIANCE                                                | 2         | QL(1 EA daily)       |
| Sulfonylureas                                            |           |                      |
| (Glipizide) GLIPIZIDE XL TB24                            | 1         |                      |
| <i>glimepiride 1 MG, 2 MG, 4 MG</i>                      | 1         |                      |
| <i>glipizide TABS</i>                                    | 1         |                      |
| <i>glipizide TB24</i>                                    | 1         |                      |
| GLUCOTROL XL TB24 ( <i>glipizide</i> )                   | NF        |                      |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1         |                      |
| <i>glyburide TABS</i>                                    | 1         |                      |
| GLYNASE 3 MG ( <i>glyburide micronized</i> )             | NF        |                      |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |                      |
| Antidiarrheal - Chloride Channel Antagonists             |           |                      |
| MYTESI                                                   | 3         | QL(2 EA daily); PA   |
| Antiperistaltic Agents                                   |           |                      |

Updated January 2026

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| Drug Name                                                                                                                             | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| (Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS | 1         | RX/OTC                                                   |
| <i>diphenoxylate w/ atropine LIQD</i>                                                                                                 | 2         |                                                          |
| <i>diphenoxylate w/ atropine TABS</i>                                                                                                 | 1         |                                                          |
| IMODIUM A-D CAPS ( <i>loperamide hcl</i> )                                                                                            | NF        | RX/OTC                                                   |
| LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )                                                                                     | NF        |                                                          |
| <i>loperamide hcl CAPS</i>                                                                                                            | 1         | RX/OTC                                                   |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>                                                                                             |           |                                                          |
| Antidotes - Chelating Agents                                                                                                          |           |                                                          |
| CHEMET                                                                                                                                | 3         |                                                          |
| <i>deferasirox PACK</i>                                                                                                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>deferasirox TABS</i>                                                                                                               | SP        | PA                                                       |
| <i>deferasirox TBSO</i>                                                                                                               | SP        | PA                                                       |
| <i>deferiprone TABS 500 MG</i>                                                                                                        | SP        | PA                                                       |
| EXJADE TBSO ( <i>deferasirox</i> )                                                                                                    | SP        | PA                                                       |
| FERRIPROX SOLN                                                                                                                        | SP        | PA                                                       |
| FERRIPROX TABS 500 MG ( <i>deferiprone</i> )                                                                                          | SP        | PA                                                       |
| JADENU SPRINKLE PACK ( <i>deferasirox</i> )                                                                                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| JADENU TABS ( <i>deferasirox</i> )                                                                                                    | SP        | PA                                                       |
| Antidotes and Specific Antagonists                                                                                                    |           |                                                          |

| Drug Name                                                                                                                                                                                                          | Drug Tier | Requirements/ Limits                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| ANDEXXA 200 MG                                                                                                                                                                                                     | SP        | PA                                          |
| VISTOGARD                                                                                                                                                                                                          | SP        |                                             |
| <b>Opioid Antagonists</b>                                                                                                                                                                                          |           |                                             |
| (Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD                                                                                                                                                              | 1         | QL(4 EA per 30 day(s) retail); RX/OTC       |
| KLOXXADO LIQD                                                                                                                                                                                                      | 2         |                                             |
| <i>naloxone hcl LIQD</i>                                                                                                                                                                                           | 1         | QL(4 EA per 30 day(s) retail); RX/OTC       |
| <i>naloxone hcl SOSY 2 MG/2ML</i>                                                                                                                                                                                  | 1         |                                             |
| <i>naltrexone hcl</i>                                                                                                                                                                                              | 1         |                                             |
| NARCAN LIQD ( <i>naloxone hcl</i> )                                                                                                                                                                                | NF        | QL(4 EA per 30 day(s) retail); RX/OTC       |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>                                                                                                                                                            |           |                                             |
| 5-HT3 Receptor Antagonists                                                                                                                                                                                         |           |                                             |
| <i>granisetron hcl TABS</i>                                                                                                                                                                                        | 1         | Limit 2 tablets per day; QL(2 EA daily); PA |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>                                                                                                                                                                            | 1         | Limit 50mls per month; QL(1.67 ML daily)    |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>                                                                                                                                                                             | 1         | Limit 20 per month; QL(0.67 EA daily)       |
| <i>ondansetron TBDP 4 MG, 8 MG</i>                                                                                                                                                                                 | 1         | Limit 20 per month; QL(0.67 EA daily)       |
| <b>Antiemetics - Anticholinergic</b>                                                                                                                                                                               |           |                                             |
| (Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW | 1         | RX/OTC                                      |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                 | Drug Name                                                      | Drug Tier | Requirements/ Limits                        |
|-----------------------------------------------------|-----------|--------------------------------------|----------------------------------------------------------------|-----------|---------------------------------------------|
| ANTIVERT CHEW<br>( <i>meclizine hcl</i> )           | NF        | RX/OTC                               | <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>          |           |                                             |
| ANTIVERT TABS 50 MG<br>( <i>meclizine hcl</i> )     | NF        |                                      | Antifungals                                                    |           |                                             |
| <i>meclizine hcl CHEW</i>                           | 1         | RX/OTC                               | ANCOBON ( <i>flucytosine</i> )                                 | SP        |                                             |
| <i>meclizine hcl TABS 50 MG</i>                     | 1         |                                      | <i>flucytosine</i>                                             | SP        |                                             |
| <i>scopolamine</i>                                  | 1         |                                      | <i>griseofulvin microsize SUSP</i>                             | 1         |                                             |
| TRANSDERM SCOP 1 MG/3DAYS<br>( <i>scopolamine</i> ) | NF        |                                      | <i>griseofulvin microsize TABS</i>                             | 1         |                                             |
| TRANSDERM-SCOP<br>( <i>scopolamine</i> )            | NF        |                                      | <i>griseofulvin ultramicrosize</i>                             | 1         |                                             |
| <i>trimethobenzamide hcl CAPS</i>                   | 1         |                                      | <i>nystatin TABS</i>                                           | 1         |                                             |
| Antiemetics - Miscellaneous                         |           |                                      | <i>terbinafine hcl TABS</i>                                    | 1         | QL(1 EA daily; 90 EA per 365 day(s) retail) |
| DICLEGIS TBEC<br>( <i>doxylamine-pyridoxine</i> )   | NF        | QL(4 EA daily)                       | Imidazole-Related Antifungals                                  |           |                                             |
| <i>doxylamine-pyridoxine TBEC</i>                   | 1         | QL(4 EA daily)                       | CRESEMBA CAPS 186 MG                                           | 3         | Not available through mail order            |
| <i>dronabinol CAPS</i>                              | 2         | PA                                   | DIFLUCAN SUSR<br>( <i>fluconazole</i> )                        | NF        |                                             |
| MARINOL CAPS<br>( <i>dronabinol</i> )               | NF        | PA                                   | DIFLUCAN TABS 100 MG, 150 MG, 200 MG<br>( <i>fluconazole</i> ) | NF        |                                             |
| SYNDROS SOLN                                        | SP        | PA                                   | <i>fluconazole SUSR</i>                                        | 1         |                                             |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |                                      | <i>fluconazole TABS</i>                                        | 1         |                                             |
| <i>aprepitant CAPS</i>                              | 1         | Limit 3 per month; QL(0.1 EA daily)  | <i>itraconazole CAPS</i>                                       | 1         | PA                                          |
| <i>aprepitant CAPS 40 MG</i>                        | 1         | Limit 2 per month; QL(0.07 EA daily) | <i>itraconazole SOLN</i>                                       | 1         | PA                                          |
| <i>aprepitant CAPS 80 MG, 125 MG</i>                | 1         | Limit 1 per year; QL(0.04 EA daily)  | <i>ketoconazole</i>                                            | 1         |                                             |
| EMEND BIPACK CAPS 80 MG<br>( <i>aprepitant</i> )    | NF        | Limit 1 per year; QL(0.04 EA daily)  | NOXAFIL SUSP<br>( <i>posaconazole</i> )                        | NF        |                                             |
| EMEND TRIPACK CAPS<br>( <i>aprepitant</i> )         | NF        | Limit 3 per month; QL(0.1 EA daily)  | NOXAFIL TBEC<br>( <i>posaconazole</i> )                        | NF        |                                             |
| EMEND SUSR                                          | 3         | QL(1 EA per 30 day(s) retail)        | <i>posaconazole SUSP</i>                                       | 1         |                                             |
|                                                     |           |                                      | <i>posaconazole TBEC</i>                                       | 1         |                                             |
|                                                     |           |                                      | SPORANOX CAPS<br>( <i>itraconazole</i> )                       | NF        | PA                                          |
|                                                     |           |                                      | SPORANOX SOLN<br>( <i>itraconazole</i> )                       | NF        | PA                                          |
|                                                     |           |                                      | TOLSURA CAPS                                                   | SP        | PA                                          |
|                                                     |           |                                      | VFEND SUSR<br>( <i>voriconazole</i> )                          | NF        |                                             |

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| Drug Name                                                                                                                            | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| VFEND TABS 200 MG<br>( <i>voriconazole</i> )                                                                                         | NF        | QL(2 EA daily)            |
| <i>voriconazole SUSR</i>                                                                                                             | 1         |                           |
| <i>voriconazole TABS</i>                                                                                                             | 1         | QL(2 EA daily)            |
| <b>ANTIHISTAMINES - Drugs to Treat Allergies</b>                                                                                     |           |                           |
| Antihistamines - Ethanolamines                                                                                                       |           |                           |
| (Carbinoxamine Maleate)<br>RYVENT TABS 6 MG                                                                                          | 1         |                           |
| <i>carbinoxamine maleate SOLN</i>                                                                                                    | 1         |                           |
| <i>carbinoxamine maleate TABS</i>                                                                                                    | 1         |                           |
| CARBINOXAMINE<br>MALEATE TABS                                                                                                        | 3         |                           |
| <i>clemastine fumarate TABS 2.68 MG</i>                                                                                              | 1         |                           |
| CLEMASZ TABS 2.68 MG<br>( <i>clemastine fumarate</i> )                                                                               | NF        |                           |
| CLEMSZA TABS 2.68 MG<br>( <i>clemastine fumarate</i> )                                                                               | NF        |                           |
| Antihistamines - Non-Sedating                                                                                                        |           |                           |
| (Levocetirizine Dihydrochloride)<br>ALLERGY RELIEF, CVS<br>ALLERGY RELIEF, EQ<br>ALLERGY RELIEF, GNP<br>ALLERGY RELIEF 24 HR<br>TABS | 1         | QL(1 EA daily);<br>RX/OTC |
| CLARINEX TABS<br>( <i>desloratadine</i> )                                                                                            | NF        | QL(1 EA daily);<br>PA     |
| <i>desloratadine TABS</i>                                                                                                            | 1         | QL(1 EA daily);<br>PA     |
| <i>desloratadine TBDP</i>                                                                                                            | 1         | PA                        |
| <i>levocetirizine dihydrochloride SOLN</i>                                                                                           | 1         | PA; RX/OTC                |
| <i>levocetirizine dihydrochloride TABS</i>                                                                                           | 1         | QL(1 EA daily);<br>RX/OTC |
| XYZAL ALLERGY 24HR<br>CHILDRENS SOLN<br>( <i>levocetirizine dihydrochloride</i> )                                                    | NF        | PA; RX/OTC                |

| Drug Name                                                            | Drug Tier | Requirements/ Limits      |
|----------------------------------------------------------------------|-----------|---------------------------|
| XYZAL ALLERGY 24HR<br>TABS ( <i>levocetirizine dihydrochloride</i> ) | NF        | QL(1 EA daily);<br>RX/OTC |
| Antihistamines - Phenothiazines                                      |           |                           |
| (Promethazine Hcl)<br>PROMETHEGAN SUPP<br>12.5 MG, 25 MG             | 2         |                           |
| (Promethazine Hcl)<br>PROMETHEGAN SUPP<br>50 MG                      | 2         | QL(3 EA daily)            |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>                          | 2         |                           |
| <i>promethazine hcl TABS 25 MG</i>                                   | 1         | QL(6 EA daily)            |
| <i>promethazine hcl TABS 50 MG</i>                                   | 1         | QL(3 EA daily)            |
| <i>promethazine hcl TABS 12.5 MG</i>                                 | 1         |                           |
| Antihistamines - Piperidines                                         |           |                           |
| <i>ciproheptadine hcl SYRP</i>                                       | 1         |                           |
| <i>ciproheptadine hcl TABS</i>                                       | 1         |                           |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>           |           |                           |
| Antihyperlipidemics - Combinations                                   |           |                           |
| <i>ezetimibe-simvastatin</i>                                         | 1         | QL(1 EA daily)            |
| VYTORIN ( <i>ezetimibe-simvastatin</i> )                             | NF        | QL(1 EA daily)            |
| Antihyperlipidemics - Misc.                                          |           |                           |
| <i>icosapent ethyl</i>                                               | 1         | PA                        |
| LOVAZA ( <i>omega-3-acid ethyl esters</i> )                          | NF        | QL(4 EA daily)            |
| <i>omega-3-acid ethyl esters</i>                                     | 1         | QL(4 EA daily)            |
| VASCEPA ( <i>icosapent ethyl</i> )                                   | NF        | PA                        |
| Bile Acid Sequestrants                                               |           |                           |
| (Cholestyramine Light)<br>PREVALITE PACK                             | 1         |                           |
| (Cholestyramine Light)<br>PREVALITE POWD                             | 1         |                           |

Updated January 2026

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| Drug Name                                           | Drug Tier | Requirements/ Limits | Drug Name                                      | Drug Tier | Requirements/ Limits                         |
|-----------------------------------------------------|-----------|----------------------|------------------------------------------------|-----------|----------------------------------------------|
| <i>cholestyramine light PACK</i>                    | 1         |                      | <i>fenofibrate TABS 145 MG</i>                 | 1         | QL(1 EA daily)                               |
| <i>cholestyramine light POWD</i>                    | 1         |                      | <i>fenofibrate TABS 54 MG</i>                  | 1         | QL(2 EA daily)                               |
| <i>cholestyramine PACK</i>                          | 1         |                      | <i>fenofibrate TABS 48 MG, 160 MG</i>          | 1         |                                              |
| <i>cholestyramine POWD</i>                          | 1         |                      | <i>fenofibric acid 105 MG</i>                  | 2         |                                              |
| <i>colesevelam hcl PACK</i>                         | 2         | QL(1 EA daily)       | FENOGLIDE TABS ( <i>fenofibrate</i> )          | NF        |                                              |
| <i>colesevelam hcl TABS</i>                         | 1         | QL(6 EA daily)       | FIBRICOR 105 MG ( <i>fenofibric acid</i> )     | NF        |                                              |
| COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> )    | NF        |                      | FIBRICOR 35 MG ( <i>fenofibric acid</i> )      | 2         |                                              |
| COLESTID FLAVORED PACK ( <i>colestipol hcl</i> )    | NF        |                      | <i>gemfibrozil TABS</i>                        | 1         |                                              |
| COLESTID GRAN ( <i>colestipol hcl</i> )             | NF        |                      | LIPOFEN CAPS ( <i>fenofibrate</i> )            | NF        |                                              |
| COLESTID PACK ( <i>colestipol hcl</i> )             | NF        |                      | LOPID TABS ( <i>gemfibrozil</i> )              | NF        |                                              |
| COLESTID TABS ( <i>colestipol hcl</i> )             | NF        |                      | TRICOR TABS 145 MG ( <i>fenofibrate</i> )      | NF        | QL(1 EA daily)                               |
| <i>colestipol hcl GRAN</i>                          | 1         |                      | TRICOR TABS 48 MG ( <i>fenofibrate</i> )       | NF        |                                              |
| <i>colestipol hcl PACK</i>                          | 2         |                      | TRILIPIX 45 MG ( <i>choline fenofibrate</i> )  | NF        |                                              |
| <i>colestipol hcl TABS</i>                          | 1         |                      | TRILIPIX 135 MG ( <i>choline fenofibrate</i> ) | NF        | QL(1 EA daily)                               |
| QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> ) | NF        |                      | HMG CoA Reductase Inhibitors                   |           |                                              |
| QUESTRAN PACK ( <i>cholestyramine</i> )             | NF        |                      | <i>atorvastatin calcium TABS</i>               | 1         | QL(1 EA daily)                               |
| QUESTRAN POWD ( <i>cholestyramine</i> )             | NF        |                      | CRESTOR TABS ( <i>rosuvastatin calcium</i> )   | NF        | QL(1 EA daily)                               |
| WELCHOL PACK ( <i>colesevelam hcl</i> )             | NF        | QL(1 EA daily)       | <i>fluvastatin sodium CAPS</i>                 | 1         | QL(1 EA daily)                               |
| WELCHOL TABS ( <i>colesevelam hcl</i> )             | NF        | QL(6 EA daily)       | <i>fluvastatin sodium TB24</i>                 | 1         | QL(1 EA daily)                               |
| Fibric Acid Derivatives                             |           |                      | LESCOL XL TB24 ( <i>fluvastatin sodium</i> )   | NF        | QL(1 EA daily)                               |
| <i>choline fenofibrate 135 MG</i>                   | 1         | QL(1 EA daily)       | LIPITOR TABS ( <i>atorvastatin calcium</i> )   | NF        | QL(1 EA daily)                               |
| <i>choline fenofibrate 45 MG</i>                    | 1         |                      | LIVALO ( <i>pitavastatin calcium</i> )         | NF        | QL(1 EA daily)                               |
| <i>fenofibrate micronized 67 MG, 134 MG</i>         | 1         |                      | <i>lovastatin TABS</i>                         | 1         | \$0 copay for Generic only, age 40 to 75; PV |
| <i>fenofibrate micronized 130 MG, 200 MG</i>        | 1         | QL(1 EA daily)       | <i>pitavastatin calcium</i>                    | 1         | QL(1 EA daily)                               |
| <i>fenofibrate CAPS</i>                             | 1         |                      |                                                |           |                                              |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                         | Drug Name                                                            | Drug Tier | Requirements/ Limits       |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------|----------------------------------------------------------------------|-----------|----------------------------|
| <i>pravastatin sodium</i>                                 | 1         | \$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV | <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>             | 1         |                            |
| <i>rosuvastatin calcium TABS</i>                          | 1         | QL(1 EA daily)                                               | <i>lisinopril TABS 40 MG</i>                                         | 1         | QL(2 EA daily)             |
| <i>simvastatin TABS</i>                                   | 1         | QL(1 EA daily)                                               | LOTENSIN 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )               | NF        |                            |
| ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )     | NF        | QL(1 EA daily)                                               | <i>moexipril hcl</i>                                                 | 1         |                            |
| Intestinal Cholesterol Absorption Inhibitors              |           |                                                              | <i>perindopril erbumine</i>                                          | 1         |                            |
| <i>ezetimibe</i>                                          | 1         |                                                              | QBRELIS SOLN                                                         | 3         | QL(5 ML daily)             |
| ZETIA ( <i>ezetimibe</i> )                                | NF        |                                                              | <i>quinapril hcl</i>                                                 | 1         |                            |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |                                                              | <i>ramipril CAPS</i>                                                 | 1         | QL(2 EA daily)             |
| JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG                        | SP        | PA                                                           | <i>trandolapril</i>                                                  | 1         |                            |
| Nicotinic Acid Derivatives                                |           |                                                              | VASOTEC TABS ( <i>enalapril maleate</i> )                            | NF        | QL(2 EA daily)             |
| (Niacin (Antihyperlipidemic)) NIACOR TABS                 | 1         |                                                              | ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ( <i>lisinopril</i> ) | NF        |                            |
| <i>niacin (antihyperlipidemic) TABS</i>                   | 1         |                                                              | ZESTRIL TABS 40 MG ( <i>lisinopril</i> )                             | NF        | QL(2 EA daily)             |
| <i>niacin (antihyperlipidemic) TBCR</i>                   | 1         |                                                              | Agents for Pheochromocytoma                                          |           |                            |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors  |           |                                                              | DEMSEER ( <i>metyrosine</i> )                                        | SP        |                            |
| PRALUENT SOAJ                                             | SP        | PA                                                           | DIBENZYLINE ( <i>phenoxybenzamine hcl</i> )                          | NF        | Not available through mail |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure    |           |                                                              | <i>metyrosine</i>                                                    | SP        |                            |
| ACE Inhibitors                                            |           |                                                              | <i>phenoxybenzamine hcl</i>                                          | 1         | Not available through mail |
| ACCUPRIL ( <i>quinapril hcl</i> )                         | NF        |                                                              | Angiotensin II Receptor Antagonists                                  |           |                            |
| ALTACE CAPS 1.25 MG, 5 MG, 10 MG ( <i>ramipril</i> )      | NF        | QL(2 EA daily)                                               | ATACAND 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> )           | NF        |                            |
| <i>benazepril hcl</i>                                     | 1         |                                                              | ATACAND 32 MG ( <i>candesartan cilexetil</i> )                       | NF        | QL(1 EA daily)             |
| <i>captopril</i>                                          | 1         |                                                              | AVAPRO 150 MG, 300 MG ( <i>irbesartan</i> )                          | NF        |                            |
| <i>enalapril maleate TABS</i>                             | 1         | QL(2 EA daily)                                               | BENICAR 5 MG, 20 MG ( <i>olmesartan medoxomil</i> )                  | NF        |                            |
| <i>fosinopril sodium</i>                                  | 1         |                                                              | BENICAR 40 MG ( <i>olmesartan medoxomil</i> )                        | NF        | QL(1 EA daily)             |
|                                                           |           |                                                              | <i>candesartan cilexetil 32 MG</i>                                   | 1         | QL(1 EA daily)             |

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| Drug Name                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                              | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>        | 1         |                      | MINIPRESS CAPS ( <i>prazosin hcl</i> )                                                                 | NF        |                      |
| COZAAR ( <i>losartan potassium</i> )                  | NF        |                      | <i>prazosin hcl CAPS</i>                                                                               | 1         |                      |
| DIOVAN TABS 160 MG ( <i>valsartan</i> )               | NF        | QL(2 EA daily)       | <i>terazosin hcl 1 MG, 2 MG, 5 MG</i>                                                                  | 1         |                      |
| DIOVAN TABS 40 MG, 80 MG, 320 MG ( <i>valsartan</i> ) | NF        |                      | <i>terazosin hcl 10 MG</i>                                                                             | 1         | QL(2 EA daily)       |
| EDARBI 40 MG                                          | 3         |                      | Antihypertensive Combinations                                                                          |           |                      |
| EDARBI 80 MG                                          | 3         | QL(1 EA daily)       | ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )                        | NF        |                      |
| <i>irbesartan</i>                                     | 1         |                      | <i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i> | 1         | QL(1 EA daily)       |
| <i>losartan potassium</i>                             | 1         |                      | <i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>                                                 | 1         |                      |
| MICARDIS 80 MG ( <i>telmisartan</i> )                 | NF        | QL(1 EA daily)       | <i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>                            | 1         |                      |
| MICARDIS 20 MG, 40 MG ( <i>telmisartan</i> )          | NF        |                      | <i>amlodipine besylate-valsartan 10 MG-160 MG</i>                                                      | 1         | QL(1 EA daily)       |
| <i>olmesartan medoxomil 40 MG</i>                     | 1         | QL(1 EA daily)       | <i>amlodipine-valsartan-hydrochlorothiazide</i>                                                        | 1         |                      |
| <i>olmesartan medoxomil 5 MG, 20 MG</i>               | 1         |                      | ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )                                       | NF        |                      |
| <i>telmisartan 80 MG</i>                              | 1         | QL(1 EA daily)       | <i>atenolol &amp; chlorthalidone</i>                                                                   | 1         |                      |
| <i>telmisartan 20 MG, 40 MG</i>                       | 1         |                      | AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )                                                      | NF        |                      |
| <i>valsartan TABS 40 MG, 80 MG, 320 MG</i>            | 1         |                      | <i>benazepril &amp; hydrochlorothiazide</i>                                                            | 1         |                      |
| <i>valsartan TABS 160 MG</i>                          | 1         | QL(2 EA daily)       | BENICAR HCT 12.5 MG-20 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )                          | NF        |                      |
| Antiadrenergic Antihypertensives                      |           |                      | BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )             | NF        | QL(1 EA daily)       |
| CARDURA ( <i>doxazosin mesylate</i> )                 | NF        |                      |                                                                                                        |           |                      |
| CATAPRES-TTS-1 PTWK ( <i>clonidine</i> )              | NF        |                      |                                                                                                        |           |                      |
| CATAPRES-TTS-2 PTWK ( <i>clonidine</i> )              | NF        |                      |                                                                                                        |           |                      |
| CATAPRES-TTS-3 PTWK ( <i>clonidine</i> )              | NF        |                      |                                                                                                        |           |                      |
| <i>clonidine hcl TABS</i>                             | 1         |                      |                                                                                                        |           |                      |
| <i>clonidine PTWK</i>                                 | 1         |                      |                                                                                                        |           |                      |
| <i>doxazosin mesylate</i>                             | 1         |                      |                                                                                                        |           |                      |
| <i>guanfacine hcl</i>                                 | 1         |                      |                                                                                                        |           |                      |
| <i>methyl dopa TABS</i>                               | 1         |                      |                                                                                                        |           |                      |

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| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits | Drug Name                                                                                              | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>bisoprolol &amp; hydrochlorothiazide</i>                                                                     | 1         |                      | LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> ) | NF        |                      |
| <i>candesartan cilexetil-hydrochlorothiazide</i>                                                                | 1         |                      | LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG ( <i>amlodipine besylate-benazepril hcl</i> )  | NF        | QL(1 EA daily)       |
| <i>captopril &amp; hydrochlorothiazide</i>                                                                      | 1         |                      | <i>metoprolol &amp; hydrochlorothiazide TABS</i>                                                       | 1         |                      |
| DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ( <i>valsartan-hydrochlorothiazide</i> ) | NF        |                      | MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )                                                | NF        |                      |
| DIOVAN HCT 25 MG-160 MG ( <i>valsartan-hydrochlorothiazide</i> )                                                | NF        | QL(1 EA daily)       | <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                                             | 1         | ST                   |
| EDARBYCLOR                                                                                                      | 3         | QL(1 EA daily)       | <i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>                             | 1         | QL(1 EA daily)       |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>                                                              | 1         |                      | <i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>                                          | 1         |                      |
| EXFORGE 10 MG-160 MG ( <i>amlodipine besylate-valsartan</i> )                                                   | NF        | QL(1 EA daily)       | <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                                                       | 1         | QL(1 EA daily)       |
| EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ( <i>amlodipine besylate-valsartan</i> )                         | NF        |                      | <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>                                      | 1         |                      |
| EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )                                                 | NF        |                      | <i>telmisartan-amlodipine</i>                                                                          | 1         |                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>                                                              | 1         |                      | <i>telmisartan-hydrochlorothiazide</i>                                                                 | 1         |                      |
| HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )                                                  | NF        |                      | TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )                                                 | NF        |                      |
| <i>irbesartan-hydrochlorothiazide</i>                                                                           | 1         |                      | TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )                                                  | NF        |                      |
| <i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>                                                         | 1         | QL(2 EA daily)       | <i>trandolapril-verapamil hcl</i>                                                                      | 2         |                      |
| <i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>                                        | 1         |                      | TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )                               | NF        | ST                   |
| <i>losartan potassium &amp; hydrochlorothiazide</i>                                                             | 1         |                      |                                                                                                        |           |                      |

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| Drug Name                                                                                        | Drug Tier | Requirements/ Limits | Drug Name                                                | Drug Tier | Requirements/ Limits         |
|--------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------|-----------|------------------------------|
| <i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i> | 1         |                      | NEBUPENT IN ( <i>pentamidine isethionate</i> )           | NF        |                              |
| <i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>                                                | 1         | QL(1 EA daily)       | <i>pentamidine isethionate IN</i>                        | 2         |                              |
| VASERETIC 25 MG-10 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )                     | NF        |                      | <i>tinidazole 250 MG</i>                                 | 1         | PA                           |
| ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )          | NF        |                      | <i>tinidazole 500 MG</i>                                 | 1         |                              |
| ZESTORETIC 25 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )                           | NF        | QL(2 EA daily)       | <i>trimethoprim TABS</i>                                 | 1         |                              |
| Antihypertensives - Misc.                                                                        |           |                      | XIFAXAN 550 MG                                           | 3         | QL(2 EA daily); PA           |
| VECAMEYL                                                                                         | 3         |                      | XIFAXAN 200 MG                                           | 3         | QL(9 EA per fill retail); PA |
| Direct Renin Inhibitors                                                                          |           |                      | Anti-infective Misc. - Combinations                      |           |                              |
| <i>aliskiren fumarate</i>                                                                        | 1         |                      | (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP | 1         |                              |
| TEKTURNA ( <i>aliskiren fumarate</i> )                                                           | NF        |                      | BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> ) | NF        |                              |
| Selective Aldosterone Receptor Antagonists (SARAs)                                               |           |                      | BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )    | NF        |                              |
| <i>eplerenone</i>                                                                                | 1         |                      | <i>sulfamethoxazole-trimethoprim SUSP</i>                | 1         |                              |
| INSPRA ( <i>eplerenone</i> )                                                                     | NF        |                      | <i>sulfamethoxazole-trimethoprim TABS</i>                | 1         |                              |
| Vasodilators                                                                                     |           |                      | Antiprotozoal Agents                                     |           |                              |
| <i>hydralazine hcl TABS</i>                                                                      | 1         |                      | ALINIA SUSR                                              | 3         |                              |
| <i>minoxidil 2.5 MG, 10 MG</i>                                                                   | 1         |                      | ALINIA TABS ( <i>nitazoxanide</i> )                      | NF        |                              |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections                              |           |                      | <i>atovaquone</i>                                        | 2         |                              |
| Anti-infective Agents - Misc.                                                                    |           |                      | LAMPIT                                                   | SP        | AC; PA                       |
| FLAGYL CAPS ( <i>metronidazole</i> )                                                             | NF        |                      | MEPRON ( <i>atovaquone</i> )                             | NF        |                              |
| <i>metronidazole CAPS</i>                                                                        | 2         |                      | <i>nitazoxanide TABS</i>                                 | 2         |                              |
| <i>metronidazole TABS 250 MG, 500 MG</i>                                                         | 1         |                      | Carbapenems                                              |           |                              |
|                                                                                                  |           |                      | <i>ertapenem sodium IJ</i>                               | SP        | PA                           |
|                                                                                                  |           |                      | Glycopeptides                                            |           |                              |
|                                                                                                  |           |                      | VANCOCIN CAPS ( <i>vancomycin hcl</i> )                  | NF        | QL(2 EA daily)               |
|                                                                                                  |           |                      | <i>vancomycin hcl CAPS</i>                               | 1         | QL(2 EA daily)               |

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|--------------------------------------------------------|-----------|---------------------------------|
| Leprostatics                                           |           |                                 |
| <i>dapsone 25 MG</i>                                   | 1         |                                 |
| <i>dapsone 100 MG</i>                                  | 1         | QL(4 EA daily)                  |
| Lincosamides                                           |           |                                 |
| CLEOCIN ( <i>clindamycin palmitate hydrochloride</i> ) | NF        |                                 |
| CLEOCIN ( <i>clindamycin hcl</i> )                     | NF        |                                 |
| <i>clindamycin hcl</i>                                 | 1         |                                 |
| <i>clindamycin palmitate hydrochloride</i>             | 1         |                                 |
| Monobactams                                            |           |                                 |
| CAYSTON                                                | SP        | PA                              |
| Oxazolidinones                                         |           |                                 |
| <i>linezolid SUSR</i>                                  | 1         | QL(210 ML per 90 day(s) retail) |
| <i>linezolid TABS</i>                                  | 1         | QL(20 EA per 90 day(s) retail)  |
| ZYVOX SUSR ( <i>linezolid</i> )                        | NF        | QL(210 ML per 90 day(s) retail) |
| ZYVOX TABS ( <i>linezolid</i> )                        | NF        | QL(20 EA per 90 day(s) retail)  |
| Urinary Anti-infectives                                |           |                                 |
| <i>fosfomycin tromethamine</i>                         | 1         |                                 |
| HIPREX ( <i>methenamine hippurate</i> )                | NF        |                                 |
| MACROBID ( <i>nitrofurantoin monohyd macro</i> )       | NF        |                                 |
| MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> )     | NF        |                                 |
| <i>methenamine hippurate</i>                           | 1         |                                 |
| <i>methenamine mandelate 1 GM</i>                      | 1         |                                 |
| <i>nitrofurantoin</i>                                  | 1         |                                 |
| <i>nitrofurantoin macrocrystal</i>                     | 1         |                                 |
| <i>nitrofurantoin monohyd macro</i>                    | 1         |                                 |

| Drug Name                                                     | Drug Tier | Requirements/ Limits                       |
|---------------------------------------------------------------|-----------|--------------------------------------------|
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) |           |                                            |
| Antimalarial Combinations                                     |           |                                            |
| <i>atovaquone-proguanil hcl</i>                               | 1         |                                            |
| COARTEM                                                       | 2         | Limit 24 doses per month; QL(0.8 EA daily) |
| MALARONE ( <i>atovaquone-proguanil hcl</i> )                  | NF        |                                            |
| Antimalarials                                                 |           |                                            |
| <i>chloroquine phosphate TABS</i>                             | 1         |                                            |
| <i>hydroxychloroquine sulfate 200 MG</i>                      | 1         |                                            |
| KRINTAFEL                                                     | 2         | QL(2 EA per 30 day(s) retail)              |
| <i>mefloquine hcl</i>                                         | 1         | QL(6 EA per fill retail; 6 per fill mail)  |
| PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )               | NF        |                                            |
| <i>primaquine phosphate TABS</i>                              | 1         |                                            |
| PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )     | NF        |                                            |
| QUALAQUIN CAPS ( <i>quinine sulfate</i> )                     | NF        | QL(2 EA daily); PA                         |
| <i>quinine sulfate CAPS 324 MG</i>                            | 1         | QL(2 EA daily); PA                         |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS                             |           |                                            |
| Antimyasthenic/Cholinergic Agents                             |           |                                            |
| MESTINON SOLN PO ( <i>pyridostigmine bromide</i> )            | SP        | PA                                         |
| MESTINON TABS ( <i>pyridostigmine bromide</i> )               | NF        |                                            |
| MESTINON TBCR ( <i>pyridostigmine bromide</i> )               | NF        |                                            |

Updated January 2026

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| NEOSTIGMINE METHYLSULFATE RFID SOSY ( <i>neostigmine methylsulfate</i> )             | SP        | PA                   |
| <i>neostigmine methylsulfate</i> SOSY                                                | SP        | PA                   |
| NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML                                              | SP        | PA                   |
| <i>pyridostigmine bromide</i> SOLN PO                                                | SP        | PA                   |
| <i>pyridostigmine bromide</i> TABS 60 MG                                             | 1         |                      |
| <i>pyridostigmine bromide</i> TBCR                                                   | 2         |                      |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                      |
| Antimycobacterial Agents                                                             |           |                      |
| <i>cycloserine</i>                                                                   | SP        |                      |
| <i>ethambutol hcl</i> TABS                                                           | 1         |                      |
| <i>isoniazid</i> SYRP                                                                | 1         |                      |
| <i>isoniazid</i> TABS                                                                | 1         |                      |
| MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )                                      | NF        |                      |
| MYCOBUTIN ( <i>rifabutin</i> )                                                       | NF        |                      |
| PRIFTIN                                                                              | 3         |                      |
| <i>pyrazinamide</i>                                                                  | 1         |                      |
| <i>rifabutin</i>                                                                     | 2         |                      |
| <i>rifampin</i> CAPS                                                                 | 1         |                      |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |                      |
| Alkylating Agents                                                                    |           |                      |
| <i>busulfan</i> SOLN                                                                 | SP        | PA                   |
| BUSULFEX SOLN ( <i>busulfan</i> )                                                    | SP        | PA                   |
| <i>cyclophosphamide</i> CAPS                                                         | 1         | AC                   |
| <i>cyclophosphamide</i> CAPS                                                         | 1         |                      |
| CYCLOPHOSPHAMIDE TABS                                                                | 2         |                      |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits                                         |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| GLEOSTINE ( <i>lomustine</i> )                                                  | NF        |                                                              |
| LEUKERAN                                                                        | 2         | AC                                                           |
| <i>lomustine</i>                                                                | 1         |                                                              |
| <i>melphalan</i>                                                                | 1         | AC                                                           |
| <i>melphalan hcl</i> IV                                                         | SP        | PA                                                           |
| MYLERAN TABS                                                                    | 2         | AC                                                           |
| <i>temozolomide</i> CAPS                                                        | 2         | AC                                                           |
| Antimetabolites                                                                 |           |                                                              |
| <i>capecitabine</i>                                                             | 2         | AC                                                           |
| <i>fludarabine phosphate</i> SOLR                                               | SP        | PA                                                           |
| <i>mercaptopurine</i> SUSP 2000 MG/100ML                                        | 1         | AL(Up to 13 yrs old); AC                                     |
| <i>mercaptopurine</i> TABS                                                      | 1         | AC                                                           |
| <i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML | 1         |                                                              |
| <i>methotrexate sodium</i> SOLR                                                 | 1         |                                                              |
| <i>methotrexate sodium</i> TABS 2.5 MG                                          | 1         | AC                                                           |
| ONUREG TABS                                                                     | SP        | AC; PA                                                       |
| PURIXAN SUSP 2000 MG/100ML ( <i>mercaptopurine</i> )                            | NF        | AL(Up to 13 yrs old); AC                                     |
| TABLOID                                                                         | 2         | AC                                                           |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                                         | 3         | AC                                                           |
| XATMEP SOLN PO                                                                  | SP        | AC; PA                                                       |
| XELODA ( <i>capecitabine</i> )                                                  | NF        | AC                                                           |
| Antineoplastic - Angiogenesis Inhibitors                                        |           |                                                              |
| INLYTA                                                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |

Updated January 2026

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| Drug Name                  | Drug Tier | Requirements/ Limits                                                             | Drug Name                                       | Drug Tier | Requirements/ Limits                                                             |
|----------------------------|-----------|----------------------------------------------------------------------------------|-------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| LENVIMA (10 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | LENVIMA (8 MG DAILY DOSE)                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA |
| LENVIMA (12 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | Antineoplastic - Anti-HER2 Agents               |           |                                                                                  |
| LENVIMA (14 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | TRAZIMERA 420 MG                                | SP        | Covered under Medical Benefit; PA                                                |
| LENVIMA (18 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | TUKYSA                                          | SP        | PA                                                                               |
| LENVIMA (20 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | Antineoplastic - BCL-2 Inhibitors               |           |                                                                                  |
| LENVIMA (24 MG DAILY DOSE) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA STARTING PACK TBPK                    | SP        | AC; PA                                                                           |
| LENVIMA (4 MG DAILY DOSE)  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA | VENCLEXTA TABS 100 MG                           | SP        | QL(4 EA daily); AC; PA                                                           |
|                            |           |                                                                                  | VENCLEXTA TABS 50 MG                            | SP        | AC; PA                                                                           |
|                            |           |                                                                                  | VENCLEXTA TABS 10 MG                            | SP        | QL(2 EA daily); AC; PA                                                           |
|                            |           |                                                                                  | Antineoplastic - EGFR Inhibitors                |           |                                                                                  |
|                            |           |                                                                                  | <i>erlotinib hcl</i>                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA                         |
|                            |           |                                                                                  | <i>gefitinib</i>                                | 2         | AC; PA                                                                           |
|                            |           |                                                                                  | GILOTRIF                                        | SP        | Must use Accredo SP pharmacy; AC; PA                                             |
|                            |           |                                                                                  | IRESSA ( <i>gefitinib</i> )                     | NF        | AC; PA                                                                           |
|                            |           |                                                                                  | TAGRISSE                                        | SP        | AC; PA                                                                           |
|                            |           |                                                                                  | TARCEVA 25 MG ( <i>erlotinib hcl</i> )          | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661                             |
|                            |           |                                                                                  | TARCEVA 100 MG, 150 MG ( <i>erlotinib hcl</i> ) | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC                         |

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|----------------------------------------------|-----------|-----------------------------------------------------------------------|
| VIZIMPRO                                     | SP        | AC; PA                                                                |
| Antineoplastic - Hedgehog Pathway Inhibitors |           |                                                                       |
| DAURISMO                                     | SP        | AC; PA                                                                |
| ERIVEDGE                                     | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA          |
| ODOMZO                                       | SP        | AC; PA                                                                |
| Antineoplastic - Hormonal and Related Agents |           |                                                                       |
| (Abiraterone Acetate) ABIRTEGA 250 MG        | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA |
| <i>abiraterone acetate</i>                   | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA |
| <i>anastrozole</i>                           | PV        | AC                                                                    |
| ARIMIDEX ( <i>anastrozole</i> )              | PV        | AC                                                                    |
| AROMASIN ( <i>exemestane</i> )               | PV        | AC                                                                    |
| <i>bicalutamide</i>                          | 1         | QL(1 EA daily); AC                                                    |
| CASODEX ( <i>bicalutamide</i> )              | NF        | QL(1 EA daily); AC                                                    |
| ELIGARD SC                                   | 3         | PA                                                                    |
| EMCYT                                        | 2         | AC                                                                    |
| ERLEADA 60 MG                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA      |
| ERLEADA 240 MG                               | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA          |
| EULEXIN                                      | 2         | AC                                                                    |

| Drug Name                                   | Drug Tier | Requirements/ Limits                                                        |
|---------------------------------------------|-----------|-----------------------------------------------------------------------------|
| <i>exemestane</i>                           | PV        | AC                                                                          |
| FARESTON ( <i>toremifene citrate</i> )      | NF        | AC                                                                          |
| FEMARA ( <i>letrozole</i> )                 | NF        | AC                                                                          |
| <i>letrozole</i>                            | 1         | AC                                                                          |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 1         | PA                                                                          |
| LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG        | 2         | covered w- gender transformation diagnosis; PA required for other diagnosis |
| LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG       | 3         | covered w- gender transformation diagnosis; PA required for other diagnosis |
| LYSODREN                                    | 2         | AC                                                                          |
| <i>megestrol acetate SUSP</i>               | 1         | AC                                                                          |
| <i>megestrol acetate TABS</i>               | 1         | AC                                                                          |
| NILANDRON ( <i>nilutamide</i> )             | SP        | AC                                                                          |
| <i>nilutamide</i>                           | SP        | AC                                                                          |
| NUBEQA                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA            |
| ORGOVYX                                     | SP        | PA                                                                          |
| SOLTAMOX SOLN                               | PV        | PV; AC                                                                      |
| <i>tamoxifen citrate TABS</i>               | PV        | PV; AC                                                                      |
| <i>toremifene citrate</i>                   | 2         | AC                                                                          |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG           | 3         | PA                                                                          |
| XTANDI CAPS                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                |

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| Drug Name                             | Drug Tier | Requirements/ Limits                                                         | Drug Name                                   | Drug Tier | Requirements/ Limits                                                         |
|---------------------------------------|-----------|------------------------------------------------------------------------------|---------------------------------------------|-----------|------------------------------------------------------------------------------|
| XTANDI TABS                           | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | AFINITOR DISPERZ TBSO ( <i>everolimus</i> ) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
| YONSA                                 | SP        | SP; AC; PA                                                                   | AFINITOR TABS ( <i>everolimus</i> )         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
| ZYTIGA ( <i>abiraterone acetate</i> ) | SP        | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA        | ALECENSA                                    | SP        | AC; PA                                                                       |
| Antineoplastic - Immunomodulators     |           |                                                                              | ALUNBRIG TABS                               | SP        | AC; PA                                                                       |
| POMALYST                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | ALUNBRIG TBPk                               | SP        | AC; PA                                                                       |
| Antineoplastic Antibiotics            |           |                                                                              | <i>bortezomib SOLR IJ</i>                   | SP        | PA                                                                           |
| <i>mitoxantrone hcl 25 MG/12.5ML</i>  | 2         | SP; PA                                                                       | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG             | SP        | PA                                                                           |
| Antineoplastic Combinations           |           |                                                                              | CABOMETYX TABS                              | SP        | QL(1 EA daily); AC; PA                                                       |
| INQOVI                                | SP        | PA                                                                           | CALQUENCE                                   | SP        | QL(2 EA daily); AC; PA                                                       |
| KISQALI FEMARA (200 MG DOSE)          | SP        | QL(2 EA daily); SP; AC; PA                                                   | CAPRELSA                                    | SP        | AC; PA                                                                       |
| KISQALI FEMARA (400 MG DOSE)          | SP        | QL(2.5 EA daily); SP; AC; PA                                                 | COMETRIQ (100 MG DAILY DOSE) KIT            | SP        | AC; PA                                                                       |
| KISQALI FEMARA (600 MG DOSE)          | SP        | QL(3.25 EA daily); SP; AC; PA                                                | COMETRIQ (140 MG DAILY DOSE) KIT            | SP        | AC; PA                                                                       |
| LONSURF                               | SP        | AC; PA                                                                       | COMETRIQ (60 MG DAILY DOSE) KIT             | SP        | AC; PA                                                                       |
| Antineoplastic Enzyme Inhibitors      |           |                                                                              | COPIKTRA                                    | SP        | SP; AC; PA                                                                   |
| (Everolimus) TORPENZ TABS             | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA | COTELLIC                                    | SP        | AC; PA                                                                       |
|                                       |           |                                                                              | <i>dasatinib 80 MG</i>                      | SP        | LA; AC; PA                                                                   |
|                                       |           |                                                                              | <i>dasatinib</i>                            | SP        | SP; AC; PA                                                                   |
|                                       |           |                                                                              | <i>everolimus TABS</i>                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
|                                       |           |                                                                              | <i>everolimus TBSO</i>                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                                                                                | Drug Name                                 | Drug Tier | Requirements/ Limits                                                                                  |
|-----------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| GLEEVEC TABS 100 MG<br>( <i>imatinib mesylate</i> ) | NF        | QL(3 EA daily);<br>AC; PA                                                                           | KISQALI (600 MG DOSE)                     | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(2.5<br>EA daily); SP;<br>AC; PA |
| GLEEVEC TABS 400 MG<br>( <i>imatinib mesylate</i> ) | NF        | QL(2 EA daily);<br>AC; PA                                                                           | <i>lapatinib ditosylate</i>               | SP        | AC; PA                                                                                                |
| IBRANCE CAPS                                        | SP        | QL(1 EA daily);<br>SP; AC; PA                                                                       | LORBRENA                                  | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; SP; AC;<br>PA                      |
| IBRANCE TABS                                        | SP        | QL(1 EA daily);<br>SP; AC; PA                                                                       | LUMAKRAS 120 MG                           | SP        | QL(3 EA daily);<br>AC; PA                                                                             |
| ICLUSIG                                             | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(1 EA<br>daily); SP; AC;<br>PA | LUMAKRAS 240 MG, 320<br>MG                | SP        | QL(2 EA daily);<br>AC; PA                                                                             |
| IDHIFA                                              | SP        | AC; PA                                                                                              | LYNPARZA TABS                             | SP        | Refer to<br>Accredo SP<br>Rx; QL(4 EA<br>daily); AC; PA                                               |
| <i>imatinib mesylate TABS<br/>100 MG</i>            | 2         | QL(3 EA daily);<br>AC; PA                                                                           | MEKINIST SOLR                             | SP        | PA                                                                                                    |
| <i>imatinib mesylate TABS<br/>400 MG</i>            | 2         | QL(2 EA daily);<br>AC; PA                                                                           | MEKINIST TABS                             | SP        | AC; PA                                                                                                |
| IMBRUVICA CAPS 140<br>MG                            | SP        | QL(3 EA daily);<br>AC; PA                                                                           | NERLYNX                                   | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; SP; AC;<br>PA                      |
| IMBRUVICA CAPS 70 MG                                | SP        | QL(1 EA daily);<br>AC; PA                                                                           | NEXAVAR ( <i>sorafenib<br/>tosylate</i> ) | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; AC; PA                             |
| IMBRUVICA SUSP                                      | SP        | QL(8 ML daily);<br>AC; PA                                                                           | <i>nilotinib hcl 150 MG, 200<br/>MG</i>   | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; AC; PA                             |
| IMBRUVICA TABS                                      | SP        | QL(1 EA daily);<br>AC; PA                                                                           | <i>nilotinib hcl 50 MG</i>                | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; SP; AC;<br>PA                      |
| ISTODAX SOLR<br>( <i>romidepsin</i> )               | SP        | PA                                                                                                  |                                           |           |                                                                                                       |
| JAKAFI                                              | SP        | QL(2 EA daily);<br>AC; PA                                                                           |                                           |           |                                                                                                       |
| KISQALI (200 MG DOSE)                               | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(2 EA<br>daily); SP; AC;<br>PA |                                           |           |                                                                                                       |
| KISQALI (400 MG DOSE)                               | SP        | Must use<br>AcariaHealth<br>Specialty Rx at<br>1-844-538-<br>4661; QL(2 EA<br>daily); SP; AC;<br>PA |                                           |           |                                                                                                       |

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|-------------------------------------------------|-----------|------------------------------------------------------------------------------|------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| NINLARO                                         | SP        | Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA                   | <b>sunitinib malate 25 MG</b>                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 |
| <b>pazopanib hcl</b>                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | SUTENT 12.5 MG, 37.5 MG, 50 MG ( <b>sunitinib malate</b> ) | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA |
| PIQRAY (200 MG DAILY DOSE)                      | SP        | AC; PA                                                                       | SUTENT 25 MG ( <b>sunitinib malate</b> )                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 |
| PIQRAY (250 MG DAILY DOSE)                      | SP        | QL(2 EA daily); AC; PA                                                       | TAFINLAR CAPS                                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 |
| PIQRAY (300 MG DAILY DOSE)                      | SP        | QL(2 EA daily); AC; PA                                                       | TAFINLAR TBSO                                              | SP        | PA                                                                           |
| <b>romidepsin SOLR</b>                          | SP        | PA                                                                           | TALZENNA 0.25 MG, 1 MG                                     | SP        | AC; PA                                                                       |
| ROZLYTREK CAPS                                  | SP        | AC; PA                                                                       | TASIGNA 50 MG ( <b>nilotinib hcl</b> )                     | NF        | SP; AC                                                                       |
| RUBRACA                                         | SP        | AC; PA                                                                       | TASIGNA 150 MG, 200 MG ( <b>nilotinib hcl</b> )            | NF        | AC                                                                           |
| RYDAPT                                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA             | TASIGNA 150 MG, 200 MG ( <b>nilotinib hcl</b> )            | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC                     |
| <b>sorafenib tosylate</b>                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | TAZVERIK                                                   | SP        | PA                                                                           |
| SPRYCEL ( <b>dasatinib</b> )                    | NF        | SP; AC                                                                       | <b>temsirolimus</b>                                        | SP        | PA                                                                           |
| STIVARGA                                        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA                 | TORISEL ( <b>temsirolimus</b> )                            | SP        | PA                                                                           |
| <b>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</b> | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA | TYKERB ( <b>lapatinib ditosylate</b> )                     | SP        | AC; PA                                                                       |
|                                                 |           |                                                                              | VELCADE SOLR IJ ( <b>bortezomib</b> )                      | SP        | PA                                                                           |
|                                                 |           |                                                                              | VERZENIO                                                   | SP        | QL(2 EA daily); SP; AC; PA                                                   |
|                                                 |           |                                                                              | VITRAKVI CAPS                                              | SP        | AC; PA                                                                       |
|                                                 |           |                                                                              | VITRAKVI SOLN                                              | SP        | AC; PA                                                                       |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                             |
|--------------------------------------------------------------|-----------|------------------------------------------------------------------|
| VOTRIENT ( <i>pazopanib hcl</i> )                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| XALKORI CAPS                                                 | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA     |
| XOSPATA                                                      | SP        | AC; PA                                                           |
| ZEJULA TABS                                                  | SP        | PA                                                               |
| ZELBORAF                                                     | SP        | AC; PA                                                           |
| ZOLINZA                                                      | SP        | AC; PA                                                           |
| ZYDELIG                                                      | 3         | AC; PA                                                           |
| ZYKADIA TABS                                                 | SP        | SP; AC; PA                                                       |
| Antineoplastics Misc.                                        |           |                                                                  |
| ACTIMMUNE 100 MCG/0.5ML                                      | SP        | PA                                                               |
| ALFERON N                                                    | SP        | PA                                                               |
| BESREMI                                                      | SP        | PA                                                               |
| <i>bexarotene</i>                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| HYDREA ( <i>hydroxyurea</i> )                                | NF        | AC                                                               |
| <i>hydroxyurea</i>                                           | 1         | AC                                                               |
| MATULANE                                                     | SP        | AC; PA                                                           |
| TARGRETIN ( <i>bexarotene</i> )                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| <i>tretinoin (chemotherapy)</i>                              | 2         | AC                                                               |
| Chemotherapy Rescue/Antidote/Protective Agents               |           |                                                                  |
| <i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i> | SP        | PA                                                               |
| <i>leucovorin calcium TABS</i>                               | 1         | AC                                                               |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|----------------------|
| <i>leucovorin calcium TABS</i>                                                | 1         |                      |
| <i>mesna TABS</i>                                                             | 1         | AC                   |
| MESNEX TABS                                                                   | 3         | AC                   |
| Mitotic Inhibitors                                                            |           |                      |
| ETOPOPHOS                                                                     | 3         | PA                   |
| <i>etoposide CAPS</i>                                                         | 2         |                      |
| Topoisomerase I Inhibitors                                                    |           |                      |
| HYCANTIN CAPS                                                                 | SP        | AC; PA               |
| HYCANTIN SOLR ( <i>topotecan hcl</i> )                                        | SP        | PA                   |
| <i>topotecan hcl SOLR</i>                                                     | SP        | PA                   |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease |           |                      |
| Antiparkinson Adjunctive Therapy                                              |           |                      |
| <i>carbidopa</i>                                                              | 2         |                      |
| LODOSYN ( <i>carbidopa</i> )                                                  | NF        |                      |
| Antiparkinson Anticholinergics                                                |           |                      |
| <i>benztropine mesylate TABS</i>                                              | 1         |                      |
| <i>trihexyphenidyl hcl SOLN</i>                                               | 1         |                      |
| <i>trihexyphenidyl hcl TABS</i>                                               | 1         |                      |
| Antiparkinson COMT Inhibitors                                                 |           |                      |
| COMTAN ( <i>entacapone</i> )                                                  | NF        |                      |
| <i>entacapone</i>                                                             | 1         |                      |
| TASMAR ( <i>tolcapone</i> )                                                   | SP        |                      |
| <i>tolcapone</i>                                                              | SP        |                      |
| Antiparkinson Dopaminergics                                                   |           |                      |
| <i>amantadine hcl CAPS</i>                                                    | 1         |                      |
| <i>amantadine hcl TABS</i>                                                    | 1         |                      |
| <i>bromocriptine mesylate CAPS</i>                                            | 1         |                      |
| <i>bromocriptine mesylate TABS 2.5 MG</i>                                     | 1         |                      |
| <i>carbidopa-levodopa CPCR</i>                                                | 1         | QL(10 EA daily); PA  |

Updated January 2026

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| Drug Name                                                                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG</i> | 2         |                      | <i>pramipexole dihydrochloride TB24 3.75 MG</i>                                    | 1         |                      |
| <i>carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG</i>                                                                                           | 1         |                      | <i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i> | 2         |                      |
| <i>carbidopa-levodopa TABS</i>                                                                                                                      | 1         |                      | <i>pramipexole dihydrochloride TB24 3 MG</i>                                       | 2         | QL(1 EA daily)       |
| <i>carbidopa-levodopa TBCR 200 MG-50 MG</i>                                                                                                         | 1         |                      | <i>ropinirole hydrochloride TABS</i>                                               | 1         |                      |
| <i>carbidopa-levodopa TBCR 100 MG-25 MG</i>                                                                                                         | 1         | QL(8 EA daily)       | <i>ropinirole hydrochloride TB24 12 MG</i>                                         | 1         | QL(2 EA daily)       |
| <i>carbidopa-levodopa TBDP</i>                                                                                                                      | 2         |                      | <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>                        | 1         |                      |
| DHIVY TABS                                                                                                                                          | 2         |                      | RYTARY CPCR                                                                        | 3         | QL(10 EA daily); PA  |
| DUOPA SUSP                                                                                                                                          | 3         | PA                   | SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )              | NF        |                      |
| INBRIJA CAPS                                                                                                                                        | 3         | PA                   | STALEVO 100 ( <i>carbidopa-levodopa-entacapone</i> )                               | NF        |                      |
| MIRAPEX ER TB24 3 MG ( <i>pramipexole dihydrochloride</i> )                                                                                         | NF        | QL(1 EA daily)       | STALEVO 125 ( <i>carbidopa-levodopa-entacapone</i> )                               | NF        |                      |
| MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG ( <i>pramipexole dihydrochloride</i> )                                          | NF        |                      | STALEVO 150 ( <i>carbidopa-levodopa-entacapone</i> )                               | NF        |                      |
| NEUPRO                                                                                                                                              | 3         |                      | STALEVO 200 ( <i>carbidopa-levodopa-entacapone</i> )                               | NF        |                      |
| PARLODEL CAPS ( <i>bromocriptine mesylate</i> )                                                                                                     | NF        |                      | STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )                                | NF        |                      |
| PARLODEL TABS ( <i>bromocriptine mesylate</i> )                                                                                                     | NF        |                      | STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> )                                | NF        |                      |
| <i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>                                                                          | 1         |                      | Antiparkinson Monoamine Oxidase Inhibitors                                         |           |                      |
| <i>pramipexole dihydrochloride TABS 1 MG</i>                                                                                                        | 1         | QL(4 EA daily)       | AZILECT ( <i>rasagiline mesylate</i> )                                             | NF        |                      |
| <i>pramipexole dihydrochloride TABS 1.5 MG</i>                                                                                                      | 1         | QL(3 EA daily)       | <i>rasagiline mesylate</i>                                                         | 1         |                      |
|                                                                                                                                                     |           |                      | <i>selegiline hcl CAPS</i>                                                         | 1         | QL(2 EA daily)       |

Updated January 2026

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| Drug Name                                                              | Drug Tier | Requirements/ Limits | Drug Name                                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------|-----------|----------------------|
| <i>selegiline hcl TABS</i>                                             | 1         | QL(2 EA daily)       | <i>paliperidone</i>                                            | 1         |                      |
| XADAGO                                                                 | 3         | PA                   | PERSERIS PRSY                                                  | SP        | PA                   |
| ZELAPAR TBDP                                                           | 3         |                      | RISPERDAL SOLN ( <i>risperidone</i> )                          | NF        |                      |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |                      | RISPERDAL TABS 3 MG ( <i>risperidone</i> )                     | NF        | QL(2 EA daily)       |
| Antimanic Agents                                                       |           |                      | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> ) | NF        |                      |
| <i>lithium</i>                                                         | 1         |                      | <i>risperidone SOLN</i>                                        | 1         |                      |
| <i>lithium carbonate CAPS 150 MG, 600 MG</i>                           | 1         |                      | <i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>      | 1         |                      |
| <i>lithium carbonate CAPS 300 MG</i>                                   | 1         | QL(6 EA daily)       | <i>risperidone TABS 3 MG</i>                                   | 1         | QL(2 EA daily)       |
| <i>lithium carbonate TABS</i>                                          | 1         |                      | <i>risperidone TBDP</i>                                        | 1         |                      |
| <i>lithium carbonate TBCR</i>                                          | 1         |                      | Butyrophenones                                                 |           |                      |
| LITHOBID TBCR ( <i>lithium carbonate</i> )                             | 3         |                      | <i>haloperidol lactate CONC</i>                                | 1         |                      |
| Antipsychotics - Misc.                                                 |           |                      | <i>haloperidol TABS</i>                                        | 1         |                      |
| EQUETRO                                                                | 3         |                      | Dibenzapines                                                   |           |                      |
| GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )                         | NF        |                      | <i>asenapine maleate</i>                                       | 2         |                      |
| GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )                         | NF        | QL(2 EA daily)       | <i>clozapine TABS</i>                                          | 1         |                      |
| LATUDA ( <i>lurasidone hcl</i> )                                       | NF        |                      | <i>clozapine TBDP 12.5 MG</i>                                  | 1         |                      |
| <i>lurasidone hcl</i>                                                  | 2         |                      | CLOZARIL TABS ( <i>clozapine</i> )                             | NF        |                      |
| NUPLAZID CAPS                                                          | SP        | QL(1 EA daily); PA   | <i>loxapine succinate</i>                                      | 1         |                      |
| NUPLAZID TABS 10 MG                                                    | SP        | QL(1 EA daily); PA   | <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>             | 1         |                      |
| VRAYLAR CAPS                                                           | SP        |                      | <i>olanzapine TABS 15 MG, 20 MG</i>                            | 1         | QL(1 EA daily)       |
| VRAYLAR CPPK                                                           | SP        |                      | <i>olanzapine TBDP</i>                                         | 1         |                      |
| <i>ziprasidone hcl 20 MG, 40 MG</i>                                    | 1         |                      | <i>quetiapine fumarate TABS 200 MG</i>                         | 1         | QL(4 EA daily)       |
| <i>ziprasidone hcl 60 MG, 80 MG</i>                                    | 1         | QL(2 EA daily)       | <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>   | 1         |                      |
| Benzisoxazoles                                                         |           |                      | <i>quetiapine fumarate TABS 300 MG, 400 MG</i>                 | 1         | QL(2 EA daily)       |
| FANAPT                                                                 | SP        | QL(2 EA daily)       | <i>quetiapine fumarate TB24</i>                                | 1         |                      |
| FANAPT TITRATION PACK A                                                | SP        |                      | SAPHRIS ( <i>asenapine maleate</i> )                           | NF        |                      |
| INVEGA 3 MG, 6 MG, 9 MG ( <i>paliperidone</i> )                        | NF        |                      |                                                                |           |                      |

Updated January 2026

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| Drug Name                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------------------------|-----------|----------------------|
| SECUADO                                                           | 3         | QL(1 EA daily)       | ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )                                   | NF        |                      |
| SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )                   | NF        |                      | ABILIFY TABS 15 MG ( <i>aripiprazole</i> )                                                      | NF        | QL(2 EA daily)       |
| SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )               | NF        | QL(4 EA daily)       | <i>aripiprazole SOLN PO</i>                                                                     | 2         |                      |
| SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> ) | NF        |                      | <i>aripiprazole TABS 20 MG</i>                                                                  | 1         | QL(1 EA daily)       |
| SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )       | NF        | QL(2 EA daily)       | <i>aripiprazole TABS 15 MG</i>                                                                  | 1         | QL(2 EA daily)       |
| VERSACLOZ SUSP                                                    | SP        | QL(18 ML daily)      | <i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>                                               | 1         |                      |
| ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )                          | NF        |                      | <i>aripiprazole TBDP</i>                                                                        | 1         | PA                   |
| ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> )    | NF        |                      | REXULTI                                                                                         | 3         |                      |
| ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )                   | NF        | QL(1 EA daily)       | Thioxanthenes                                                                                   |           |                      |
| Dihydroindolones                                                  |           |                      | <i>thiothixene</i>                                                                              | 1         |                      |
| <i>molindone hcl</i>                                              | 1         |                      | ANTISEPTICS & DISINFECTANTS                                                                     |           |                      |
| Phenothiazines                                                    |           |                      | Antiseptics & Disinfectants                                                                     |           |                      |
| (Prochlorperazine) COMPRO                                         | 1         | QL(2 EA daily)       | <i>formaldehyde SOLN 10 %</i>                                                                   | 1         |                      |
| <i>chlorpromazine hcl TABS</i>                                    | 2         |                      | ANTIVIRALS - Drugs to Treat Viral Infections                                                    |           |                      |
| <i>fluphenazine hcl CONC</i>                                      | 1         |                      | Antiretrovirals                                                                                 |           |                      |
| <i>fluphenazine hcl ELIX</i>                                      | 2         |                      | <i>abacavir sulfate-lamivudine</i>                                                              | 1         |                      |
| <i>fluphenazine hcl TABS</i>                                      | 1         |                      | <i>abacavir sulfate SOLN</i>                                                                    | 1         |                      |
| <i>perphenazine TABS</i>                                          | 1         |                      | <i>abacavir sulfate TABS</i>                                                                    | 1         |                      |
| <i>prochlorperazine</i>                                           | 1         | QL(2 EA daily)       | APTIVUS CAPS                                                                                    | 2         |                      |
| <i>prochlorperazine maleate TABS</i>                              | 1         |                      | <i>atazanavir sulfate CAPS</i>                                                                  | 1         |                      |
| <i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>                      | 1         |                      | BIKTARVY                                                                                        | 2         |                      |
| <i>thioridazine hcl 50 MG</i>                                     | 1         | QL(4 EA daily)       | CIMDUO                                                                                          | 2         |                      |
| <i>trifluoperazine hcl TABS</i>                                   | 1         |                      | COMBIVIR ( <i>lamivudine-zidovudine</i> )                                                       | NF        |                      |
| Quinolinone Derivatives                                           |           |                      | COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) | NF        |                      |
| ABILIFY TABS 20 MG ( <i>aripiprazole</i> )                        | NF        | QL(1 EA daily)       | <i>darunavir TABS</i>                                                                           | 1         |                      |
|                                                                   |           |                      | DELSTRIGO                                                                                       | 2         |                      |
|                                                                   |           |                      | DESCOVY 200 MG-25 MG                                                                            | PV        |                      |
|                                                                   |           |                      | DOVATO                                                                                          | 2         |                      |

Updated January 2026

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| Drug Name                                                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                 | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------|-----------|----------------------|
| EDURANT                                                                                        | 2         |                      | JULUCA                                                    | 2         |                      |
| <i>efavirenz CAPS</i>                                                                          | 1         |                      | KALETRA SOLN                                              | 2         |                      |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                   | 1         | QL(1 EA daily)       | KALETRA TABS ( <i>lopinavir-ritonavir</i> )               | NF        |                      |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                      | 1         |                      | <i>lamivudine SOLN</i>                                    | 1         |                      |
| <i>efavirenz TABS</i>                                                                          | 1         |                      | <i>lamivudine TABS</i>                                    | 1         |                      |
| <i>emtricitabine CAPS</i>                                                                      | 1         |                      | <i>lamivudine-zidovudine</i>                              | 1         |                      |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                 | 1         |                      | LEXIVA TABS ( <i>fosamprenavir calcium</i> )              | NF        |                      |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1         | QL(1 EA daily)       | <i>lopinavir-ritonavir SOLN</i>                           | 1         |                      |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | PV        | QL(1 EA daily)       | <i>lopinavir-ritonavir TABS</i>                           | 1         |                      |
| EMTRIVA CAPS ( <i>emtricitabine</i> )                                                          | NF        |                      | <i>maraviroc TABS</i>                                     | 1         |                      |
| EMTRIVA SOLN                                                                                   | 2         |                      | <i>nevirapine SUSP</i>                                    | 1         |                      |
| EPIVIR SOLN ( <i>lamivudine</i> )                                                              | NF        |                      | <i>nevirapine TABS</i>                                    | 1         |                      |
| EPIVIR TABS ( <i>lamivudine</i> )                                                              | NF        |                      | <i>nevirapine TB24 400 MG</i>                             | 1         |                      |
| EPZICOM ( <i>abacavir sulfate-lamivudine</i> )                                                 | NF        |                      | NORVIR PACK                                               | 3         |                      |
| <i>etravirine</i>                                                                              | 1         |                      | NORVIR TABS ( <i>ritonavir</i> )                          | NF        |                      |
| EVOTAZ                                                                                         | 2         |                      | ODEFSEY                                                   | 2         |                      |
| <i>fosamprenavir calcium TABS</i>                                                              | 1         |                      | PIFELTRO                                                  | 2         |                      |
| FUZEON SOLR                                                                                    | SP        | PA                   | PREZCOBIX                                                 | 2         |                      |
| GENVOYA                                                                                        | 2         |                      | PREZISTA SUSP                                             | 2         |                      |
| INTELENCE ( <i>etravirine</i> )                                                                | NF        |                      | PREZISTA TABS ( <i>darunavir</i> )                        | NF        |                      |
| INTELENCE 25 MG                                                                                | 2         |                      | PREZISTA TABS 75 MG, 150 MG                               | 2         |                      |
| ISENTRESS HD TABS                                                                              | 2         |                      | RETROVIR CAPS ( <i>zidovudine</i> )                       | NF        |                      |
| ISENTRESS CHEW                                                                                 | 2         |                      | RETROVIR SYRP ( <i>zidovudine</i> )                       | NF        |                      |
| ISENTRESS PACK                                                                                 | 2         |                      | REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> ) | NF        |                      |
| ISENTRESS TABS                                                                                 | 2         |                      | REYATAZ PACK                                              | 2         |                      |
|                                                                                                |           |                      | <i>ritonavir TABS</i>                                     | 1         |                      |
|                                                                                                |           |                      | RUKOBIA                                                   | SP        |                      |
|                                                                                                |           |                      | SELZENTRY SOLN                                            | 2         |                      |
|                                                                                                |           |                      | SELZENTRY TABS ( <i>maraviroc</i> )                       | NF        |                      |
|                                                                                                |           |                      | STRIBILD                                                  | 2         |                      |

Updated January 2026

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| Drug Name                                                                                                  | Drug Tier | Requirements/ Limits                                                         | Drug Name                                             | Drug Tier | Requirements/ Limits                                                         |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|-------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )                                        | NF        |                                                                              | PAXLOVID (300/100)                                    | PV        | PV                                                                           |
| SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )                                     | NF        |                                                                              | PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK | 5         | Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old) |
| SYMTUZA                                                                                                    | 2         |                                                                              | TPOXX (TECOVIRIMAT)                                   | 5         |                                                                              |
| <i>tenofovir disoproxil fumarate TABS</i>                                                                  | 1         |                                                                              | CMV Agents                                            |           |                                                                              |
| TIVICAY PD TBSO                                                                                            | 2         |                                                                              | VALCYTE SOLR ( <i>valganciclovir hcl</i> )            | NF        | Limit 630mls per month; QL(21 ML daily)                                      |
| TIVICAY TABS                                                                                               | 2         |                                                                              | VALCYTE TABS ( <i>valganciclovir hcl</i> )            | NF        |                                                                              |
| TRIUMEQ PD TBSO                                                                                            | 2         |                                                                              | <i>valganciclovir hcl SOLR</i>                        | 1         | Limit 630mls per month; QL(21 ML daily)                                      |
| TRIUMEQ TABS                                                                                               | 2         |                                                                              | <i>valganciclovir hcl TABS</i>                        | 1         |                                                                              |
| TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> ) | NF        | QL(1 EA daily)                                                               | Hepatitis Agents                                      |           |                                                                              |
| TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )                               | PV        | QL(1 EA daily)                                                               | <i>adefovir dipivoxil</i>                             | 2         |                                                                              |
| TYBOST                                                                                                     | 2         |                                                                              | BARACLUDE TABS ( <i>entecavir</i> )                   | NF        |                                                                              |
| VIRACEPT TABS                                                                                              | 2         |                                                                              | <i>entecavir TABS</i>                                 | 2         |                                                                              |
| VIREAD POWD                                                                                                | 2         |                                                                              | EPCLUSA PACK                                          | 2         | SP; PA                                                                       |
| VIREAD TABS 150 MG, 200 MG, 250 MG                                                                         | 2         |                                                                              | EPCLUSA TABS                                          | 2         | SP; PA                                                                       |
| VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )                                                       | NF        |                                                                              | EPCLUSA TABS                                          | 2         | SP; PA                                                                       |
| ZIAGEN SOLN ( <i>abacavir sulfate</i> )                                                                    | NF        |                                                                              | <i>lamivudine (hcv) TABS</i>                          | 2         |                                                                              |
| <i>zidovudine CAPS</i>                                                                                     | 1         |                                                                              | MAVYRET TABS                                          | SP        | PA                                                                           |
| <i>zidovudine SYRP</i>                                                                                     | 1         |                                                                              | PEGASYS SOLN                                          | 3         | SP; PA                                                                       |
| <i>zidovudine TABS</i>                                                                                     | 1         |                                                                              | <i>ribavirin (hepatitis c) CAPS</i>                   | 1         | PA                                                                           |
| Antiviral Combinations                                                                                     |           |                                                                              | VEMLIDY                                               | SP        | SP; ST                                                                       |
| MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)                                                                     | 5         | Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old) | VOSEVI                                                | 2         | SP; PA                                                                       |
| PAXLOVID (150/100)                                                                                         | PV        |                                                                              | Herpes Agents                                         |           |                                                                              |
|                                                                                                            |           |                                                                              | <i>acyclovir CAPS</i>                                 | 1         |                                                                              |
|                                                                                                            |           |                                                                              | <i>acyclovir SUSP</i>                                 | 1         |                                                                              |
|                                                                                                            |           |                                                                              | <i>acyclovir TABS PO 800 MG</i>                       | 1         | QL(5 EA daily)                                                               |

Updated January 2026

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| Drug Name                                                  | Drug Tier | Requirements/ Limits            | Drug Name                                                  | Drug Tier | Requirements/ Limits    |
|------------------------------------------------------------|-----------|---------------------------------|------------------------------------------------------------|-----------|-------------------------|
| <i>acyclovir TABS PO 400 MG</i>                            | 1         |                                 | <i>carvedilol 3.125 MG</i>                                 | 1         | QL(2 EA daily)          |
| <i>famciclovir</i>                                         | 1         |                                 | <i>carvedilol phosphate</i>                                | 1         |                         |
| <i>valacyclovir hcl 500 MG</i>                             | 1         | QL(8 EA daily)                  | COREG 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )        | NF        |                         |
| <i>valacyclovir hcl 1 GM</i>                               | 1         | QL(4 EA daily)                  | COREG 3.125 MG ( <i>carvedilol</i> )                       | NF        | QL(2 EA daily)          |
| VALTREX 500 MG ( <i>valacyclovir hcl</i> )                 | NF        | QL(8 EA daily)                  | COREG CR ( <i>carvedilol phosphate</i> )                   | NF        |                         |
| VALTREX 1 GM ( <i>valacyclovir hcl</i> )                   | NF        | QL(4 EA daily)                  | <i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>           | 1         |                         |
| Influenza Agents                                           |           |                                 | Beta Blockers Cardio-Selective                             |           |                         |
| <i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>             | 1         |                                 | <i>acebutolol hcl CAPS</i>                                 | 1         |                         |
| <i>oseltamivir phosphate CAPS 75 MG</i>                    | 1         | QL(10 EA per fill retail)       | <i>atenolol TABS</i>                                       | 1         |                         |
| <i>oseltamivir phosphate SUSR</i>                          | 1         | QL(75 ML daily; 5 Day(s) limit) | <i>betaxolol hcl</i>                                       | 1         |                         |
| RELENZA DISKHALER                                          | 3         |                                 | <i>bisoprolol fumarate</i>                                 | 1         | QL(1 EA daily)          |
| <i>rimantadine hydrochloride TABS</i>                      | 1         |                                 | BYSTOLIC ( <i>nebivolol hcl</i> )                          | NF        |                         |
| TAMIFLU CAPS 30 MG, 45 MG ( <i>oseltamivir phosphate</i> ) | NF        |                                 | LOPRESSOR TABS ( <i>metoprolol tartrate</i> )              | NF        |                         |
| TAMIFLU CAPS 75 MG ( <i>oseltamivir phosphate</i> )        | NF        | QL(10 EA per fill retail)       | <i>metoprolol succinate TB24</i>                           | 1         |                         |
| TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )              | NF        | QL(75 ML daily; 5 Day(s) limit) | <i>metoprolol tartrate TABS</i>                            | 1         |                         |
| Misc. Antivirals                                           |           |                                 | <i>nebivolol hcl</i>                                       | 1         |                         |
| LAGEVRIO                                                   | PV        |                                 | TENORMIN TABS ( <i>atenolol</i> )                          | NF        |                         |
| TPOXX CAPS                                                 | PV        |                                 | TOPROL XL TB24 ( <i>metoprolol succinate</i> )             | NF        |                         |
| Respiratory Syncytial Virus (RSV) Agents                   |           |                                 | Beta Blockers Non-Selective                                |           |                         |
| <i>ribavirin</i>                                           | 1         |                                 | BETAPACE AF ( <i>sotalol hcl (afib/afll)</i> )             | NF        |                         |
| VIRAZOLE ( <i>ribavirin</i> )                              | NF        |                                 | BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> ) | NF        |                         |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure         |           |                                 | CORGARD TABS 20 MG, 40 MG ( <i>nadolol</i> )               | NF        |                         |
| Alpha-Beta Blockers                                        |           |                                 | HEMANGEOL SOLN PO                                          | 3         | AL(Up to 1 yrs old); PA |
| <i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>                  | 1         |                                 | INDERAL LA CP24 ( <i>propranolol hcl</i> )                 | NF        |                         |
|                                                            |           |                                 | INDERAL XL                                                 | 3         |                         |
|                                                            |           |                                 | INNOPRAN XL                                                | 3         |                         |

Updated January 2026

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| Drug Name                                                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                   | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------|-----------|----------------------|
| <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>                                                             | 1         |                      | CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )                   | NF        |                      |
| <i>pindolol TABS</i>                                                                                | 1         |                      | CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> ) | NF        |                      |
| <i>propranolol hcl CP24</i>                                                                         | 1         |                      | <i>diltiazem hcl coated beads CP24</i>                      | 1         | QL(1 EA daily)       |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>                                                 | 1         |                      | <i>diltiazem hcl extended release beads</i>                 | 1         |                      |
| <i>propranolol hcl TABS</i>                                                                         | 1         |                      | <i>diltiazem hcl CP12</i>                                   | 1         |                      |
| <i>sotalol hcl (afib/af)</i>                                                                        | 1         |                      | <i>diltiazem hcl CP24</i>                                   | 1         |                      |
| <i>sotalol hcl TABS</i>                                                                             | 1         |                      | <i>diltiazem hcl TABS</i>                                   | 1         |                      |
| SOTYLIZE SOLN PO                                                                                    | 3         |                      | <i>diltiazem hcl TB24</i>                                   | 1         |                      |
| <i>timolol maleate TABS 5 MG, 20 MG</i>                                                             | 1         | QL(2 EA daily)       | <i>felodipine 10 MG</i>                                     | 1         | QL(1 EA daily)       |
| <i>timolol maleate TABS 10 MG</i>                                                                   | 1         | QL(6 EA daily)       | <i>felodipine 2.5 MG, 5 MG</i>                              | 1         |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>                                |           |                      | <i>isradipine CAPS</i>                                      | 1         |                      |
| Calcium Channel Blockers                                                                            |           |                      | <i>nicardipine hcl CAPS</i>                                 | 2         |                      |
| (Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG                          | 1         | QL(1 EA daily)       | <i>nifedipine CAPS</i>                                      | 1         |                      |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1         |                      | <i>nifedipine TB24 30 MG, 60 MG</i>                         | 1         |                      |
| (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER                                        | 1         |                      | <i>nifedipine TB24</i>                                      | 1         | QL(1 EA daily)       |
| (Diltiazem Hcl) DILT-XR CP24                                                                        | 1         |                      | <i>nimodipine CAPS</i>                                      | 2         |                      |
| (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG                               | 1         |                      | <i>nimodipine SOLN</i>                                      | 1         |                      |
| <i>amlodipine besylate TABS 2.5 MG</i>                                                              | 1         | QL(2 EA daily)       | <i>nisoldipine</i>                                          | 2         |                      |
| <i>amlodipine besylate TABS 5 MG, 10 MG</i>                                                         | 1         | QL(1 EA daily)       | NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )          | NF        | QL(2 EA daily)       |
| CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )                                              | NF        | QL(1 EA daily)       | NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )     | NF        | QL(1 EA daily)       |
|                                                                                                     |           |                      | PROCARDIA XL TB24 ( <i>nifedipine</i> )                     | NF        | QL(1 EA daily)       |
|                                                                                                     |           |                      | SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )           | NF        |                      |
|                                                                                                     |           |                      | TIAZAC ( <i>diltiazem hcl extended release beads</i> )      | NF        |                      |
|                                                                                                     |           |                      | VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )              | NF        |                      |
|                                                                                                     |           |                      | <i>verapamil hcl CP24 180 MG</i>                            | 1         | QL(2 EA daily)       |
|                                                                                                     |           |                      | <i>verapamil hcl CP24 360 MG</i>                            | 1         | QL(1 EA daily)       |

Updated January 2026

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| Drug Name                                                                                                                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                                              | Drug Tier | Requirements/ Limits                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| <i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>                                                                                      | 1         |                      | BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )                                                                  | NF        |                                                |
| <i>verapamil hcl TABS</i>                                                                                                                             | 1         |                      | CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )                       | NF        |                                                |
| <i>verapamil hcl TBCR 180 MG, 240 MG</i>                                                                                                              | 1         | QL(2 EA daily)       | CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> ) | NF        | PA                                             |
| <i>verapamil hcl TBCR 120 MG</i>                                                                                                                      | 1         |                      | ENTRESTO CPSP                                                                                                          | 3         |                                                |
| VERELAN PM CP24 ( <i>verapamil hcl</i> )                                                                                                              | 3         |                      | ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>sacubitril-valsartan</i> )                                   | NF        | QL(2 EA daily)                                 |
| VERELAN CP24 360 MG ( <i>verapamil hcl</i> )                                                                                                          | 2         | QL(1 EA daily)       | <i>isosorbide dinitrate-hydralazine hcl</i>                                                                            | 1         |                                                |
| VERELAN CP24 180 MG ( <i>verapamil hcl</i> )                                                                                                          | NF        | QL(2 EA daily)       | <i>sacubitril-valsartan TABS</i>                                                                                       | 1         | QL(2 EA daily)                                 |
| VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )                                                                                                  | NF        |                      | Impotence Agents                                                                                                       |           |                                                |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm                                                                                 |           |                      | CIALIS 5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )                                                                         | NF        | QL(0.27 EA daily); AL(At least 21 yrs old); PA |
| Cardiac Glycosides                                                                                                                                    |           |                      | <i>sildenafil citrate</i>                                                                                              | 1         | QL(0.27 EA daily); PA                          |
| <i>digoxin SOLN PO 0.05 MG/ML</i>                                                                                                                     | 1         |                      | <i>tadalafil 2.5 MG</i>                                                                                                | 1         | QL(1 EA daily); PA                             |
| <i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>                                                                                                        | 1         |                      | <i>tadalafil 5 MG, 10 MG, 20 MG</i>                                                                                    | 1         | QL(0.27 EA daily); AL(At least 21 yrs old); PA |
| LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )                                                                                                      | 3         |                      | VIAGRA ( <i>sildenafil citrate</i> )                                                                                   | NF        | QL(0.27 EA daily); PA                          |
| LANOXIN TABS 62.5 MCG ( <i>digoxin</i> )                                                                                                              | NF        |                      | Prostaglandin Vasodilators                                                                                             |           |                                                |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions                                                                       |           |                      | ORENITRAM MONTH 1 TEPK                                                                                                 | SP        | PA                                             |
| Cardiovascular Agents Misc. - Combinations                                                                                                            |           |                      | ORENITRAM MONTH 2 TEPK                                                                                                 | SP        | PA                                             |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i> | 2         | PA                   | ORENITRAM MONTH 3 TEPK                                                                                                 | SP        | PA                                             |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>                                                                 | 2         |                      | ORENITRAM TBCR                                                                                                         | SP        | PA                                             |

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| Drug Name                                             | Drug Tier | Requirements/ Limits                                                     | Drug Name                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|--------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|----------------------|
| TYVASO DPI INSTITUTIONAL KIT POWD                     | SP        | QL(4 EA daily); PA                                                       | (Tadalafil (Pulmonary Hypertension)) ALYQ TABS                      | SP        | QL(2 EA daily); PA   |
| TYVASO DPI MAINTENANCE KIT POWD                       | SP        | QL(4 EA daily); PA                                                       | ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )          | SP        | QL(2 EA daily); PA   |
| TYVASO DPI TITRATION KIT POWD                         | SP        | QL(7 EA daily); PA                                                       | REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | SP        | PA                   |
| TYVASO DPI TITRATION KIT POWD                         | SP        | QL(9 EA daily); PA                                                       | REVATIO TABS ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | NF        | QL(3 EA daily); PA   |
| TYVASO REFILL KIT SOLN IN                             | SP        | PA                                                                       | <i>sildenafil citrate (pulmonary hypertension) SUSR</i>             | SP        | PA                   |
| TYVASO STARTER KIT SOLN IN                            | SP        | PA                                                                       | <i>sildenafil citrate (pulmonary hypertension) TABS</i>             | 1         | QL(3 EA daily); PA   |
| TYVASO SOLN IN                                        | SP        | PA                                                                       | <i>tadalafil (pulmonary hypertension) TABS</i>                      | SP        | QL(2 EA daily); PA   |
| VENTAVIS IN                                           | SP        | PA                                                                       | Pulmonary Hypertension - Endothelin Receptor Antagonists            |           |                      |
| <i>ambrisentan</i>                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA | Pulmonary Hypertension - Prostacyclin Receptor Agonist              |           |                      |
| <i>bosentan TABS</i>                                  | SP        | PA                                                                       | UPTRAVI TITRATION TBPk                                              | SP        | PA                   |
| <i>bosentan TBSO 32 MG</i>                            | SP        | PA                                                                       | UPTRAVI TABS                                                        | SP        | QL(2 EA daily); PA   |
| LETAIRIS ( <i>ambrisentan</i> )                       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA | Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator           |           |                      |
| OPSUMIT                                               | SP        | PA                                                                       | ADEMPAS                                                             | SP        | PA                   |
| TRACLEER TABS 62.5 MG ( <i>bosentan</i> )             | NF        | USE BOSENTAN TABS                                                        | Sinus Node Inhibitors                                               |           |                      |
| TRACLEER TABS 125 MG ( <i>bosentan</i> )              | NF        |                                                                          | CORLANOR TABS ( <i>ivabradine hcl</i> )                             | NF        | QL(2 EA daily); ST   |
| TRACLEER TBSO 32 MG ( <i>bosentan</i> )               | SP        | PA                                                                       | <i>ivabradine hcl TABS</i>                                          | 2         | QL(2 EA daily); ST   |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors |           |                                                                          | CEPHALOSPORINS - Drugs to Treat Bacterial Infections                |           |                      |
|                                                       |           |                                                                          | Cephalosporins - 1st Generation                                     |           |                      |
|                                                       |           |                                                                          | <i>cefadroxil CAPS</i>                                              | 1         |                      |
|                                                       |           |                                                                          | <i>cefadroxil SUSR</i>                                              | 1         |                      |
|                                                       |           |                                                                          | <i>cefadroxil TABS</i>                                              | 1         |                      |

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| Drug Name                                                                                                                   | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                  | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>cefazolin sodium SOLR IV 1 GM</i>                                                                                        | SP        | PA                   | (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG | PV        | PV                   |
| <i>cephalexin CAPS</i>                                                                                                      | 1         |                      | (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA                             | PV        | PV                   |
| <i>cephalexin SUSR</i>                                                                                                      | 1         |                      | (Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET                                                                        | PV        | PV                   |
| Cephalosporins - 2nd Generation                                                                                             |           |                      | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG  | PV        | PV                   |
| CEFACLOR ER TB12                                                                                                            | 3         |                      | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG  | PV        | PV                   |
| <i>cefaclor CAPS</i>                                                                                                        | 1         |                      | (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG                                         | PV        | PV                   |
| CEFOTAN IJ ( <i>cefotetan disodium</i> )                                                                                    | SP        | PA                   | (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28)                       | PV        | PV                   |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i>                                                                                     | SP        | PA                   | (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG           | PV        | PV                   |
| <i>cefoxitin sodium IV 1 GM, 2 GM</i>                                                                                       | SP        | PA                   |                                                                                                                            |           |                      |
| CEFOXITIN SODIUM-DEXTROSE                                                                                                   | SP        | PA                   |                                                                                                                            |           |                      |
| <i>cefprozil SUSR</i>                                                                                                       | 1         |                      |                                                                                                                            |           |                      |
| <i>cefprozil TABS</i>                                                                                                       | 1         |                      |                                                                                                                            |           |                      |
| <i>cefuroxime axetil TABS</i>                                                                                               | 1         |                      |                                                                                                                            |           |                      |
| Cephalosporins - 3rd Generation                                                                                             |           |                      |                                                                                                                            |           |                      |
| <i>cefdinir CAPS</i>                                                                                                        | 1         |                      |                                                                                                                            |           |                      |
| <i>cefdinir SUSR</i>                                                                                                        | 1         |                      |                                                                                                                            |           |                      |
| <i>cefixime CAPS</i>                                                                                                        | 1         |                      |                                                                                                                            |           |                      |
| <i>cefixime SUSR</i>                                                                                                        | 1         |                      |                                                                                                                            |           |                      |
| <i>cefpodoxime proxetil SUSR</i>                                                                                            | 1         |                      |                                                                                                                            |           |                      |
| <i>cefpodoxime proxetil TABS</i>                                                                                            | 1         |                      |                                                                                                                            |           |                      |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>                                                                          |           |                      |                                                                                                                            |           |                      |
| Combination Contraceptives - Oral                                                                                           |           |                      |                                                                                                                            |           |                      |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG | PV        | PV                   |                                                                                                                            |           |                      |

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| Drug Name                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG                                                                                                              | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS                                                                                                                                                                                                                                                                                      | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG   | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS 0.03 MG-0.15 MG                                                                                                                                                                                                                                                                      | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG  | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE                                                                                                                                                                                                                                                                                                                                                                                                    | PV        | PV                   |
| (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG | PV        | PV                   | (Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA                                                                                                                                                                                                                                                                                                                                                                                                               | PV        | PV                   |
| (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)                                                                                                                                                | PV        | PV                   | (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG | PV        | PV                   |

Updated January 2026

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                          | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS                     | PV        | PV                   | (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS                                                                                                                                                          | PV        | PV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                      | (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG   | PV        | PV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                      | (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG | PV        | PV                   |
| (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG | PV        | PV                   | (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG | PV        | PV                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                      | (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG                                                                                                       | PV        | PV                   |
| (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW                                                                                                                                                                                                                                                                                                                                                                                                 | PV        | PV                   | (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG                                                                                                 | PV        | PV                   |

Updated January 2026

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| Drug Name                                                                                                                                                                                                                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                            | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE                                                                                                                                                                    | PV        | PV                   | (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7                            | PV        | PV                   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG   | PV        | PV                   | (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA | PV        | PV                   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS               | PV        | PV                   | (Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA                                 | PV        | PV                   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS               | PV        | PV                   | (Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG                                  | PV        | PV                   |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG | PV        | PV                   | (Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ                                                | PV        | PV                   |
| (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE                                                                                                                                                                                    | PV        | PV                   | BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )                                                                           | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )                                                                 | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | <i>desogestrel-ethinyl estradiol (biphasic)</i>                                                                                      | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | <i>drospirenone-ethinyl estradiol</i>                                                                                                | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>                                                                           | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | <i>ethynodiol diacet &amp; eth estrad</i>                                                                                            | PV        | PV                   |
|                                                                                                                                                                                                                                                                   |           |                      | <i>levonorgestrel &amp; eth estradiol TABS</i>                                                                                       | PV        | PV                   |

Updated January 2026

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| Drug Name                                                                        | Drug Tier | Requirements/ Limits             |
|----------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | PV        | PV                               |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | PV        | PV                               |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | PV        | PV                               |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | PV        | PV                               |
| LO LOESTRIN FE TABS                                                              | PV        | PV                               |
| MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )                    | PV        | PV                               |
| NATAZIA                                                                          | PV        | PV                               |
| NEXTSTELLIS                                                                      | PV        | PV                               |
| <i>norethin acet &amp; estrad-fe CAPS</i>                                        | PV        | PV                               |
| <i>norethin acet &amp; estrad-fe CHEW</i>                                        | PV        | PV                               |
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | PV        | PV                               |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | PV        | PV                               |
| <i>norethindrone acet &amp; eth estra TABS</i>                                   | PV        | PV                               |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | PV        | PV                               |
| <i>norgestimate-ethinyl estradiol</i>                                            | PV        | PV                               |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | PV        | Equivalent to Ortho Tricyclen Lo |
| SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )           | PV        | PV                               |
| TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )                           | PV        | PV                               |
| TYBLUME CHEW                                                                     | PV        | PV                               |
| YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )                              | PV        | PV                               |

| Drug Name                                                                                                                                                                         | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| YAZ ( <i>drospirenone-ethinyl estradiol</i> )                                                                                                                                     | PV        | PV                   |
| Combination Contraceptives - Transdermal                                                                                                                                          |           |                      |
| (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY                                                                                                                                 | PV        | PV                   |
| <i>norelgestromin-ethinyl estradiol</i>                                                                                                                                           | PV        | PV                   |
| TWIRLA                                                                                                                                                                            | PV        | PV                   |
| Combination Contraceptives - Vaginal                                                                                                                                              |           |                      |
| (Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE                                                                                                                    | PV        | PV                   |
| ANNOVERA                                                                                                                                                                          | PV        | PV                   |
| <i>etonogestrel-ethinyl estradiol</i>                                                                                                                                             | PV        | PV                   |
| NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )                                                                                                                                | PV        | PV                   |
| Emergency Contraceptives                                                                                                                                                          |           |                      |
| (Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, SHEWISE, TAKE ACTION 1.5 MG | PV        | PV                   |
| ELLA                                                                                                                                                                              | PV        | PV                   |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>                                                                                                                                       | PV        | PV                   |
| PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )                                                                                                                          | PV        | PV                   |
| Progestin Contraceptives - Injectable                                                                                                                                             |           |                      |

Updated January 2026

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| Drug Name                                                                                                                                                | Drug Tier | Requirements/ Limits                   | Drug Name                                                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|------------------------------------------------------------------------------------------------|-----------|----------------------|
| DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR                                                                           | 5         | Available through the Medical Benefit  | <i>dexamethasone SOLN</i>                                                                      | 1         |                      |
| DEPO-SUBQ PROVERA 104 SUSY SC                                                                                                                            | PV        | Provided under the Medical Benefit; PA | <i>dexamethasone TABS</i>                                                                      | 1         |                      |
| Progestin Contraceptives - Oral                                                                                                                          |           |                                        | <i>dexamethasone TBPk</i>                                                                      | 1         |                      |
| (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL | PV        | PV                                     | <i>hydrocortisone TABS</i>                                                                     | 1         |                      |
| <i>norethindrone (contraceptive)</i>                                                                                                                     | PV        | PV                                     | MEDROL TABS 4 MG, 8 MG, 16 MG ( <i>methylprednisolone</i> )                                    | NF        |                      |
| OPILL                                                                                                                                                    | PV        |                                        | MEDROL TABS                                                                                    | 2         |                      |
| SLYND                                                                                                                                                    | PV        | PV                                     | MEDROL TBPk ( <i>methylprednisolone</i> )                                                      | NF        |                      |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions                                                                            |           |                                        | <i>methylprednisolone TABS</i>                                                                 | 1         |                      |
| Glucocorticosteroids                                                                                                                                     |           |                                        | <i>methylprednisolone TBPk</i>                                                                 | 1         |                      |
| (Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk                                                                                                         | 1         |                                        | ORAPRED ODT TBPk ( <i>prednisolone sodium phosphate</i> )                                      | NF        |                      |
| (Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk                                                                                                         | 1         |                                        | ORAPRED ODT TBPk                                                                               | 3         |                      |
| (Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk                                                                                                     | 1         |                                        | PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )                                        | NF        |                      |
| AGAMREE                                                                                                                                                  | SP        | SP; PA                                 | <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i> | 1         |                      |
| <i>budesonide CPEP</i>                                                                                                                                   | 2         | QL(3 EA daily)                         | <i>prednisolone sodium phosphate TBPk</i>                                                      | 1         |                      |
| <i>budesonide TB24</i>                                                                                                                                   | 1         | PA                                     | PREDNISOLONE SODIUM PHOSPHATE TBPk 10 MG, 15 MG, 30 MG                                         | 3         |                      |
| CORTEF TABS ( <i>hydrocortisone</i> )                                                                                                                    | NF        |                                        | <i>prednisolone SOLN</i>                                                                       | 1         |                      |
| DEXAMETHASONE INTENSOL CONC                                                                                                                              | 2         |                                        | <i>prednisolone TABS</i>                                                                       | 1         |                      |
| <i>dexamethasone ELIX</i>                                                                                                                                | 1         |                                        | PREDNISONE INTENSOL CONC                                                                       | 2         |                      |
|                                                                                                                                                          |           |                                        | <i>prednisone SOLN</i>                                                                         | 1         |                      |
|                                                                                                                                                          |           |                                        | <i>prednisone TABS</i>                                                                         | 1         |                      |
|                                                                                                                                                          |           |                                        | <i>prednisone TBPk</i>                                                                         | 1         |                      |
|                                                                                                                                                          |           |                                        | UCERIS TB24 ( <i>budesonide</i> )                                                              | NF        | PA                   |
|                                                                                                                                                          |           |                                        | Mineralocorticoids                                                                             |           |                      |

Updated January 2026

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>fludrocortisone acetate</i><br><b>TABS</b>                                        | 1         |                      | (Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML | 1         |                      |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>          |           |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| <b>Antitussives</b>                                                                  |           |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| (Hydrocodone Bitartrate-Homatropine Methylbromide)<br>HYDROMET SOLN                  | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| <i>benzonatate</i>                                                                   | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| HYCODAN SOLN<br>( <i>hydrocodone bitartrate-homatropine methylbromide</i> )          | NF        |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| HYCODAN TABS 1.5 MG-5 MG ( <i>hydrocodone bitartrate-homatropine methylbromide</i> ) | NF        |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>                         | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| <i>hydrocodone bitartrate-homatropine methylbromide TABS</i>                         | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| <b>Cough/Cold/Allergy Combinations</b>                                               |           |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML            | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
| (Guaifenesin-Codeine) GUAIFENESIN AC SYRP                                            | 1         |                      |                                                                                                                                                                                                                                                                                           |           |                      |
|                                                                                      |           |                      | (Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD                                | 1         |                      |
|                                                                                      |           |                      | (Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE                                                                                                                                                                                                                              | 1         |                      |
|                                                                                      |           |                      | (Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML                                                                                                                                                                                                                    | 1         |                      |
|                                                                                      |           |                      | ACTIDOM DMX LIQD                                                                                                                                                                                                                                                                          | 3         |                      |
|                                                                                      |           |                      | CODITUSSIN AC LIQD                                                                                                                                                                                                                                                                        | 3         |                      |
|                                                                                      |           |                      | DOMETUSS-DMX LIQD                                                                                                                                                                                                                                                                         | 3         |                      |
|                                                                                      |           |                      | GILPHEX TR TABS 10 MG-388 MG                                                                                                                                                                                                                                                              | 3         | RX/OTC               |
|                                                                                      |           |                      | GILTUSS COUGH & COLD TABS                                                                                                                                                                                                                                                                 | 3         |                      |

Updated January 2026

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| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| GILTUSS SINUS & CONGESTION TABS                                  | 3         | RX/OTC               |
| <i>guaifenesin-codeine SOLN</i>                                  | 1         |                      |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>   | 1         |                      |
| NEOTUSS PLUS LIQD                                                | 3         |                      |
| <i>promethazine w/codeine SOLN</i>                               | 1         | QL(30 ML daily)      |
| <i>promethazine-dm SYRP</i>                                      | 1         | QL(30 ML daily)      |
| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML                       | 3         |                      |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | 1         |                      |
| TUSNEL TABS                                                      | 3         |                      |
| TUSSLIN PEDIATRIC LIQD                                           | 3         |                      |
| Expectorants                                                     |           |                      |
| <i>potassium iodide (expectorant) SOLN</i>                       | 1         |                      |
| SSKI SOLN ( <i>potassium iodide (expectorant)</i> )              | NF        |                      |
| Misc. Respiratory Inhalants                                      |           |                      |
| (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %          | 1         |                      |
| (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %          | 2         |                      |
| HYPERSAL NEBU                                                    | 3         |                      |
| HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )              | NF        |                      |
| NEBUSAL NEBU                                                     | 3         |                      |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                       | 2         |                      |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>                | 1         |                      |

| Drug Name                                                               | Drug Tier | Requirements/ Limits                                                                                   |
|-------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| Mucolytics                                                              |           |                                                                                                        |
| <i>acetylcysteine SOLN</i>                                              | 1         |                                                                                                        |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions                        |           |                                                                                                        |
| Acne Products                                                           |           |                                                                                                        |
| (Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 % | 1         | Limit 45gms per month; QL(1.5 GM daily); RX/OTC                                                        |
| (Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB       | 1         |                                                                                                        |
| (Clindamycin Phosphate (Topical)) CLINDACIN FOAM                        | 1         |                                                                                                        |
| (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC            | 1         |                                                                                                        |
| (Erythromycin (Acne Aid)) ERY PADS                                      | 1         |                                                                                                        |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG            | 1         | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG            | 1         | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG            | 1         | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |

Updated January 2026

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| Drug Name                                                             | Drug Tier | Requirements/ Limits                                                                                   | Drug Name                                                   | Drug Tier | Requirements/ Limits                            |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|-------------------------------------------------|
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG          | 1         | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | <i>adapalene CREA</i>                                       | 1         | Limit 45gms per month; QL(1.5 GM daily)         |
| (Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % | 2         |                                                                                                        | <i>adapalene GEL 0.3 %</i>                                  | 1         | QL(45 GM per fill retail; 135 per fill mail)    |
| (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM                        | 1         |                                                                                                        | <i>adapalene GEL 0.1 %</i>                                  | 1         | Limit 45gms per month; QL(1.5 GM daily); RX/OTC |
| ABSORICA 30 MG ( <i>isotretinoin</i> )                                | NF        | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | ATRALIN GEL ( <i>tretinoin</i> )                            | NF        |                                                 |
| ABSORICA 35 MG, 40 MG ( <i>isotretinoin</i> )                         | NF        | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )     | NF        | QL(2 GM daily)                                  |
| ABSORICA 20 MG ( <i>isotretinoin</i> )                                | NF        | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | <i>benzoyl peroxide-erythromycin GEL</i>                    | 1         | QL(2 GM daily)                                  |
| ABSORICA 10 MG, 25 MG ( <i>isotretinoin</i> )                         | NF        | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )   | NF        |                                                 |
| ACZONE 7.5 % ( <i>dapsone (topical)</i> )                             | NF        | QL(2 GM daily)                                                                                         | CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )    | NF        | AL(At least 12 yrs old)                         |
| ACZONE 5 % ( <i>dapsone (topical)</i> )                               | NF        | PA                                                                                                     | <i>clindamycin phosphate (topical) FOAM</i>                 | 1         |                                                 |
| <i>adapalene-benzoyl peroxide GEL</i>                                 | 1         |                                                                                                        | <i>clindamycin phosphate (topical) GEL</i>                  | 1         | AL(At least 12 yrs old)                         |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate (topical) LOTN</i>                 | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate (topical) SOLN</i>                 | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate (topical) SWAB</i>                 | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>   | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>clindamycin phosphate-tretinoin</i>                      | 1         |                                                 |
|                                                                       |           |                                                                                                        | <i>dapsone (topical) 7.5 %</i>                              | 1         | QL(2 GM daily)                                  |
|                                                                       |           |                                                                                                        | <i>dapsone (topical) 5 %</i>                                | 1         | PA                                              |

Updated January 2026

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| Drug Name                                              | Drug Tier | Requirements/ Limits                                                                                   | Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                   |
|--------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| DIFFERIN CREA ( <i>adapalene</i> )                     | NF        | Limit 45gms per month; QL(1.5 GM daily)                                                                | <i>isotretinoin 20 MG</i>                                  | 1         | QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail |
| DIFFERIN GEL 0.3 % ( <i>adapalene</i> )                | NF        | QL(45 GM per fill retail; 135 per fill mail)                                                           | KLARON ( <i>sulfacetamide sodium (acne)</i> )              | NF        |                                                                                                        |
| DIFFERIN GEL 0.1 % ( <i>adapalene</i> )                | NF        | Limit 45gms per month; QL(1.5 GM daily); RX/OTC                                                        | PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )     | NF        |                                                                                                        |
| DIFFERIN LOTN                                          | 2         |                                                                                                        | PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )     | NF        | PA                                                                                                     |
| EPIDUO FORTE GEL ( <i>adapalene-benzoyl peroxide</i> ) | NF        |                                                                                                        | RETIN-A MICRO 0.1 % ( <i>tretinoin microsphere</i> )       | NF        | QL(1.67 GM daily)                                                                                      |
| EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )       | NF        |                                                                                                        | RETIN-A MICRO 0.04 % ( <i>tretinoin microsphere</i> )      | NF        | Limit 45gms per month; QL(1.7 GM daily)                                                                |
| <i>erythromycin (acne aid) GEL</i>                     | 1         |                                                                                                        | RETIN-A MICRO PUMP 0.1 % ( <i>tretinoin microsphere</i> )  | NF        | QL(1.67 GM daily)                                                                                      |
| <i>erythromycin (acne aid) SOLN</i>                    | 1         |                                                                                                        | RETIN-A MICRO PUMP 0.04 % ( <i>tretinoin microsphere</i> ) | NF        | Limit 45gms per month; QL(1.7 GM daily)                                                                |
| FABIOR FOAM                                            | 3         | Limit 50gms per month; QL(1.67 GM daily)                                                               | RETIN-A CREA ( <i>tretinoin</i> )                          | NF        |                                                                                                        |
| <i>isotretinoin 35 MG, 40 MG</i>                       | 1         | QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | RETIN-A GEL ( <i>tretinoin</i> )                           | NF        |                                                                                                        |
| <i>isotretinoin 30 MG</i>                              | 1         | QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | <i>sulfacetamide sodium (acne)</i>                         | 1         |                                                                                                        |
| <i>isotretinoin 10 MG, 25 MG</i>                       | 1         | QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail | <i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>     | 1         |                                                                                                        |
|                                                        |           |                                                                                                        | <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>        | 2         |                                                                                                        |
|                                                        |           |                                                                                                        | <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>     | 1         | PA                                                                                                     |
|                                                        |           |                                                                                                        | <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>        | 1         | QL(1 GM daily)                                                                                         |
|                                                        |           |                                                                                                        | SULFACETAMIDE-SULFUR IN UREA EMUL                          | 3         |                                                                                                        |

Updated January 2026

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                     | Drug Name                                        | Drug Tier | Requirements/ Limits                     |
|-----------------------------------------------------------|-----------|------------------------------------------|--------------------------------------------------|-----------|------------------------------------------|
| TAZAROTENE FOAM                                           | 3         | Limit 50gms per month; QL(1.67 GM daily) | <i>ciclopirox GEL</i>                            | 1         |                                          |
| <i>tretinoin microsphere 0.1 %</i>                        | 1         | QL(1.67 GM daily)                        | <i>ciclopirox SHAM</i>                           | 2         |                                          |
| <i>tretinoin microsphere 0.04 %</i>                       | 1         | Limit 45gms per month; QL(1.7 GM daily)  | <i>ciclopirox SOLN</i>                           | 1         |                                          |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>              | 1         |                                          | <i>clotrimazole w/ betamethasone CREA</i>        | 1         | Limit 1 tube per month; QL(1.5 GM daily) |
| <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>              | 1         |                                          | <i>clotrimazole w/ betamethasone LOTN</i>        | 1         | QL(2 ML daily)                           |
| VELTIN ( <i>clindamycin phosphate-tretinoin</i> )         | NF        |                                          | <i>econazole nitrate CREA</i>                    | 1         |                                          |
| ZIANA ( <i>clindamycin phosphate-tretinoin</i> )          | NF        |                                          | ERTACZO                                          | SP        | QL(1 GM daily); PA                       |
| Agents for External Genital and Perianal Warts            |           |                                          | EXELDERM CREA ( <i>sulconazole nitrate</i> )     | 3         |                                          |
| VEREGEN                                                   | 3         | QL(30 GM per fill retail)                | EXELDERM SOLN                                    | 2         |                                          |
| Antibiotics - Topical                                     |           |                                          | EXODERM                                          | 3         |                                          |
| ALTABAX                                                   | 3         |                                          | <i>iodoquinol-hydrocortisone in aloe vehicle</i> | 1         |                                          |
| <i>gentamicin sulfate (topical) CREA</i>                  | 1         |                                          | <i>ketoconazole (topical) CREA</i>               | 1         | QL(2 GM daily)                           |
| <i>gentamicin sulfate (topical) OINT</i>                  | 1         |                                          | <i>ketoconazole (topical) FOAM</i>               | 2         |                                          |
| <i>mupirocin OINT</i>                                     | 1         |                                          | <i>ketoconazole (topical) SHAM 2 %</i>           | 1         |                                          |
| Antifungals - Topical                                     |           |                                          | <i>naftifine hcl CREA</i>                        | 1         |                                          |
| (Ciclopirox) CICLODAN SOLN                                | 1         |                                          | <i>naftifine hcl GEL 2 %</i>                     | 1         |                                          |
| (Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC | 1         |                                          | NAFTIN GEL ( <i>naftifine hcl</i> )              | NF        |                                          |
| (Ketoconazole (Topical)) KETODAN FOAM                     | 2         |                                          | <i>nystatin (topical) CREA</i>                   | 1         |                                          |
| (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX     | 1         |                                          | <i>nystatin (topical) OINT</i>                   | 1         |                                          |
| <i>ciclopirox olamine CREA</i>                            | 1         |                                          | <i>nystatin (topical) POWD EX</i>                | 1         |                                          |
| <i>ciclopirox olamine SUSP</i>                            | 1         |                                          | <i>nystatin-triamcinolone CREA</i>               | 1         |                                          |
|                                                           |           |                                          | <i>nystatin-triamcinolone OINT</i>               | 1         |                                          |
|                                                           |           |                                          | <i>oxiconazole nitrate CREA</i>                  | 1         |                                          |
|                                                           |           |                                          | OXISTAT CREA ( <i>oxiconazole nitrate</i> )      | NF        |                                          |
|                                                           |           |                                          | OXISTAT LOTN                                     | 3         |                                          |
|                                                           |           |                                          | <i>sulconazole nitrate CREA</i>                  | 1         |                                          |
|                                                           |           |                                          | <i>sulconazole nitrate SOLN</i>                  | 1         |                                          |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drug Tier | Requirements/ Limits | Drug Name                                        | Drug Tier | Requirements/ Limits                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------|-----------|------------------------------------------|
| VYTONE 1.9 %-1 %<br>( <i>iodoquinol-hydrocortisone in aloe vehicle</i> )                                                                                                                                                                                                                                                                                                                                                                                | NF        |                      | <i>bexarotene (topical)</i>                      | SP        | SP; PA                                   |
| Anti-inflammatory Agents - Topical                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                      | CARAC CREA<br>( <i>fluorouracil (topical)</i> )  | SP        | QL(1 GM daily)                           |
| (Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX | 1         | RX/OTC               | <i>diclofenac sodium (actinic keratoses) EX</i>  | 2         | PA                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | EFUDEX CREA<br>( <i>fluorouracil (topical)</i> ) | NF        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>fluorouracil (topical) CREA 0.5 %</i>         | SP        | QL(1 GM daily)                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>fluorouracil (topical) CREA 5 %</i>           | 1         |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>fluorouracil (topical) SOLN</i>               | 1         |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | PANRETIN                                         | 3         | PA                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | TARGRETIN ( <i>bexarotene (topical)</i> )        | SP        | SP; PA                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | VALCHLOR                                         | SP        | PA                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | Antipruritics - Topical                          |           |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>doxepin hcl (antipruritic)</i>                | 2         |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | PRUDOXIN ( <i>doxepin hcl (antipruritic)</i> )   | NF        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | ZONALON ( <i>doxepin hcl (antipruritic)</i> )    | NF        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | Antipsoriatics                                   |           |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | (Calcipotriene) CALCITRENE OINT                  | 1         | QL(5 GM daily)                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>acitretin 25 MG</i>                           | 2         | QL(2 EA daily)                           |
| <i>diclofenac sodium (topical) GEL EX</i>                                                                                                                                                                                                                                                                                                                                                                                                               | 1         | RX/OTC               | <i>acitretin 10 MG</i>                           | 2         | QL(1 EA daily)                           |
| <i>diclofenac sodium (topical) SOLN EX 1.5 %</i>                                                                                                                                                                                                                                                                                                                                                                                                        | 1         | QL(5 ML daily)       | <i>acitretin 17.5 MG</i>                         | 2         |                                          |
| <i>diclofenac sodium (topical) SOLN EX 2 %</i>                                                                                                                                                                                                                                                                                                                                                                                                          | 1         | QL(4 GM daily); PA   | <i>calcipotriene CREA</i>                        | 2         | QL(5 GM daily)                           |
| PENNSAID SOLN EX 2 %<br>( <i>diclofenac sodium (topical)</i> )                                                                                                                                                                                                                                                                                                                                                                                          | NF        | QL(4 GM daily); PA   | CALCIPOTRIENE FOAM                               | SP        | PA                                       |
| VOLTAREN ARTHRITIS PAIN GEL EX ( <i>diclofenac sodium (topical)</i> )                                                                                                                                                                                                                                                                                                                                                                                   | NF        | RX/OTC               | <i>calcipotriene OINT</i>                        | 1         | QL(5 GM daily)                           |
| Antineoplastic or Premalignant Lesion Agents - Topical                                                                                                                                                                                                                                                                                                                                                                                                  |           |                      | <i>calcipotriene SOLN</i>                        | 1         |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                      | <i>calcitriol (topical)</i>                      | 1         | Limit 100gms per month; QL(3.4 GM daily) |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                                         | Drug Name                                            | Drug Tier | Requirements/ Limits                     |
|-----------------------------------|-----------|------------------------------------------------------------------------------|------------------------------------------------------|-----------|------------------------------------------|
| COSENTYX (300 MG DOSE) SOSY       | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA | STEQEYMA 45 MG/0.5ML                                 | SP        | QL(0.17 ML daily); PA                    |
| COSENTYX SENSOREADY (300 MG) SOAJ | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA | STEQEYMA 90 MG/ML                                    | SP        | QL(0.04 ML daily); PA                    |
| COSENTYX SENSOREADY PEN SOAJ      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA | <i>tazarotene CREA</i>                               | 1         |                                          |
| COSENTYX UNOREADY SOAJ            | SP        | QL(0.072 ML daily); PA                                                       | <i>tazarotene GEL</i>                                | 1         |                                          |
| COSENTYX SOSY 150 MG/ML           | SP        | QL(0.036 ML daily); PA                                                       | TAZORAC CREA ( <i>tazarotene</i> )                   | NF        |                                          |
| COSENTYX SOSY 75 MG/0.5ML         | SP        | QL(0.18 ML daily); PA                                                        | TAZORAC GEL ( <i>tazarotene</i> )                    | NF        |                                          |
| <i>methoxsalen rapid</i>          | 2         |                                                                              | TREMFYA ONE-PRESS SOPN SC 100 MG/ML                  | SP        | QL(0.018 ML daily); PA                   |
| PYZCHIVA 45 MG/0.5ML              | SP        | QL(0.17 ML daily); PA                                                        | TREMFYA PEN SOAJ 100 MG/ML                           | SP        | QL(0.018 ML daily); PA                   |
| PYZCHIVA 90 MG/ML                 | SP        | QL(0.04 ML daily); PA                                                        | TREMFYA SOSY 100 MG/ML                               | SP        | QL(0.018 ML daily); PA                   |
| PYZCHIVA SC 45 MG/0.5ML           | SP        | QL(0.17 ML daily); PA                                                        | VECTICAL ( <i>calcitriol (topical)</i> )             | NF        | Limit 100gms per month; QL(3.4 GM daily) |
| SKYRIZI PEN SOAJ                  | SP        | QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA                     | YESINTEK SOLN 45 MG/0.5ML                            | SP        | QL(0.17 ML daily); PA                    |
| SKYRIZI SOSY                      | SP        | QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA                     | YESINTEK SOSY 90 MG/ML                               | SP        | QL(0.04 ML daily); PA                    |
| SORILUX FOAM                      | SP        | PA                                                                           | YESINTEK SOSY 45 MG/0.5ML                            | SP        | QL(0.17 ML daily); PA                    |
| STELARA SOLN 45 MG/0.5ML          | SP        | QL(0.02 ML daily); PA                                                        | Antiseborrheic Products                              |           |                                          |
| STELARA SOSY 90 MG/ML             | SP        | QL(0.04 ML daily); PA                                                        | OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> ) | NF        |                                          |
| STELARA SOSY 45 MG/0.5ML          | SP        | QL(0.17 ML daily); PA                                                        | OVACE PLUS SHAM ( <i>sulfacetamide sodium</i> )      | NF        |                                          |
|                                   |           |                                                                              | OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )      | NF        |                                          |
|                                   |           |                                                                              | <i>selenium sulfide LOTN 2.5 %</i>                   | 1         |                                          |
|                                   |           |                                                                              | SODIUM SULFACETAMIDE-BAKUCHIOL LIQD                  | 3         |                                          |
|                                   |           |                                                                              | <i>sulfacetamide sodium LIQD</i>                     | 1         |                                          |
|                                   |           |                                                                              | <i>sulfacetamide sodium SHAM 10 %</i>                | 1         |                                          |

Updated January 2026

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| Drug Name                                                             | Drug Tier | Requirements/ Limits | Drug Name                                              | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------|-----------|----------------------|
| Antivirals - Topical                                                  |           |                      | <i>betamethasone dipropionate (topical) CREA</i>       | 1         |                      |
| <i>acyclovir topical CREA</i>                                         | 1         |                      | <i>betamethasone dipropionate (topical) LOTN</i>       | 1         |                      |
| <i>acyclovir topical OINT</i>                                         | 1         | QL(1 GM daily)       | <i>betamethasone dipropionate (topical) OINT</i>       | 1         |                      |
| ZOVIRAX CREA ( <i>acyclovir topical</i> )                             | NF        |                      | <i>betamethasone dipropionate augmented CREA</i>       | 1         |                      |
| ZOVIRAX OINT ( <i>acyclovir topical</i> )                             | NF        | QL(1 GM daily)       | <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1         |                      |
| Burn Products                                                         |           |                      | <i>betamethasone dipropionate augmented LOTN</i>       | 1         |                      |
| (Silver Sulfadiazine) SSD                                             | 1         |                      | <i>betamethasone dipropionate augmented OINT</i>       | 1         |                      |
| <i>mafenide acetate PACK</i>                                          | 1         |                      | <i>betamethasone valerate CREA</i>                     | 1         |                      |
| SILVADENE ( <i>silver sulfadiazine</i> )                              | NF        |                      | <i>betamethasone valerate FOAM</i>                     | 1         |                      |
| <i>silver sulfadiazine</i>                                            | 1         |                      | <i>betamethasone valerate LOTN</i>                     | 1         |                      |
| SULFAMYLON CREA                                                       | 3         |                      | <i>betamethasone valerate OINT</i>                     | 1         |                      |
| SULFAMYLON PACK 5 % ( <i>mafenide acetate</i> )                       | NF        |                      | <i>calcipotriene-betamethasone dipropionate OINT</i>   | 1         | ST                   |
| Corticosteroids - Topical                                             |           |                      | <i>calcipotriene-betamethasone dipropionate SUSP</i>   | 1         | QL(2 GM daily)       |
| (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % | 1         |                      | <i>clobetasol propionate emollient base 0.05 %</i>     | 1         |                      |
| (Clobetasol Propionate Emulsion) TOVET                                | 1         |                      | <i>clobetasol propionate emulsion</i>                  | 1         |                      |
| (Clobetasol Propionate) CLODAN SHAM                                   | 1         |                      | <i>clobetasol propionate CREA 0.05 %</i>               | 1         |                      |
| (Hydrocortisone (Topical)) ALA SCALP LOTN 2 %                         | 1         |                      | <i>clobetasol propionate FOAM</i>                      | 1         |                      |
| (Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %                        | 1         |                      |                                                        |           |                      |
| (Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %               | 1         |                      |                                                        |           |                      |
| <i>alclometasone dipropionate CREA</i>                                | 1         |                      |                                                        |           |                      |
| <i>alclometasone dipropionate OINT</i>                                | 1         |                      |                                                        |           |                      |
| <i>amcinonide LOTN</i>                                                | 1         |                      |                                                        |           |                      |
| APEXICON E CREA                                                       | 2         |                      |                                                        |           |                      |

Updated January 2026

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| Drug Name                                                   | Drug Tier | Requirements/ Limits | Drug Name                                                      | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------|-----------|----------------------|
| <i>clobetasol propionate GEL 0.05 %</i>                     | 1         |                      | <i>desoximetasone OINT</i>                                     | 1         |                      |
| <i>clobetasol propionate LIQD</i>                           | 2         |                      | <i>diflorasone diacetate CREA</i>                              | 2         |                      |
| <i>clobetasol propionate LOTN</i>                           | 2         |                      | <i>diflorasone diacetate OINT</i>                              | 1         |                      |
| <i>clobetasol propionate OINT 0.05 %</i>                    | 1         |                      | DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> ) | NF        |                      |
| <i>clobetasol propionate SHAM</i>                           | 1         |                      | EPIFOAM FOAM                                                   | 3         |                      |
| <i>clobetasol propionate SOLN 0.05 %</i>                    | 1         |                      | <i>fluocinolone acetonide CREA</i>                             | 1         |                      |
| CLOBEX SPRAY LIQD ( <i>clobetasol propionate</i> )          | NF        |                      | <i>fluocinolone acetonide OIL</i>                              | 1         |                      |
| CLOBEX LOTN 0.05 % ( <i>clobetasol propionate</i> )         | NF        |                      | <i>fluocinolone acetonide OINT</i>                             | 1         |                      |
| CLOBEX SHAM ( <i>clobetasol propionate</i> )                | NF        |                      | <i>fluocinolone acetonide SOLN</i>                             | 1         |                      |
| <i>clocortolone pivalate</i>                                | 1         |                      | <i>fluocinonide emulsified base</i>                            | 1         |                      |
| CLODERM ( <i>clocortolone pivalate</i> )                    | NF        |                      | <i>fluocinonide CREA</i>                                       | 1         |                      |
| CORDRAN CREA ( <i>flurandrenolide</i> )                     | NF        |                      | <i>fluocinonide GEL</i>                                        | 1         |                      |
| CORDRAN TAPE                                                | SP        |                      | <i>fluocinonide OINT</i>                                       | 1         |                      |
| CORTANE-B                                                   | 3         |                      | <i>fluocinonide SOLN</i>                                       | 1         |                      |
| DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )  | NF        |                      | <i>flurandrenolide CREA</i>                                    | 1         |                      |
| DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> ) | NF        |                      | <i>fluticasone propionate CREA 0.05 %</i>                      | 1         |                      |
| <i>desonide CREA</i>                                        | 1         |                      | <i>fluticasone propionate LOTN</i>                             | 1         |                      |
| <i>desonide GEL</i>                                         | 1         |                      | <i>fluticasone propionate OINT</i>                             | 1         |                      |
| <i>desonide LOTN</i>                                        | 1         |                      | <i>halcinonide SOLN 0.1 %</i>                                  | 1         |                      |
| <i>desonide OINT</i>                                        | 1         |                      | <i>halobetasol propionate CREA</i>                             | 1         |                      |
| <i>desoximetasone CREA 0.05 %</i>                           | 2         |                      | <i>halobetasol propionate OINT</i>                             | 1         |                      |
| <i>desoximetasone CREA 0.25 %</i>                           | 1         |                      | HALOG SOLN                                                     | 3         |                      |
| <i>desoximetasone GEL</i>                                   | 1         |                      | HALOG SOLN 0.1 % ( <i>halcinonide</i> )                        | NF        |                      |
| <i>desoximetasone LIQD</i>                                  | 2         | ST                   | <i>hydrocortisone (topical) CREA 2.5 %</i>                     | 1         |                      |

Updated January 2026

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| Drug Name                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                           | Drug Tier | Requirements/ Limits                                                         |
|-------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| <i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>                   | 1         |                      | TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )   | NF        | QL(2 GM daily)                                                               |
| <i>hydrocortisone (topical) OINT 2.5 %</i>                        | 1         |                      | TOPICORT SPRAY LIQD ( <i>desoximetasone</i> )                       | NF        | ST                                                                           |
| <i>hydrocortisone (topical) SOLN 2.5 %</i>                        | 1         |                      | TOPICORT CREA ( <i>desoximetasone</i> )                             | NF        |                                                                              |
| <i>hydrocortisone butyrate hydrophilic lipo base</i>              | 1         |                      | TOPICORT GEL ( <i>desoximetasone</i> )                              | NF        |                                                                              |
| <i>hydrocortisone butyrate CREA</i>                               | 1         |                      | TOPICORT OINT ( <i>desoximetasone</i> )                             | NF        |                                                                              |
| <i>hydrocortisone butyrate OINT</i>                               | 1         |                      | <i>triamcinolone acetonide (topical) AERS</i>                       | 1         |                                                                              |
| <i>hydrocortisone butyrate SOLN</i>                               | 1         |                      | <i>triamcinolone acetonide (topical) CREA</i>                       | 1         |                                                                              |
| <i>hydrocortisone valerate CREA</i>                               | 1         |                      | <i>triamcinolone acetonide (topical) LOTN</i>                       | 1         |                                                                              |
| <i>hydrocortisone valerate OINT</i>                               | 1         |                      | <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i> | 1         |                                                                              |
| KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )         | NF        |                      | VANOS CREA ( <i>fluocinonide</i> )                                  | NF        |                                                                              |
| LOCOID LIPOCREAM                                                  | 3         |                      | Eczema Agents                                                       |           |                                                                              |
| <i>mometasone furoate CREA</i>                                    | 1         |                      | DUPIXENT SOAJ 300 MG/2ML                                            | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA  |
| <i>mometasone furoate OINT</i>                                    | 1         |                      | DUPIXENT SOAJ 200 MG/1.14ML                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
| <i>mometasone furoate SOLN</i>                                    | 1         |                      | DUPIXENT SOSY 200 MG/1.14ML                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA |
| NUCORT LOTN                                                       | 3         |                      |                                                                     |           |                                                                              |
| PRAMOSONE LOTN                                                    | 3         |                      |                                                                     |           |                                                                              |
| PRAMOSONE OINT                                                    | 3         |                      |                                                                     |           |                                                                              |
| SYNALAR CREA ( <i>fluocinolone acetonide</i> )                    | NF        |                      |                                                                     |           |                                                                              |
| SYNALAR OINT ( <i>fluocinolone acetonide</i> )                    | NF        |                      |                                                                     |           |                                                                              |
| SYNALAR SOLN ( <i>fluocinolone acetonide</i> )                    | NF        |                      |                                                                     |           |                                                                              |
| TACLONEX OINT ( <i>calcipotriene-betamethasone dipropionate</i> ) | NF        | ST                   |                                                                     |           |                                                                              |

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| Drug Name                                  | Drug Tier | Requirements/ Limits                                                        | Drug Name                                                   | Drug Tier | Requirements/ Limits                           |
|--------------------------------------------|-----------|-----------------------------------------------------------------------------|-------------------------------------------------------------|-----------|------------------------------------------------|
| DUPIXENT SOSY 300 MG/2ML                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA | <i>podofilox GEL</i>                                        | 2         |                                                |
| Emollient/Keratolytic Agents               |           |                                                                             | <i>podofilox SOLN</i>                                       | 1         |                                                |
| (Urea) CEROVEL LOTN 40 %                   | 1         |                                                                             | SALICYLIC ACID OINT                                         | 3         | RX/OTC                                         |
| <i>urea LOTN 40 %</i>                      | 1         |                                                                             | <i>salicylic acid SHAM 6 %</i>                              | 1         |                                                |
| Emollients                                 |           |                                                                             | SALIMEZ CREA                                                | 3         |                                                |
| <i>lactic acid (ammonium lactate) CREA</i> | 1         | RX/OTC                                                                      | SALYCIM CREA                                                | 3         |                                                |
| Enzymes - Topical                          |           |                                                                             | Local Anesthetics - Topical                                 |           |                                                |
| SANTYL OINT                                | 3         |                                                                             | (Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % | 1         | Limited to 3 patches per day; QL(3 EA daily)   |
| Immunomodulating Agents - Topical          |           |                                                                             | CETACAINE AERO                                              | 3         |                                                |
| <i>imiquimod 5 %</i>                       | 1         |                                                                             | <i>lidocaine hcl SOLN</i>                                   | 1         |                                                |
| ZYCLARA ( <i>imiquimod</i> )               | NF        | QL(1 EA daily)                                                              | <i>lidocaine-prilocaine CREA</i>                            | 1         |                                                |
| ZYCLARA PUMP ( <i>imiquimod</i> )          | NF        | QL(1 GM daily)                                                              | <i>lidocaine PTCH 5 %</i>                                   | 1         | Limited to 3 patches per day; QL(3 EA daily)   |
| Immunosuppressive Agents - Topical         |           |                                                                             | LIDODERM PTCH ( <i>lidocaine</i> )                          | NF        | Limited to 3 patches per day; QL(3 EA daily)   |
| ELIDEL ( <i>pimecrolimus</i> )             | NF        | QL(2 GM daily)                                                              | PREMIUM SCAR                                                | 3         |                                                |
| <i>pimecrolimus</i>                        | 1         | QL(2 GM daily)                                                              | Misc. Topical                                               |           |                                                |
| <i>tacrolimus (topical) OINT 0.1 %</i>     | 1         | QL(2 GM daily); AL(At least 15 yrs old)                                     | DRYSOL SOLN                                                 | 2         |                                                |
| <i>tacrolimus (topical) OINT 0.03 %</i>    | 1         | QL(2 GM daily); AL(At least 2 yrs old)                                      | XERAC AC                                                    | 3         |                                                |
| Keratolytic/Antimitotic/Vesicant Agents    |           |                                                                             | Phosphodiesterase 4 (PDE4) Inhibitors - Topical             |           |                                                |
| (Salicylic Acid) KERALYT SHAM 6 %          | 1         |                                                                             | EUCRISA                                                     | 3         | Limited to 60 gm per month; QL(2 GM daily); PA |
| BENSAL HP OINT                             | 3         | RX/OTC                                                                      | Rosacea Agents                                              |           |                                                |
| CONDYLOX GEL ( <i>podofilox</i> )          | NF        |                                                                             | <i>azelaic acid GEL</i>                                     | 1         |                                                |
| MG217 PSORIASIS MULTI-SYMPTOM OINT         | 3         | RX/OTC                                                                      | <i>brimonidine tartrate (topical)</i>                       | 1         | PA                                             |
| PODOCON-25 SOLN                            | 3         |                                                                             | <i>doxycycline (rosacea)</i>                                | 1         | QL(1 EA daily); PA                             |
|                                            |           |                                                                             | FINACEA FOAM                                                | 3         |                                                |
|                                            |           |                                                                             | FINACEA GEL ( <i>azelaic acid</i> )                         | NF        |                                                |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                    | Drug Name                          | Drug Tier | Requirements/ Limits         |
|-----------------------------------------------------|-----------|-----------------------------------------|------------------------------------|-----------|------------------------------|
| <i>ivermectin (rosacea)</i>                         | 1         | QL(1.5 GM daily); PA                    | ACCU-CHEK GUIDE TEST STRP          | 2         | QL(6.7 EA daily); RX/OTC     |
| METROCREAM CREA ( <i>metronidazole (topical)</i> )  | NF        |                                         | ACCU-CHEK SMARTVIEW STRP           | 2         | QL(6.7 EA daily); RX/OTC     |
| METROGEL GEL 1 % ( <i>metronidazole (topical)</i> ) | NF        |                                         | ADVIN COVID-19 ANTIGEN TEST KIT    | PV        | QL(8 EA per fill retail); PV |
| <i>metronidazole (topical) CREA</i>                 | 1         |                                         | BINAXNOW COVID-19 + FLU SELF       | PV        |                              |
| <i>metronidazole (topical) GEL 1 %</i>              | 1         |                                         | BINAXNOW COVID-19 AG HOME TEST KIT | PV        | QL(8 EA per fill retail); PV |
| <i>metronidazole (topical) GEL 0.75 %</i>           | 1         | Limit 45gms per month; QL(1.5 GM daily) | BINAXNOW COVID-19 ANTIGEN SELF KIT | PV        | QL(8 EA per fill retail); PV |
| <i>metronidazole (topical) LOTN</i>                 | 1         | QL(2 ML daily)                          | CARESTART COVID-19 HOME TEST KIT   | PV        | QL(8 EA per fill retail); PV |
| MIRVASO ( <i>brimonidine tartrate (topical)</i> )   | NF        | PA                                      | CLEARDETECT COVID-19 AG HOME KIT   | PV        | QL(8 EA per fill retail); PV |
| NORITATE CREA                                       | SP        | PA                                      | CLINITEST RAPID COVID-19 TEST KIT  | PV        | QL(8 EA per fill retail); PV |
| ORACEA ( <i>doxycycline (rosacea)</i> )             | 3         | QL(1 EA daily); PA                      | COVID-19 AT HOME ANTIGEN TEST KIT  | PV        | QL(8 EA per fill retail); PV |
| RHOFADE                                             | 3         | PA                                      | COVID-19 AT HOME TEST KITS         | 5         | Up to 8 tests per month      |
| SOOLANTRA ( <i>ivermectin (rosacea)</i> )           | NF        | QL(1.5 GM daily); PA                    | COVID-19 AT-HOME TEST KIT          | PV        | QL(8 EA per fill retail); PV |
| Scabicides & Pediculicides                          |           |                                         | COVID-19 FLU A&B 3-IN-1 TEST       | PV        |                              |
| ELIMITE CREA ( <i>permethrin</i> )                  | NF        | QL(2 GM daily)                          | COVID-19 FLU A+B ANTIGEN TEST      | PV        |                              |
| <i>malathion</i>                                    | 2         |                                         | COVID-19 OTC ANTIGEN 1-PACK KIT    | PV        | QL(8 EA per fill retail); PV |
| OVIDE ( <i>malathion</i> )                          | NF        |                                         | COVID-19 OTC ANTIGEN 2-PACK KIT    | PV        | QL(8 EA per fill retail); PV |
| <i>permethrin CREA</i>                              | 1         | QL(2 GM daily)                          | CVS COVID-19 AT HOME TEST KIT KIT  | PV        | QL(8 EA per fill retail); PV |
| DIAGNOSTIC PRODUCTS                                 |           |                                         | DIATRUST COVID-19 HOME TEST KIT    | PV        | QL(8 EA per fill retail); PV |
| Diagnostic Drugs                                    |           |                                         | ELLUME COVID-19 HOME TEST KIT      | PV        | QL(8 EA per fill retail); PV |
| METOPIRONE                                          | 3         |                                         | FASTEP COVID-19 ANTIGEN TEST KIT   | PV        | QL(8 EA per fill retail); PV |
| Diagnostic Tests                                    |           |                                         | FLOWFLEX COVID-19 AG HOME TEST KIT | PV        | QL(8 EA per fill retail); PV |
| 2SAN 3 IN1 COVID-19 FLU A+B                         | PV        |                                         |                                    |           |                              |
| 2SAN COVID-19 RAPID SELF TEST KIT                   | PV        | QL(8 EA per fill retail); PV            |                                    |           |                              |
| ACCU-CHEK AVIVA PLUS STRP                           | 2         | QL(6.7 EA daily); RX/OTC                |                                    |           |                              |

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|------------------------------------|-----------|-----------------------------------------------|
| FLOWFLEX PLUS COVID-19/FLU A/B     | PV        |                                               |
| FREESTYLE INSULINX TEST STRP       | 2         | QL(6.7 EA daily); RX/OTC                      |
| FREESTYLE LITE TEST STRP           | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| FREESTYLE PRECISION NEO TEST STRP  | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| FREESTYLE PRECISION NEO TEST STRP  | 2         | QL(6.7 EA daily); RX/OTC                      |
| FREESTYLE TEST STRP                | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| GENABIO COVID-19 RAPID TEST KIT    | PV        | QL(8 EA per fill retail); PV                  |
| GOTOKNOW COVID-19 ANTIGEN RAPI KIT | PV        | QL(8 EA per fill retail); PV                  |
| IHEALTH COVID-19 RAPID TEST KIT    | PV        | QL(8 EA per fill retail); PV                  |
| INDICAID COVID-19 RAPID TEST KIT   | PV        | QL(8 EA per fill retail); PV                  |
| INTELISWAB COVID-19 RAPID TEST KIT | PV        | QL(8 EA per fill retail); PV                  |
| OHC COVID-19 ANTIGEN SELF TEST KIT | PV        | QL(8 EA per fill retail); PV                  |
| ON/GO COVID-19 ANTIGEN TEST KIT    | PV        | QL(8 EA per fill retail); PV                  |
| ON/GO ONE COVID-19 HOME TEST KIT   | PV        | QL(8 EA per fill retail); PV                  |
| PILOT COVID-19 AT-HOME TEST KIT    | PV        | QL(8 EA per fill retail); PV                  |
| PRECISION XTRA BLOOD GLUCOSE STRP  | 2         | Limit 200 per month; QL(6.7 EA daily); RX/OTC |
| PRECISION XTRA KETONE              | 2         | QL(0.36 EA daily)                             |
| QUICKVUE AT-HOME COVID-19 TEST KIT | PV        | QL(8 EA per fill retail); PV                  |

| Drug Name                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| RAPIDGO FLU A/B COVID-19 HOME                                                                                                                                                                                                                                                                 | PV        |                              |
| SPEEDY SWAB COVID-19 ANTIGEN KIT                                                                                                                                                                                                                                                              | PV        | QL(8 EA per fill retail); PV |
| SPEEDY SWAB COVID-19/FLU HOME                                                                                                                                                                                                                                                                 | PV        |                              |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>                                                                                                                                                                                                                                  |           |                              |
| Digestive Enzymes                                                                                                                                                                                                                                                                             |           |                              |
| CREON CPEP                                                                                                                                                                                                                                                                                    | 2         |                              |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2         |                              |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>                                                                                                                                                                                                            |           |                              |
| Carbonic Anhydrase Inhibitors                                                                                                                                                                                                                                                                 |           |                              |
| <i>acetazolamide CP12</i>                                                                                                                                                                                                                                                                     | 1         | QL(2 EA daily)               |
| <i>acetazolamide TABS 250 MG</i>                                                                                                                                                                                                                                                              | 1         | QL(4 EA daily)               |
| <i>acetazolamide TABS 125 MG</i>                                                                                                                                                                                                                                                              | 1         |                              |
| <i>methazolamide TABS</i>                                                                                                                                                                                                                                                                     | 1         |                              |
| Diuretic Combinations                                                                                                                                                                                                                                                                         |           |                              |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                    | 1         |                              |
| MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )                                                                                                                                                                                                                              | NF        | QL(2 EA daily)               |
| MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )                                                                                                                                                                                                                                 | NF        | QL(1 EA daily)               |

Updated January 2026

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| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| <i>spironolactone &amp; hydrochlorothiazide</i>                 | 1         |                      |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1         |                      |
| <i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i> | 1         | QL(2 EA daily)       |
| <i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>   | 1         | QL(1 EA daily)       |
| Loop Diuretics                                                  |           |                      |
| <i>bumetanide TABS 0.5 MG, 1 MG</i>                             | 1         |                      |
| <i>bumetanide TABS 2 MG</i>                                     | 1         | QL(5 EA daily)       |
| BUMEX TABS 0.5 MG ( <i>bumetanide</i> )                         | NF        |                      |
| EDECRIN ( <i>ethacrynic acid</i> )                              | NF        | ST                   |
| <i>ethacrynic acid</i>                                          | 2         | ST                   |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                     | 1         |                      |
| <i>furosemide TABS</i>                                          | 1         |                      |
| LASIX TABS ( <i>furosemide</i> )                                | NF        |                      |
| SOAANZ TABS 20 MG                                               | 3         |                      |
| <i>torsemide TABS 5 MG, 10 MG, 20 MG</i>                        | 1         |                      |
| <i>torsemide TABS 100 MG</i>                                    | 1         | QL(2 EA daily)       |
| Potassium Sparing Diuretics                                     |           |                      |
| ALDACTONE TABS ( <i>spironolactone</i> )                        | NF        |                      |
| <i>amiloride hcl TABS</i>                                       | 1         |                      |
| DYRENIUM CAPS ( <i>triamterene</i> )                            | NF        |                      |
| <i>spironolactone TABS</i>                                      | 1         |                      |
| <i>triamterene CAPS</i>                                         | 2         |                      |
| Thiazides and Thiazide-Like Diuretics                           |           |                      |
| <i>chlorthalidone 25 MG, 50 MG</i>                              | 1         |                      |
| DIURIL SUSP                                                     | 3         |                      |

| Drug Name                                                                                     | Drug Tier | Requirements/ Limits                          |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>hydrochlorothiazide CAPS</i>                                                               | 1         |                                               |
| <i>hydrochlorothiazide TABS</i>                                                               | 1         |                                               |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>                                                        | 1         |                                               |
| <i>metolazone</i>                                                                             | 1         |                                               |
| THALITONE                                                                                     | 2         |                                               |
| ENDOCRINE AND METABOLIC AGENTS - MISC.<br>- Drugs to Treat Bone Disease and Regulate Hormones |           |                                               |
| Bone Density Regulators                                                                       |           |                                               |
| ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )                                             | NF        | Limited to 1 per month; QL(0.04 EA daily); ST |
| ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )                                              | NF        | ST                                            |
| <i>alendronate sodium SOLN</i>                                                                | 1         |                                               |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>                                                    | 1         | QL(1 EA daily)                                |
| <i>alendronate sodium TABS 70 MG</i>                                                          | 1         | Limit 1 tab per week; QL(0.15 EA daily)       |
| <i>alendronate sodium TABS 35 MG</i>                                                          | 1         | Limit 1 tab per week; QL(0.144 EA daily)      |
| <i>calcitonin (salmon) NA</i>                                                                 | 1         |                                               |
| <i>calcitonin (salmon) IJ</i>                                                                 | SP        | PA                                            |
| FORTEO SOPN ( <i>teriparatide</i> )                                                           | NF        |                                               |
| FORTEO SOPN ( <i>teriparatide</i> )                                                           | NF        | SP                                            |
| FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )                                              | NF        | Limit 1 tab per week; QL(0.15 EA daily)       |
| <i>ibandronate sodium TABS</i>                                                                | 1         | Limit 1 per month; QL(0.04 EA daily)          |
| MIACALCIN IJ ( <i>calcitonin (salmon)</i> )                                                   | SP        | PA                                            |
| PROLIA SOSY                                                                                   | SP        | PA                                            |

Updated January 2026

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| Drug Name                                                | Drug Tier | Requirements/ Limits                                                        | Drug Name                                                                 | Drug Tier | Requirements/ Limits                                                           |
|----------------------------------------------------------|-----------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| <b><i>risedronate sodium TABS 150 MG</i></b>             | 1         | Limited to 1 per month; QL(0.04 EA daily); ST                               | Metabolic Modifiers                                                       |           |                                                                                |
| <b><i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i></b> | 1         | ST                                                                          | <b><i>betaine</i></b>                                                     | SP        | PA                                                                             |
| <b><i>teriparatide SOPN</i></b>                          | 2         | SP; PA                                                                      | BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )                            | SP        | PA                                                                             |
| TYMLOS                                                   | SP        | PA                                                                          | BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )                            | SP        | PA                                                                             |
| Growth Hormone Receptor Antagonists                      |           |                                                                             | <b><i>calcitriol CAPS 0.5 MCG</i></b>                                     | 1         | QL(4 EA daily)                                                                 |
| SOMAVERT                                                 | SP        | PA                                                                          | <b><i>calcitriol CAPS 0.25 MCG</i></b>                                    | 1         |                                                                                |
| Growth Hormones                                          |           |                                                                             | <b><i>calcitriol SOLN PO</i></b>                                          | 1         |                                                                                |
| HUMATROPE CART IJ                                        | SP        | PA                                                                          | CARNITOR SF SOLN PO ( <i>levocarnitine (metabolic modifiers)</i> )        | NF        |                                                                                |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML         | SP        | PA                                                                          | CARNITOR SOLN PO 1 GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> ) | NF        |                                                                                |
| NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML          | SP        | PA                                                                          | CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )              | NF        |                                                                                |
| SEROSTIM SC 4 MG, 5 MG, 6 MG                             | SP        | PA                                                                          | <b><i>cinacalcet hcl</i></b>                                              | 1         | PA                                                                             |
| ZOMACTON SOLR SC 10 MG                                   | SP        | PA                                                                          | CYSTADANE ( <i>betaine</i> )                                              | SP        | PA                                                                             |
| ZORBTIVE SC                                              | SP        | PA                                                                          | <b><i>doxercalciferol CAPS</i></b>                                        | 2         |                                                                                |
| Hormone Receptor Modulators                              |           |                                                                             | GALAFOLD                                                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 EA daily); SP; PA |
| EVISTA ( <i>raloxifene hcl</i> )                         | PV        | PV                                                                          | KUVAN PACK ( <i>sapropterin dihydrochloride</i> )                         | NF        |                                                                                |
| OSPHENA                                                  | 3         | QL(1 EA daily); PA                                                          | KUVAN TABS ( <i>sapropterin dihydrochloride</i> )                         | NF        |                                                                                |
| <b><i>raloxifene hcl</i></b>                             | PV        | PV                                                                          | <b><i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i></b>       | 1         |                                                                                |
| Insulin-Like Growth Factors (Somatomedins)               |           |                                                                             | <b><i>levocarnitine (metabolic modifiers) TABS</i></b>                    | 2         |                                                                                |
| INCRELEX                                                 | SP        | PA                                                                          | MYALEPT                                                                   | SP        | PA                                                                             |
| LHRH/GnRH Agonist Analog Pituitary Suppressants          |           |                                                                             | <b><i>nitisinone CAPS</i></b>                                             | 1         | PA                                                                             |
| FENSOLVI (6 MONTH) SC                                    | 3         | PA                                                                          | NITYR TABS                                                                | SP        | PA                                                                             |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG                        | 2         | covered w- gender transformation diagnosis; PA required for other diagnosis |                                                                           |           |                                                                                |
| SYNAREL                                                  | 2         |                                                                             |                                                                           |           |                                                                                |

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| Drug Name                                             | Drug Tier | Requirements/ Limits                   |
|-------------------------------------------------------|-----------|----------------------------------------|
| ORFADIN CAPS<br>( <i>nitisinone</i> )                 | NF        | PA                                     |
| ORFADIN SUSP                                          | SP        | PA                                     |
| PALYNZIQ                                              | SP        | SP; PA                                 |
| <i>paricalcitol</i> CAPS                              | 1         |                                        |
| ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )         | NF        |                                        |
| ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )          | NF        | QL(4 EA daily)                         |
| ROCALTROL SOLN PO ( <i>calcitriol</i> )               | NF        |                                        |
| <i>sapropterin dihydrochloride</i> PACK               | SP        |                                        |
| <i>sapropterin dihydrochloride</i> PACK               | SP        | Specialty Drug refer to Caremark SP RX |
| <i>sapropterin dihydrochloride</i> TABS               | SP        |                                        |
| SENSIPAR ( <i>cinacalcet hcl</i> )                    | NF        | PA                                     |
| <i>sodium phenylbutyrate</i> POWD                     | SP        | PA                                     |
| <i>sodium phenylbutyrate</i> TABS                     | SP        | PA                                     |
| XURIDEN                                               | SP        |                                        |
| ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )     | NF        |                                        |
| Posterior Pituitary Hormones                          |           |                                        |
| DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )     | NF        | QL(6 EA daily)                         |
| DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )     | NF        |                                        |
| <i>desmopressin acetate</i> spray                     | 1         |                                        |
| <i>desmopressin acetate</i> spray refrigerated 0.01 % | 1         |                                        |
| DESMOPRESSIN ACETATE SOLN NA                          | 3         |                                        |
| <i>desmopressin acetate</i> TABS 0.2 MG               | 1         | QL(6 EA daily)                         |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                 |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>desmopressin acetate</i> TABS 0.1 MG                                                   | 1         |                                                      |
| Progesterone Receptor Antagonists                                                         |           |                                                      |
| MIFEPREX ( <i>mifepristone</i> )                                                          | PV        |                                                      |
| <i>mifepristone</i>                                                                       | PV        |                                                      |
| Prolactin Inhibitors                                                                      |           |                                                      |
| <i>cabergoline</i>                                                                        | 1         |                                                      |
| Somatostatic Agents                                                                       |           |                                                      |
| <i>octreotide acetate</i> SOLN                                                            | SP        | PA                                                   |
| <i>octreotide acetate</i> SOSY 50 MCG/ML, 100 MCG/ML                                      | SP        | PA                                                   |
| SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )                                 | SP        | PA                                                   |
| SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML ( <i>octreotide acetate</i> )                      | NF        | Must use AcariaHealth Specialty Rx at 1-844-538-4661 |
| SIGNIFOR                                                                                  | SP        | PA                                                   |
| ESTROGENS - Hormone Replacement/Modifying Drugs                                           |           |                                                      |
| Estrogen Combinations                                                                     |           |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS             | 1         |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS             | 1         |                                                      |
| (Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG | 1         |                                                      |

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| Drug Name                                                                                                               | Drug Tier | Requirements/ Limits                             | Drug Name                                                                         | Drug Tier | Requirements/ Limits                             |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|-----------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| (Norethindrone Acetate-Ethinyl Estradiol)<br>FYAVOLV, JINTELI 1 MG-5 MCG                                                | 1         |                                                  | <b>estradiol GEL</b>                                                              | 1         | Limit 50gms per month;<br>QL(1.67 GM daily)      |
| (Norethindrone Acetate-Ethinyl Estradiol)<br>FYAVOLV, JINTELI                                                           | 1         |                                                  | <b>estradiol PTTW</b>                                                             | 1         | QL(0.29 EA daily)                                |
| ACTIVELLA TABS 1 MG-0.5 MG ( <b>estradiol &amp; norethindrone acetate</b> )                                             | NF        |                                                  | <b>estradiol PTWK</b>                                                             | 1         | Limit 4 patches per month;<br>QL(0.143 EA daily) |
| ANGELIQ                                                                                                                 | 3         |                                                  | <b>estradiol TABS</b>                                                             | 1         |                                                  |
| CLIMARA PRO                                                                                                             | 2         |                                                  | ESTROGEL GEL ( <b>estradiol</b> )                                                 | NF        | Limit 50gms per month;<br>QL(1.67 GM daily)      |
| COMBIPATCH PTTW                                                                                                         | 3         |                                                  | <b>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</b>              | 1         | QL(1 EA daily)                                   |
| DUAVEE                                                                                                                  | 3         |                                                  | <b>estrogens, conjugated TABS 0.9 MG</b>                                          | 1         |                                                  |
| <b>estradiol &amp; norethindrone acetate TABS</b>                                                                       | 1         |                                                  | EVAMIST SOLN                                                                      | 3         |                                                  |
| <b>norethindrone acetate-ethinyl estradiol</b>                                                                          | 1         |                                                  | MENEST 2.5 MG                                                                     | 2         |                                                  |
| ORIAHNN                                                                                                                 | SP        | PA                                               | MENOSTAR PTWK                                                                     | 3         | Limit 4 patches per month;<br>QL(0.143 EA daily) |
| PREMPHASE                                                                                                               | 2         |                                                  | MINIVELLE PTTW ( <b>estradiol</b> )                                               | NF        | QL(0.29 EA daily)                                |
| PREMPRO                                                                                                                 | 2         |                                                  | PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG ( <b>estrogens, conjugated</b> ) | NF        | QL(1 EA daily)                                   |
| Estrogens                                                                                                               |           |                                                  | PREMARIN TABS 0.9 MG ( <b>estrogens, conjugated</b> )                             | NF        |                                                  |
| (Estradiol) DOTTI, LYLLANA PTTW                                                                                         | 1         | QL(0.29 EA daily)                                | VIVELLE-DOT PTTW ( <b>estradiol</b> )                                             | NF        | QL(0.29 EA daily)                                |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                                                                    | 2         | QL(0.29 EA daily)                                | FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                            |           |                                                  |
| 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 ( <b>estradiol</b> ) | NF        | Limit 4 patches per month;<br>QL(0.143 EA daily) | Fluoroquinolones                                                                  |           |                                                  |
| DELESTROGEN ( <b>estradiol valerate</b> )                                                                               | NF        | QL(5 ML daily)                                   | <b>ciprofloxacin hcl TABS</b>                                                     | 1         |                                                  |
| DIVIGEL GEL ( <b>estradiol</b> )                                                                                        | NF        |                                                  | CIPRO SUSR                                                                        | 2         |                                                  |
| ELESTRIN GEL                                                                                                            | 3         |                                                  | CIPRO TABS 250 MG, 500 MG ( <b>ciprofloxacin hcl</b> )                            | NF        |                                                  |
| ESTRACE TABS ( <b>estradiol</b> )                                                                                       | NF        |                                                  |                                                                                   |           |                                                  |
| <b>estradiol valerate</b>                                                                                               | 1         | QL(5 ML daily)                                   |                                                                                   |           |                                                  |
| <b>estradiol GEL</b>                                                                                                    | 1         |                                                  |                                                                                   |           |                                                  |

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| Drug Name                                               | Drug Tier | Requirements/ Limits                                   |
|---------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>levofloxacin SOLN PO</i>                             | 1         |                                                        |
| <i>levofloxacin TABS</i>                                | 1         | QL(14 EA per fill retail)                              |
| <i>moxifloxacin hcl TABS</i>                            | 1         |                                                        |
| <i>ofloxacin 300 MG</i>                                 | 1         |                                                        |
| <i>ofloxacin 400 MG</i>                                 | 1         | QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail) |
| <b>GASTROINTESTINAL AGENTS - MISC. -</b>                |           |                                                        |
| <b>Miscellaneous Gastrointestinal Drugs</b>             |           |                                                        |
| <b>5-HT4 Receptor Agonists</b>                          |           |                                                        |
| MOTEGRITY ( <i>prucalopride succinate</i> )             | NF        | QL(1 EA daily)                                         |
| <i>prucalopride succinate</i>                           | 1         | QL(1 EA daily)                                         |
| <b>Agents for Chronic Idiopathic Constipation (CIC)</b> |           |                                                        |
| TRULANCE                                                | 2         | QL(1 EA daily)                                         |
| <b>Bile Acid Synthesis Disorder Agents</b>              |           |                                                        |
| CTEXLI TABS PO 250 MG                                   | SP        | PA                                                     |
| <b>Farnesoid X Receptor (FXR) Agonists</b>              |           |                                                        |
| OALIVA                                                  | SP        | QL(1 EA daily); PA                                     |
| <b>Gallstone Solubilizing Agents</b>                    |           |                                                        |
| (Chenodiol) CHENODAL                                    | SP        | PA                                                     |
| URSO 250 TABS ( <i>ursodiol</i> )                       | NF        |                                                        |
| URSO FORTE TABS ( <i>ursodiol</i> )                     | NF        |                                                        |
| <i>ursodiol CAPS</i>                                    | 2         |                                                        |
| <i>ursodiol TABS</i>                                    | 1         |                                                        |
| <b>Gastrointestinal Chloride Channel Activators</b>     |           |                                                        |
| AMITIZA ( <i>lubiprostone</i> )                         | NF        |                                                        |
| <i>lubiprostone</i>                                     | 1         |                                                        |
| <b>Gastrointestinal Stimulants</b>                      |           |                                                        |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>  | 2         |                                                        |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                          |
|--------------------------------------------------|-----------|---------------------------------------------------------------|
| <i>metoclopramide hcl TABS</i>                   | 1         |                                                               |
| <i>metoclopramide hcl TBP</i>                    | 2         |                                                               |
| REGLAN TABS ( <i>metoclopramide hcl</i> )        | NF        |                                                               |
| <b>Inflammatory Bowel Agents</b>                 |           |                                                               |
| APRISO CP24 ( <i>mesalamine</i> )                | NF        | QL(4 EA daily)                                                |
| AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> ) | NF        | QL(8 EA daily)                                                |
| AZULFIDINE TABS ( <i>sulfasalazine</i> )         | NF        | QL(8 EA daily)                                                |
| <i>balsalazide disodium CAPS</i>                 | 1         | Limit 280 caps per month; QL(9 EA daily)                      |
| CANASA SUPP ( <i>mesalamine</i> )                | NF        | QL(1 EA daily)                                                |
| COLAZAL CAPS ( <i>balsalazide disodium</i> )     | NF        | Limit 280 caps per month; QL(9 EA daily)                      |
| DELZICOL CPDR ( <i>mesalamine</i> )              | NF        | QL(6 EA daily)                                                |
| DIPENTUM                                         | 3         |                                                               |
| INFLECTRA SOLR                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA |
| LIALDA TBEC ( <i>mesalamine</i> )                | NF        | QL(4 EA daily)                                                |
| <i>mesalamine CP24</i>                           | 2         | QL(4 EA daily)                                                |
| <i>mesalamine CPCR</i>                           | 1         | QL(8 EA daily); PA                                            |
| <i>mesalamine CPDR</i>                           | 2         | QL(6 EA daily)                                                |
| <i>mesalamine ENEM</i>                           | 2         | QL(60 ML daily)                                               |
| <i>mesalamine SUPP</i>                           | 2         | QL(1 EA daily)                                                |
| <i>mesalamine TBEC 1.2 GM</i>                    | 2         | QL(4 EA daily)                                                |
| <i>mesalamine TBEC 800 MG</i>                    | 1         |                                                               |
| PENTASA CPCR 250 MG                              | 3         | PA                                                            |
| PENTASA CPCR ( <i>mesalamine</i> )               | NF        | QL(8 EA daily); PA                                            |

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| Drug Name                                      | Drug Tier | Requirements/ Limits                                      | Drug Name                                            | Drug Tier | Requirements/ Limits                       |
|------------------------------------------------|-----------|-----------------------------------------------------------|------------------------------------------------------|-----------|--------------------------------------------|
| RENFLEXIS                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | (Calcium Acetate (Phosphate Binder)) CALPHRON TABS   | 1         | RX/OTC                                     |
| SKYRIZI SOCT 180 MG/1.2ML                      | SP        | Check Plan Documents for coverage; QL(0.043 ML daily); PA | <i>calcium acetate (phosphate binder) CAPS</i>       | 1         |                                            |
| SKYRIZI SOCT 360 MG/2.4ML                      | SP        | Check Plan Documents for coverage; QL(0.086 ML daily); PA | <i>calcium acetate (phosphate binder) TABS</i>       | 1         | RX/OTC                                     |
| <i>sulfasalazine TABS</i>                      | 1         | QL(8 EA daily)                                            | FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )  | NF        | QL(4 EA daily)                             |
| <i>sulfasalazine TBEC</i>                      | 1         | QL(8 EA daily)                                            | FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> ) | NF        | QL(3 EA daily)                             |
| TREMFYA PEN SOAJ SC 200 MG/2ML                 | SP        | QL(0.0715 ML daily); SP; PA                               | FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )  | NF        |                                            |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML     | SP        | QL(0.0715 ML daily); SP; PA                               | FOSRENOL PACK                                        | 3         |                                            |
| TREMFYA SOSY SC 200 MG/2ML                     | SP        | QL(0.0715 ML daily); SP; PA                               | <i>lanthanum carbonate CHEW 750 MG</i>               | 2         | QL(4 EA daily)                             |
| Intestinal Acidifiers                          |           |                                                           | <i>lanthanum carbonate CHEW 500 MG</i>               | 2         |                                            |
| (Lactulose (Encephalopathy)) ENULOSE, GENERLAC | 1         |                                                           | <i>lanthanum carbonate CHEW 1000 MG</i>              | 2         | QL(3 EA daily)                             |
| <i>lactulose (encephalopathy)</i>              | 1         |                                                           | RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )   | NF        |                                            |
| Irritable Bowel Syndrome (IBS) Agents          |           |                                                           | RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )   | NF        | QL(5 EA daily)                             |
| <i>alosetron hcl</i>                           | 2         |                                                           | RENVELA TABS ( <i>sevelamer carbonate</i> )          | NF        |                                            |
| LINZESS                                        | 2         | QL(1 EA daily)                                            | <i>sevelamer carbonate PACK 0.8 GM</i>               | 1         |                                            |
| LOTIRONEX ( <i>alosetron hcl</i> )             | NF        |                                                           | <i>sevelamer carbonate PACK 2.4 GM</i>               | 1         | QL(5 EA daily)                             |
| VIBERZI                                        | 3         | QL(2 EA daily); PA                                        | <i>sevelamer carbonate TABS</i>                      | 1         |                                            |
| Peripheral Opioid Receptor Antagonists         |           |                                                           | <i>sevelamer hcl 400 MG</i>                          | 1         |                                            |
| <i>alvimopan</i>                               | SP        |                                                           | <i>sevelamer hcl 800 MG</i>                          | 2         | QL(16 EA daily)                            |
| ENTEREG ( <i>alvimopan</i> )                   | SP        |                                                           | Short Bowel Syndrome (SBS) Agents                    |           |                                            |
| MOVANTIK                                       | 3         | QL(1 EA daily)                                            | GATTEX                                               | SP        | Specialty Drug refer to Caremark SP RX; PA |
| Phosphate Binder Agents                        |           |                                                           |                                                      |           |                                            |

Updated January 2026

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits           |
|-------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| Tryptophan Hydroxylase Inhibitors                                                                                 |           |                                |
| XERMELO                                                                                                           | SP        | Not available through mail; PA |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                                |
| Acidifiers                                                                                                        |           |                                |
| K-PHOS NO 2                                                                                                       | 2         |                                |
| Alkalinizers                                                                                                      |           |                                |
| (Pot & Sod Citrates W/Citric Ac) TRICITRATES SOLN                                                                 | 1         |                                |
| (Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK                                                             | 1         |                                |
| (Potassium Citrate-Citric Acid) CYTRA-K SOLN                                                                      | 1         | RX/OTC                         |
| (Sodium Citrate & Citric Acid) CYTRA-2                                                                            | 1         | RX/OTC                         |
| CYTRA-3 SYRP                                                                                                      | 3         |                                |
| ORACIT                                                                                                            | 3         |                                |
| ORAL CITRATE                                                                                                      | 3         |                                |
| <i>pot &amp; sod citrates w/citric ac SOLN</i>                                                                    | 1         |                                |
| <i>potassium citrate (alkalinizer) TBCR</i>                                                                       | 1         |                                |
| <i>potassium citrate-citric acid SOLN</i>                                                                         | 1         | RX/OTC                         |
| <i>sodium citrate &amp; citric acid</i>                                                                           | 1         | RX/OTC                         |
| UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )                                                       | NF        |                                |
| UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )                                                       | NF        |                                |
| UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )                                                        | NF        |                                |
| Cystinosis Agents                                                                                                 |           |                                |

| Drug Name                                   | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------|-----------|-----------------------------------------|
| CYSTAGON CAPS                               | SP        | PA                                      |
| PROCYSBI CPDR                               | SP        |                                         |
| PROCYSBI PACK                               | SP        | PA                                      |
| Interstitial Cystitis Agents                |           |                                         |
| ELMIRON CAPS                                | 3         | QL(3 EA daily); PA                      |
| Prostatic Hypertrophy Agents                |           |                                         |
| <i>alfuzosin hcl</i>                        | 1         | QL(1 EA daily)                          |
| AVODART ( <i>dutasteride</i> )              | NF        | AL(At least 40 yrs old)                 |
| CARDURA XL                                  | 3         |                                         |
| <i>dutasteride</i>                          | 1         | AL(At least 40 yrs old)                 |
| <i>dutasteride-tamsulosin hcl</i>           | 1         |                                         |
| <i>finasteride</i>                          | 1         | QL(1 EA daily); AL(At least 40 yrs old) |
| JALYN ( <i>dutasteride-tamsulosin hcl</i> ) | NF        |                                         |
| PROSCAR ( <i>finasteride</i> )              | NF        | QL(1 EA daily); AL(At least 40 yrs old) |
| RAPAFLO 4 MG ( <i>silodosin</i> )           | NF        |                                         |
| RAPAFLO 8 MG ( <i>silodosin</i> )           | NF        | QL(1 EA daily)                          |
| <i>silodosin 4 MG</i>                       | 1         |                                         |
| <i>silodosin 8 MG</i>                       | 1         | QL(1 EA daily)                          |
| <i>tamsulosin hcl</i>                       | 1         | QL(2 EA daily)                          |
| UROXATRAL ( <i>alfuzosin hcl</i> )          | NF        | QL(1 EA daily)                          |
| Urinary Stone Agents                        |           |                                         |
| LITHOSTAT                                   | 3         |                                         |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>    |           |                                         |
| Gout Agent Combinations                     |           |                                         |
| <i>colchicine w/ probenecid</i>             | 1         |                                         |
| Gout Agents                                 |           |                                         |
| <i>allopurinol 100 MG</i>                   | 1         | QL(3 EA daily)                          |
| <i>allopurinol 300 MG</i>                   | 1         | QL(2 EA daily)                          |

Updated January 2026

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| Drug Name                                                     | Drug Tier | Requirements/ Limits                                      | Drug Name                                                                            | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------------------|-----------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>colchicine CAPS</i>                                        | 1         |                                                           | HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT                              | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>colchicine TABS</i>                                        | 1         |                                                           |                                                                                      |           |                                                          |
| COLCRYS TABS ( <i>colchicine</i> )                            | NF        |                                                           | HUMATE-P SOLR                                                                        | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>febuxostat 80 MG</i>                                       | 1         | QL(1 EA daily)                                            |                                                                                      |           |                                                          |
| <i>febuxostat 40 MG</i>                                       | 1         | QL(2 EA daily)                                            | IXINITY SOLR                                                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| MITIGARE CAPS ( <i>colchicine</i> )                           | 1         |                                                           |                                                                                      |           |                                                          |
| ULORIC 40 MG ( <i>febuxostat</i> )                            | NF        | QL(2 EA daily)                                            | KCENTRA                                                                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ULORIC 80 MG ( <i>febuxostat</i> )                            | NF        | QL(1 EA daily)                                            |                                                                                      |           |                                                          |
| Uricosurics                                                   |           |                                                           | KOATE-DVI SOLR 500 UNIT, 1000 UNIT                                                   | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>probenecid</i>                                             | 1         |                                                           |                                                                                      |           |                                                          |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders |           |                                                           | KOATE SOLR                                                                           | 3         | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| Antihemophilic Products                                       |           |                                                           | NOVOSEVEN RT                                                                         | SP        | Must use AcariaHlth Sp Rx 1-844-538-4661; PA             |
| ALPHANATE SOLR                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  | NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  | NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT                                            | SP        | SP- Acaria Health; SP; PA                                |
| COAGADEX                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| CORIFACT                                                      | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |                                                                                      |           |                                                          |
| FEIBA                                                         | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA  |                                                                                      |           |                                                          |

Updated January 2026

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| Drug Name                                 | Drug Tier | Requirements/ Limits                                     | Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------|-----------|----------------------------------------------------------|-------------------------------------------------------|-----------|----------------------|
| OBIZUR                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Human Protein C                                       |           |                      |
| PROFILNINE                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | CEPROTIN                                              | SP        | PA                   |
| RECOMBINATE SOLR                          | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Plasma Kallikrein Inhibitors                          |           |                      |
| RIXUBIS SOLR                              | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | ORLADEYO                                              | SP        | PA                   |
| TRETTEN                                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | TAKHZYRO SOLN                                         | SP        | PA                   |
| VONVENDI                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | TAKHZYRO SOSY                                         | SP        | PA                   |
| WILATE KIT                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Platelet Aggregation Inhibitors                       |           |                      |
| Bradykinin B2 Receptor Antagonists        |           |                                                          | AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )              | NF        |                      |
| (Icatibant Acetate) SAJAZIR SOSY          | SP        | PA                                                       | <i>anagrelide hcl</i>                                 | 1         |                      |
| FIRAZYR SOSY ( <i>icatibant acetate</i> ) | SP        | PA                                                       | <i>aspirin-dipyridamole</i>                           | 1         |                      |
| <i>icatibant acetate SOSY</i>             | SP        | PA                                                       | BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> )           | NF        | QL(2 EA daily)       |
| Complement Inhibitors                     |           |                                                          | <i>cilostazol</i>                                     | 1         | QL(2 EA daily)       |
| HAEGARDA SOLR SC                          | SP        | PA                                                       | <i>clopidogrel bisulfate</i>                          | 1         | QL(2 EA daily)       |
| Hematorheologic Agents                    |           |                                                          | <i>dipyridamole</i>                                   | 1         |                      |
| <i>pentoxifylline</i>                     | 1         | QL(3 EA daily)                                           | EFFIENT ( <i>prasugrel hcl</i> )                      | NF        |                      |
|                                           |           |                                                          | PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )         | NF        | QL(2 EA daily)       |
|                                           |           |                                                          | <i>prasugrel hcl</i>                                  | 1         |                      |
|                                           |           |                                                          | <i>ticagrelor 60 MG, 90 MG</i>                        | 1         | QL(2 EA daily)       |
|                                           |           |                                                          | HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders |           |                      |
|                                           |           |                                                          | Agents for Gaucher Disease                            |           |                      |
|                                           |           |                                                          | (Miglustat) YARGESA                                   | SP        | PA                   |
|                                           |           |                                                          | CERDELGA                                              | SP        | PA                   |
|                                           |           |                                                          | <i>miglustat</i>                                      | SP        | PA                   |
|                                           |           |                                                          | ZAVESCA ( <i>miglustat</i> )                          | SP        | PA                   |
|                                           |           |                                                          | Agents for Sickle Cell Disease                        |           |                      |
|                                           |           |                                                          | DROXIA CAPS                                           | 2         |                      |
|                                           |           |                                                          | ENDARI ( <i>glutamine sickle cell</i> )               | NF        | PA                   |
|                                           |           |                                                          | <i>glutamine (sickle cell)</i>                        | 2         | PA                   |
|                                           |           |                                                          | SIKLOS TABS                                           | SP        | PA                   |
|                                           |           |                                                          | SIKLOS TABS                                           | SP        | AC; PA               |

Updated January 2026

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| Drug Name                                                                                                                                                                            | Drug Tier | Requirements/ Limits | Drug Name                                                                 | Drug Tier | Requirements/ Limits                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| Folic Acid/Folates                                                                                                                                                                   |           |                      | PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> ) | NF        | QL(1 EA daily); PA                                        |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG          | PV        | PV                   | RETACRIT                                                                  | SP        | PA                                                        |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG | PV        | PV                   | UDENYCA ONBODY SOSY                                                       | SP        | PA                                                        |
| (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG          | PV        | PV                   | UDENYCA SOAJ                                                              | SP        | PA                                                        |
| (Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG                                                                                                                                | 1         | RX/OTC               | UDENYCA SOSY                                                              | SP        | PA                                                        |
| <i>folic acid TABS 400 MCG, 800 MCG</i>                                                                                                                                              | PV        | PV                   | ZARXIO                                                                    | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA |
| <i>folic acid TABS 1 MG</i>                                                                                                                                                          | 1         | RX/OTC               | Hematopoietic Mixtures                                                    |           |                                                           |
| Hematopoietic Growth Factors                                                                                                                                                         |           |                      | FOLIVANE-F                                                                | 2         |                                                           |
| <i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>                                                                                                                                       | 2         | QL(1 EA daily); PA   | INTEGRA F                                                                 | 2         |                                                           |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>                                                                                                                         | 2         | QL(1 EA daily); PA   | IRON FOLATE-F                                                             | 2         |                                                           |
| NYVEPRIA                                                                                                                                                                             | SP        | PA                   | HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders                |           |                                                           |
| PROMACTA PACK 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )                                                                                                                          | NF        | QL(1 EA daily); PA   | Hemostatics - Systemic                                                    |           |                                                           |
|                                                                                                                                                                                      |           |                      | <i>aminocaproic acid SOLN PO 0.25 GM/ML</i>                               | 2         |                                                           |
|                                                                                                                                                                                      |           |                      | <i>aminocaproic acid TABS</i>                                             | 2         |                                                           |
|                                                                                                                                                                                      |           |                      | CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )                               | SP        | PA                                                        |
|                                                                                                                                                                                      |           |                      | <i>tranexamic acid SOLN 1000 MG/10ML</i>                                  | SP        | PA                                                        |
|                                                                                                                                                                                      |           |                      | <i>tranexamic acid TABS</i>                                               | 1         | QL(6 EA daily; 5 Day(s) limit)                            |
|                                                                                                                                                                                      |           |                      | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                                 |           |                                                           |
|                                                                                                                                                                                      |           |                      | Barbiturate Hypnotics                                                     |           |                                                           |
|                                                                                                                                                                                      |           |                      | <i>phenobarbital ELIX</i>                                                 | 1         |                                                           |
|                                                                                                                                                                                      |           |                      | <i>phenobarbital TABS</i>                                                 | 1         |                                                           |
|                                                                                                                                                                                      |           |                      | Non-Barbiturate Hypnotics                                                 |           |                                                           |
|                                                                                                                                                                                      |           |                      | AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )                               | NF        | QL(1 EA daily)                                            |

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| Drug Name                                                                                 | Drug Tier | Requirements/ Limits | Drug Name                                                                              | Drug Tier | Requirements/ Limits            |
|-------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------|-----------|---------------------------------|
| AMBIEN TABS ( <i>zolpidem tartrate</i> )                                                  | NF        | QL(1 EA daily)       | (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM              | PV        | QL(4000 ML per fill retail); PV |
| DORAL ( <i>quazepam</i> )                                                                 | NF        |                      | (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK | PV        | PV                              |
| <i>estazolam</i>                                                                          | 1         |                      | GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )              | PV        | QL(4000 ML per fill retail); PV |
| <i>eszopiclone</i>                                                                        | 1         | QL(1 EA daily)       | <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>                         | PV        | PV                              |
| HALCION 0.25 MG ( <i>triazolam</i> )                                                      | NF        | QL(1 EA daily)       | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>                    | PV        | QL(4000 ML per fill retail); PV |
| LUNESTA ( <i>eszopiclone</i> )                                                            | NF        | QL(1 EA daily)       | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                        | PV        | PV                              |
| <i>midazolam hcl SYRP</i>                                                                 | 1         |                      | PEG-PREP                                                                               | PV        | QL(1 EA per fill retail); PV    |
| <i>quazepam</i>                                                                           | 3         |                      | <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>                              | PV        | PV                              |
| RESTORIL 15 MG ( <i>temazepam</i> )                                                       | NF        | QL(2 EA daily)       | SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )    | PV        | PV                              |
| RESTORIL 7.5 MG ( <i>temazepam</i> )                                                      | NF        |                      | Laxatives - Miscellaneous                                                              |           |                                 |
| RESTORIL 22.5 MG, 30 MG ( <i>temazepam</i> )                                              | NF        | QL(1 EA daily)       | (Lactulose) CONSTULOSE SOLN 10 GM/15ML                                                 | 1         |                                 |
| <i>temazepam 7.5 MG</i>                                                                   | 1         |                      |                                                                                        |           |                                 |
| <i>temazepam 15 MG</i>                                                                    | 1         | QL(2 EA daily)       |                                                                                        |           |                                 |
| <i>temazepam 22.5 MG, 30 MG</i>                                                           | 1         | QL(1 EA daily)       |                                                                                        |           |                                 |
| <i>triazolam 0.25 MG</i>                                                                  | 1         | QL(1 EA daily)       |                                                                                        |           |                                 |
| <i>triazolam 0.125 MG</i>                                                                 | 1         |                      |                                                                                        |           |                                 |
| <i>zaleplon</i>                                                                           | 1         | QL(1 EA daily)       |                                                                                        |           |                                 |
| <i>zolpidem tartrate TABS</i>                                                             | 1         | QL(1 EA daily)       |                                                                                        |           |                                 |
| <i>zolpidem tartrate TBCR</i>                                                             | 1         | QL(1 EA daily)       |                                                                                        |           |                                 |
| Orexin Receptor Antagonists                                                               |           |                      |                                                                                        |           |                                 |
| BELSOMRA                                                                                  | 2         | QL(1 EA daily); ST   |                                                                                        |           |                                 |
| Selective Melatonin Receptor Agonists                                                     |           |                      |                                                                                        |           |                                 |
| <i>ramelteon</i>                                                                          | 1         | QL(1 EA daily); ST   |                                                                                        |           |                                 |
| ROZEREM ( <i>ramelteon</i> )                                                              | NF        | QL(1 EA daily); ST   |                                                                                        |           |                                 |
| LAXATIVES - Bowel Treatment Drugs                                                         |           |                      |                                                                                        |           |                                 |
| Laxative Combinations                                                                     |           |                      |                                                                                        |           |                                 |
| (PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT | PV        | PV                   |                                                                                        |           |                                 |

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| Drug Name                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits                               | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drug Tier | Requirements/ Limits                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|
| (Polyethylene Glycol 3350)<br>CLEARLAX, CVS<br>PURELAX, EQ<br>CLEARLAX, EQL<br>CLEARLAX, FT<br>CLEARLAX, GAVILAX,<br>GENTLELAX,<br>GLYCOLAX, GNP<br>CLEARLAX,<br>GOODSENSE<br>CLEARLAX, HM<br>CLEARLAX, KLS<br>LAXACLEAR, MM<br>CLEARLAX, QC<br>NATURA-LAX, SB<br>POLYETHYLENE<br>GLYCOL 3350, SM<br>CLEARLAX, SMOOTH<br>LAX, TRUE LAXATIVE<br>POWD | 1         | Limit 528gms<br>per month;<br>QL(17.6 GM<br>daily) | (Bisacodyl) ALOPHEN,<br>BISACODYL EC, CVS C-<br>LAX LAXATIVE, CVS<br>GENTLE LAXATIVE, CVS<br>GENTLE LAXATIVE<br>WOMENS, EQ GENTLE<br>LAXATIVE, EQL GENTLE<br>LAXATIVE, EQL<br>LAXATIVE, EX-LAX<br>ULTRA, FLEET<br>STIMULANT, FT<br>LAXATIVE, GENTLE<br>LAXATIVE, GNP GENTLE<br>LAXATIVE, GNP<br>WOMENS GENTLE<br>LAXATIVE, GOODSENSE<br>BISACODYL EC,<br>GOODSENSE<br>BISACODYL LAXATIVE,<br>GOODSENSE WOMENS<br>LAXATIVE, HM<br>LAXATIVE, KP<br>BISACODYL, LAXATIVE,<br>QC GENTLE LAXATIVE,<br>QC GENTLE LAXATIVE<br>WOMENS, QC<br>LAXATIVE, SB<br>BISACODYL LAXATIVE<br>EC, SB GENTLE LAX-<br>WOMEN, SM GENTLE<br>LAXATIVE, WOMANS<br>LAXATIVE, WOMENS<br>LAXATIVE TBEC | 1         |                                                                                                                                       |
| INSTALAX POWD 17<br>GM/SCOOP                                                                                                                                                                                                                                                                                                                        | 3         | Limit 528gms<br>per month;<br>QL(17.6 GM<br>daily) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                       |
| <i>lactulose SOLN</i>                                                                                                                                                                                                                                                                                                                               | 1         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                       |
| MIRALAX POWD<br>(polyethylene glycol 3350)                                                                                                                                                                                                                                                                                                          | NF        | Limit 528gms<br>per month;<br>QL(17.6 GM<br>daily) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                       |
| <i>polyethylene glycol 3350<br/>POWD</i>                                                                                                                                                                                                                                                                                                            | 1         | Limit 528gms<br>per month;<br>QL(17.6 GM<br>daily) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                       |
| Stimulant Laxatives                                                                                                                                                                                                                                                                                                                                 |           |                                                    | (Bisacodyl) BISACODYL<br>LAXATIVE, CVS GENTLE<br>LAXATIVE, FT GENTLE<br>LAXATIVE, GENTLE<br>LAXATIVE, GNP GENTLE<br>LAXATIVE, HM GENTLE<br>LAXATIVE, LAXATIVE,<br>ONELAX,<br>PROCTOZONE-B, QC<br>GENTLE LAXATIVE, SB<br>LAXATIVE, THE MAGIC<br>BULLET SUPP                                                                                                                                                                                                                                                                                                                                                                                                                | 1         | Available for<br>members in<br>non-<br>grandfathered<br>plans ages 50-<br>74; AL(At least<br>50 yrs old - Up<br>to 74 yrs old);<br>PV |

Updated January 2026

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| Drug Name                                        | Drug Tier | Requirements/ Limits                                                                                        | Drug Name                                                   | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|---------------------------|
| <i>bisacodyl SUPP</i>                            | 1         | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV | ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )               | NF        | QL(3 EA daily)            |
| <i>bisacodyl TBEC</i>                            | 1         |                                                                                                             | Clarithromycin                                              |           |                           |
| DULCOLAX PINK LAXATIVE TBEC ( <i>bisacodyl</i> ) | NF        |                                                                                                             | <i>clarithromycin SUSR</i>                                  | 1         |                           |
| DULCOLAX SUPP ( <i>bisacodyl</i> )               | NF        | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV | <i>clarithromycin TABS</i>                                  | 1         |                           |
| DULCOLAX TBEC ( <i>bisacodyl</i> )               | NF        |                                                                                                             | <i>clarithromycin TB24</i>                                  | 1         | QL(14 EA per fill retail) |
| MACROLIDES - Drugs to Treat Bacterial Infections |           |                                                                                                             | Erythromycins                                               |           |                           |
| Azithromycin                                     |           |                                                                                                             | (Erythromycin Base) ERY-TAB TBEC                            | 1         |                           |
| <i>azithromycin PACK</i>                         | 1         |                                                                                                             | (Erythromycin Ethylsuccinate) E.E.S. 400 TABS               | 2         |                           |
| <i>azithromycin SUSR</i>                         | 1         |                                                                                                             | (Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG     | 1         |                           |
| <i>azithromycin TABS 250 MG</i>                  | 1         | QL(6 EA per fill retail)                                                                                    | E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> ) | NF        |                           |
| <i>azithromycin TABS 500 MG</i>                  | 1         | QL(3 EA daily)                                                                                              | ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )      | NF        |                           |
| <i>azithromycin TABS 600 MG</i>                  | 1         | QL(10 EA per fill retail)                                                                                   | ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )      | NF        |                           |
| ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )   | NF        | QL(3 EA daily)                                                                                              | <i>erythromycin base CPEP</i>                               | 2         |                           |
| ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )     | NF        | QL(6 EA per fill retail)                                                                                    | <i>erythromycin base TABS</i>                               | 1         |                           |
| ZITHROMAX PACK                                   | 3         |                                                                                                             | <i>erythromycin base TBEC</i>                               | 1         |                           |
| ZITHROMAX SUSR ( <i>azithromycin</i> )           | NF        |                                                                                                             | <i>erythromycin ethylsuccinate SUSR</i>                     | 1         |                           |
| ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )    | NF        | QL(6 EA per fill retail)                                                                                    | <i>erythromycin ethylsuccinate TABS</i>                     | 2         |                           |
|                                                  |           |                                                                                                             | Fidaxomicin                                                 |           |                           |
|                                                  |           |                                                                                                             | DIFICID TABS 200 MG ( <i>fidaxomicin</i> )                  | NF        |                           |
|                                                  |           |                                                                                                             | <i>fidaxomicin TABS 200 MG</i>                              | 1         |                           |
|                                                  |           |                                                                                                             | MEDICAL DEVICES AND SUPPLIES                                |           |                           |
|                                                  |           |                                                                                                             | Contraceptives                                              |           |                           |

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| Drug Name                           | Drug Tier | Requirements/ Limits                                           | Drug Name                          | Drug Tier | Requirements/ Limits                                           |
|-------------------------------------|-----------|----------------------------------------------------------------|------------------------------------|-----------|----------------------------------------------------------------|
| AIMSCO LUBRICATED MISC              | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO MICRO THIN MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| CAYA DPRH                           | PV        | QL(1 EA per 365 day(s) retail); PV                             | KIMONO PLUS MISC                   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| CONDOMS                             | PV        |                                                                | KIMONO PS PLUS MISC                | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| DUREX EXTRA SENSITIVE THIN DEVI     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO PS MISC                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| DUREX EXTRA SENSITIVE THIN MISC     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO SENSATION PLUS MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| DUREX TROPICAL MISC                 | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO SENSATION MISC              | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED/SPERMICI DE MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO SPECIAL DEVI                | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | KIMONO MISC                        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FC2 FEMALE CONDOM                   | PV        | PV                                                             | K-Y ME & YOU EXTRA LUBRICATED DEVI | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| FEMCAP DEVI                         | PV        | PV                                                             | K-Y ME & YOU INTENSE DEVI          | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KAMELEON LUBRICATED MISC            | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | MAXX PLUS MISC                     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO COLORS DEVI                  | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | MAXX MISC                          | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| KIMONO MAXX-LARGE FLARE MISC        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | OMNIFLEX DIAPHRAGM                 | PV        | PV                                                             |
| KIMONO MICRO THIN PLUS MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |                                    |           |                                                                |

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| Drug Name                          | Drug Tier | Requirements/ Limits                                           | Drug Name                           | Drug Tier | Requirements/ Limits                                           |
|------------------------------------|-----------|----------------------------------------------------------------|-------------------------------------|-----------|----------------------------------------------------------------|
| REALITY LATEX CONDOMS MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUB/RIBBED/STUDDERED MISC   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA TEXTURED DEVI  | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUB/SPERMICIDE EX ST MISC   | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA THIN DEVI      | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUB/SPERMICIDE XL MISC      | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN BARESKIN DEVI               | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED EX LARGE MISC    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ENZ MISC                    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED EXTRA ST MISC    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN MAGNUM MISC                 | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED/SPERMICIDE MISC  | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ULTRA THIN/SPERMICIDAL MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN ULTRA THIN MISC             | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX NATURAL CONDOMS + LUBE MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN-ENZ LUBRICATED MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX NON-LUBRICATED MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TROJAN-ENZ/SPERMICIDAL MISC        | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX RIA LUB/SPERMICIDE MISC     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TRUE COVER DEVI                    | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX RIA LUBRICATED MISC         | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |
| TRUSTEX COLOR CONDOMS + LUBE MISC  | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | TRUSTEX RIA NON-LUBRICATED MISC     | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-----------------------------------|-----------|----------------------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | PV        | QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV | ACTI-LANCE 28G                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 60            | PV        | PV                                                             | ACTI-LANCE LITE LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 65            | PV        | PV                                                             | ACTI-LANCE SPECIAL LANCETS 17G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 70            | PV        | PV                                                             | ACTI-LANCE UNIVERSAL 23G       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 75            | PV        | PV                                                             | ADVANCED MOBILE LANCET         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 80            | PV        | PV                                                             | ADVOCATE LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 85            | PV        | PV                                                             | ADVOCATE LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 90            | PV        | PV                                                             | ADVOCATE SAFETY LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| WIDE-SEAL DIAPHRAGM 95            | PV        | PV                                                             | ADVOCATE SAFETY LANCETS 21G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| Diabetic Supplies                 |           |                                                                | ADVOCATE SAFETY LANCETS 23G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | ADVOCATE SAFETY LANCETS 26G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ACCU-CHEK GUIDE ME KIT            | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC | ADVOCATE SAFETY LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ACCU-CHEK GUIDE KIT               | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |                                |           |                                                |
| ACCU-CHEK SAFE-T PRO LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |                                |           |                                                |
| ACCU-CHEK SOFTCLIX LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |                                |           |                                                |

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| Drug Name                     | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| AGAMATRIX ULTRA-THIN LANCETS  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 25G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 32G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 33G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ASSURE LANCE SAFETY LANCET 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| AQUALANCE LANCETS 30G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | AURORA LANCET SUPER THIN 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE COMFORT LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | AURORA LANCET THIN 23G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS HIGH   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | BD MICROTAINER LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CAREONE LANCET SUPER THIN 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CAREONE LANCET THIN 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARESENS LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS PED    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARESENS LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARETOUCH SAFETY LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE LANCETS 21G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CARETOUCH SAFETY LANCETS 26G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| CARETOUCH TWIST LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COAGUCHEK LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH LANCETS 31G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CHOSEN LANCETS 30G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CHOSEN SAFETY LANCETS 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEANLET LANCETS 28G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | COMFORT TOUCH TWIST LANCET 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHEK LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS LANCETS ORIGINAL           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE COMFORT EZ       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS LANCETS THIN 26G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 21G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | CVS ULTRA THIN LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 23G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | DIATHRIVE LANCET ULTRA THIN 30 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | DIATHRIVE LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                     | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|-------------------------------|-----------|------------------------------------------------|
| DROPLET LANCETS ULTRA THIN 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 26G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPLET PERSONAL LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPSAFE ACTI-LANCE 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DROPSAFE MEDLANCE LANCET 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART ON-THE-GO LANCET 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 30G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 33G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 33G/TWIST  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 23G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 21G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 26G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 23G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

Updated January 2026

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| Drug Name                      | Drug Tier | Requirements/ Limits                                           | Drug Name                          | Drug Tier | Requirements/ Limits                                           |
|--------------------------------|-----------|----------------------------------------------------------------|------------------------------------|-----------|----------------------------------------------------------------|
| EMBRACE LANCETS ULTRA THIN 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | FREESTYLE PRECISION NEO SYSTEM KIT | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | FREESTYLE UNISTICK II LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| EMBRACE PRESSURE ACTIVATED 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GENTEEL BUTTERFLY TOUCH LANCET     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FIFTY50 SAFETY SEAL LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GENTLE-LET GP LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FIFTY50 UNILET LANCETS 33G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GENTLE-LET LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FINE 30                        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GLOBAL INJECT EASE LANCETS 28G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FINGERSTIX LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GLOBAL INJECT EASE LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FONDCIRCLE SINGLE USE LANCETS  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GLUCOCOM LANCETS 28G               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FORA LANCETS                   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GLUCOCOM LANCETS 30G               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FREESTYLE FREEDOM LITE KIT     | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC | GLUCOCOM LANCETS 33G               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FREESTYLE LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 | GNP STERILE LANCETS 28G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |
| FREESTYLE LITE KIT             | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC | GNP STERILE LANCETS 30G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                 |

Updated January 2026

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                    | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|------------------------------|-----------|------------------------------------------------|
| GNP STERILE LANCETS 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HY-VEE LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| GOJJI STERILE LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | HY-VEE THIN LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE                     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | IN TOUCH STERILE LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KINNEY LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KINNEY THIN LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER HEALTHPRO LANCET 26G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS LOW FLOW       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER LANCETS               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS MAX FLOW       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER LANCETS SUPER THIN    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | KROGER LANCETS THIN          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LANCETS                      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LANCETS 28G THIN             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 33G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | LANCETS 30G                  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                     | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|-------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| LANCETS 33G                   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET EXTRA | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS MICRO THIN 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET NORM  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE EXTRA 21G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE LITE 25G              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS THIN                  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS EXTRA 21G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LITE 25G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LIBERTY MEDICAL LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SPECIAL 0.8MM    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LITE TOUCH LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SUPERLITE 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LITETOUCH LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS UNIVERSAL 21G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| LIVE BETTER LANCET SUPER THIN | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEDLANCE UNIVERSAL 21G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MEIJER LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

Updated January 2026

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| Drug Name                    | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|------------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| MEIJER LANCETS UNIVERSAL 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 30G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | MYGLUCOHEALTH LANCETS 30G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MICROLET LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MM TWIST LANCETS             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | NOVA SUREFLEX LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MOBILE LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MONOLET LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MONOLET OPD LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA SAFETY LANCING | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MONOLETTOR SAFETY LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | ONETOUCH ULTRASOFT 2 LANCETS   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 21G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | PERFECT LANCETS 28G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 23G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | PERFECT LANCETS 30G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | PERFECT POINT SAFETY LANCETS   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                          | Drug Tier | Requirements/ Limits                                                                              | Drug Name                    | Drug Tier | Requirements/ Limits                           |
|------------------------------------|-----------|---------------------------------------------------------------------------------------------------|------------------------------|-----------|------------------------------------------------|
| PHARMACIST CHOICE LANCETS          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PSS SELECT GP LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 28G                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PSS SELECT SAFETY LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 30G                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PURE COMFORT LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRECISION THINS GP LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | PX LANCETS MICROTHIN 33G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRECISION XTRA-GLUCOSE/KETONE DEVI | 2         | Limit 200 per month without authorization; QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail) | PX LANCETS ULTRA THIN 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRO COMFORT LANCETS 30G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | QC LANCETS SUPER THIN 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRO COMFORT LANCETS 31G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | QC LANCETS ULTRA THIN        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRO COMFORT SAFETY LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | QC UNILET LANCETS 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRODIGY LANCETS 28G                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | QC UNILET LANCETS MICRO THIN | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRODIGY SAFETY LANCETS 26G         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | READYLANCE SAFETY LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| PRODIGY TWIST TOP LANCETS 28G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                                    | REALITY LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
|                                    |           |                                                                                                   | REALITY TRIGGER LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                      | Drug Tier | Requirements/ Limits                           | Drug Name                     | Drug Tier | Requirements/ Limits                           |
|--------------------------------|-----------|------------------------------------------------|-------------------------------|-----------|------------------------------------------------|
| RELION LANCET DEVICES 30G      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS 23G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAFETY LANCETS 28G            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS MICRO-THIN 33G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS HEALTH PLUS LANCETS      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS THIN 26G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS HEALTH TWIST TOP LANCETS | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPS TWIST TOP LANCETS        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SAPSCARE TWIST TOP LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| RIGHTEST GL300 LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SB LANCETS THIN               | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE                   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SB LANCETS ULTRA THIN         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE PLUS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SINGLE-LET                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SMARTEST LANCETS 28G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SOLUS V2 LANCETS 28G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 21G             | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | SOLUS V2 TWIST LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|--------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| STERILANCE TL            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | THINLETS GP LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SUPER THIN LANCETS       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 18G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 21G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRAVEL LANCETS ADVANCED 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 23G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUE COMFORT SAFETY LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUE COMFORT TWIST TOP LANCETS | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 26G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| SURELITE LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 28G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TECHLITE AST LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 30G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 33G           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS 26G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TRUEPLUS SAFETY LANCETS 28G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | TWIST TOP LANCETS 30G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

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| Drug Name                 | Drug Tier | Requirements/ Limits                           | Drug Name                    | Drug Tier | Requirements/ Limits                           |
|---------------------------|-----------|------------------------------------------------|------------------------------|-----------|------------------------------------------------|
| ULILET CLASSIC LANCETS    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET G.P. SUPERLITE LANCET | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULILET LANCETS            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET GP 28 ULTRA THIN      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULILET SAFETY LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET LANCET                | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULILET SAFETY LANCETS 23G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET MICRO-THIN 33G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA THIN LANCETS 31G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET SUPERLITE LANCET      | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA-CARE LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET SUPER-THIN 30G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA-THIN II AUTO LANCET | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNILET ULTRA-THIN 28G        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| ULTRA-THIN II LANCETS     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 1                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNILET COMFORTOUCH LANCET | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 2                    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 2 COMFORT            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE II        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 2 EXTRA              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNILET G.P. LANCET        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK 2 NEONATAL           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

Updated January 2026

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| Drug Name                 | Drug Tier | Requirements/ Limits                           | Drug Name                      | Drug Tier | Requirements/ Limits                           |
|---------------------------|-----------|------------------------------------------------|--------------------------------|-----------|------------------------------------------------|
| UNISTIK 2 NORMAL          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 28G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 SUPER           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 30G     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3                 | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 21G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 COMFORT         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 23G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 EXTRA           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 28G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 GENTLE          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NEONATAL        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 21G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NORMAL          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 23G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT COMFORT       | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 28G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT NORMAL        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 30G  | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK NORMAL            | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 28G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |
| UNISTIK PRO SAFETY LANCET | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 30G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC |

Updated January 2026

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| Drug Name                      | Drug Tier | Requirements/ Limits                                                                       | Drug Name                      | Drug Tier | Requirements/ Limits                                                                       |
|--------------------------------|-----------|--------------------------------------------------------------------------------------------|--------------------------------|-----------|--------------------------------------------------------------------------------------------|
| VERIFINE UNIVERSAL LANCETS 33G | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BD PEN MISC                    | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC |
| VIVAGUARD LANCETS              | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BD SAFETYGLIDE INSULIN SYRINGE | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| VIVAGUARD LANCETS 30G          | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BD SAFETYGLIDE INSULIN SYRINGE | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| VIVAGUARD SAFETY LANCETS 28G   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BD VEO INSULIN SYR ULTRAFINE   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| ZEVRX TWIST TOP LANCETS 30G    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BD VEO INSULIN SYR ULTRAFINE   | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| Parenteral Therapy Supplies    |           |                                                                                            | CAREPOINT POLY HUB NEEDLE      | 2         | RX/OTC                                                                                     |
| ASSURE ID INSULIN SAFETY SYR   | 2         | QL(6.67 EA daily); RX/OTC                                                                  | COMFORT EZ INSULIN SYRINGE     | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| ASSURE ID INSULIN SAFETY SYR   | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | COMFORT EZ INSULIN SYRINGE     | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| BD AUTOSHIELD DUO              | 2         | QL(6.67 EA daily); RX/OTC                                                                  | DROPLET INSULIN SYRINGE        | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| BD DISP NEEDLES                | 2         | RX/OTC                                                                                     | DROPLET INSULIN SYRINGE        | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| BD ECLIPSE LUER-LOK NEEDLE     | 2         | RX/OTC                                                                                     | DROPSAFE SAFETY SYRINGE/NEEDLE | 2         | QL(6.67 EA daily); RX/OTC                                                                  |
| BD PEN MINI MISC               | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC | DROPSAFE SAFETY SYRINGE/NEEDLE | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             |
| BD PEN NEEDLE MINI ULTRAFINE   | 2         | QL(6.67 EA daily); RX/OTC                                                                  | EASY TOUCH FLIPLOCK NEEDLES    | 2         | RX/OTC                                                                                     |
| BD PEN NEEDLE NANO 2ND GEN     | 2         | QL(6.67 EA daily); RX/OTC                                                                  | EASY TOUCH HYPODERMIC NEEDLE   | 2         | RX/OTC                                                                                     |
|                                |           |                                                                                            | EMBECTA AUTOSHIELD DUO         | 2         | QL(6.67 EA daily); RX/OTC                                                                  |

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| Drug Name                        | Drug Tier | Requirements/ Limits                                                                       | Drug Name                                                    | Drug Tier | Requirements/ Limits  |
|----------------------------------|-----------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------|-----------------------|
| EMBECTA INSULIN SYR ULTRAFINE    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | BREATHE EASE PEAK FLOW METER                                 | 2         | RX/OTC                |
| EMBECTA INSULIN SYR ULTRAFINE    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | CLEVER CHOICE PEAK FLOW METER                                | 2         | RX/OTC                |
| EMBECTA PEN NEEDLE NANO          | 2         | QL(6.67 EA daily); RX/OTC                                                                  | FONDCIRCLE ELECTRONIC PEAK FLO                               | 2         | RX/OTC                |
| EMBECTA PEN NEEDLE NANO 2 GEN    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | LUNG PERFORM PEAK FLOW METER                                 | 2         | RX/OTC                |
| EMBECTA PEN NEEDLE ULTRAFINE     | 2         | QL(6.67 EA daily); RX/OTC                                                                  | MICROLIFE DIGITAL PEAK FLOW                                  | 2         | RX/OTC                |
| GLOBAL EASY GLIDE INSULIN SYR    | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | MINI WRIGHT PEAK FLOW METER                                  | 2         | RX/OTC                |
| GLOBAL EASY GLIDE INSULIN SYR    | 2         | QL(6.67 EA daily); RX/OTC                                                                  | PEAK A-I-R FLOW METER                                        | 2         | RX/OTC                |
| INSULIN SYRINGES AND PEN NEEDLES | 2         | MO                                                                                         | PEAK AIR PEAK FLOW METER                                     | 2         | RX/OTC                |
| NOVOPEN ECHO DEVI                | 3         | Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC | PEAK FLOW METER UNIVERSAL RANG                               | 2         | RX/OTC                |
| POLY HUB NEEDLE                  | 2         | RX/OTC                                                                                     | PERSONAL BEST FULL RANGE                                     | 2         | RX/OTC                |
| RELION INSULIN SYRINGE           | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | PIKO 1                                                       | 2         | RX/OTC                |
| RELION INSULIN SYRINGE           | 2         | QL(6.67 EA daily); RX/OTC                                                                  | POCKET PEAK FLOW METER                                       | 2         | RX/OTC                |
| TECHLITE INSULIN SYRINGE         | 2         | Limit 200 per month; QL(6.67 EA daily); RX/OTC                                             | POCKETPEAK PEAK FLOW METER                                   | 2         | RX/OTC                |
| TECHLITE INSULIN SYRINGE         | 2         | QL(6.67 EA daily); RX/OTC                                                                  | PURE COMFORT FLOW METER ADULT                                | 2         | RX/OTC                |
| Respiratory Therapy Supplies     |           |                                                                                            | PURE COMFORT FLOW METER CHILD                                | 2         | RX/OTC                |
| AIRZONE PEAK FLOW METER          | 2         | RX/OTC                                                                                     | STRIVE DUAL ZONE PEAK FLOW MTR                               | 2         | RX/OTC                |
| ASSESS PEAK FLOW METER           | 2         | RX/OTC                                                                                     | TRUZONE PEAK FLOW METER                                      | 2         | RX/OTC                |
|                                  |           |                                                                                            | <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                       |
|                                  |           |                                                                                            | Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                       |
|                                  |           |                                                                                            | AIMOVIG                                                      | 2         | QL(0.04 ML daily); PA |
|                                  |           |                                                                                            | EMGALITY (300 MG DOSE) SOSY                                  | 2         | QL(0.1 ML daily); PA  |

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| Drug Name                                              | Drug Tier | Requirements/ Limits                     |
|--------------------------------------------------------|-----------|------------------------------------------|
| EMGALITY SOAJ                                          | 2         | QL(0.07 ML daily); PA                    |
| EMGALITY SOSY                                          | 2         | QL(0.07 ML daily); PA                    |
| UBRELVY                                                | 3         | QL(10 EA per 30 day(s) retail); ST       |
| Migraine Combinations                                  |           |                                          |
| (Ergotamine W/ Caffeine) MIGERGOT SUPP                 | 1         |                                          |
| <b>ergotamine w/ caffeine TABS</b>                     | 1         |                                          |
| Migraine Products                                      |           |                                          |
| <b>dihydroergotamine mesylate SOLN IJ 1 MG/ML</b>      | 2         | PA                                       |
| <b>dihydroergotamine mesylate SOLN NA 4 MG/ML</b>      | 2         | QL(0.27 ML daily); PA                    |
| ERGOMAR SUBL                                           | SP        |                                          |
| MIGRANAL SOLN NA ( <b>dihydroergotamine mesylate</b> ) | NF        | QL(0.27 ML daily); PA                    |
| Serotonin Agonists                                     |           |                                          |
| (Zolmitriptan) ZOMIG TABS                              | 1         | Limit 6 per month; QL(0.2 EA daily)      |
| <b>almotriptan malate</b>                              | 1         | Limit 6 per month; QL(0.2 EA daily)      |
| <b>eletriptan hydrobromide</b>                         | 1         | Limit 6 tabs per month; QL(0.2 EA daily) |
| FROVA ( <b>frovatriptan succinate</b> )                | NF        | Limit 9 per month; QL(0.3 EA daily)      |
| <b>frovatriptan succinate</b>                          | 1         | Limit 9 per month; QL(0.3 EA daily)      |
| IMITREX 5 MG/ACT ( <b>sumatriptan</b> )                | NF        | Limit 6 per month; QL(0.2 EA daily)      |

| Drug Name                                                                | Drug Tier | Requirements/ Limits                       |
|--------------------------------------------------------------------------|-----------|--------------------------------------------|
| IMITREX 20 MG/ACT ( <b>sumatriptan</b> )                                 | NF        | Limit 6 sprayers per month; QL(2 EA daily) |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML                      | 2         | PA                                         |
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <b>sumatriptan succinate</b> ) | NF        | PA                                         |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML                                  | 2         | PA                                         |
| IMITREX TABS ( <b>sumatriptan succinate</b> )                            | NF        | Limit 9 per month; QL(2 EA daily)          |
| MAXALT-MLT TBDP 10 MG ( <b>rizatriptan benzoate</b> )                    | NF        | Limit 18 tabs per month; QL(0.6 EA daily)  |
| MAXALT TABS 10 MG ( <b>rizatriptan benzoate</b> )                        | NF        | Limit 18 tabs per month; QL(0.6 EA daily)  |
| <b>naratriptan hcl</b>                                                   | 1         | Limit 9 per month; QL(0.3 EA daily)        |
| RELPAK ( <b>eletriptan hydrobromide</b> )                                | NF        | Limit 6 tabs per month; QL(0.2 EA daily)   |
| <b>rizatriptan benzoate TABS</b>                                         | 1         | Limit 18 tabs per month; QL(0.6 EA daily)  |
| <b>rizatriptan benzoate TBDP</b>                                         | 1         | Limit 18 tabs per month; QL(0.6 EA daily)  |
| <b>sumatriptan 20 MG/ACT</b>                                             | 1         | Limit 6 sprayers per month; QL(2 EA daily) |
| <b>sumatriptan 5 MG/ACT</b>                                              | 1         | Limit 6 per month; QL(0.2 EA daily)        |
| <b>sumatriptan succinate SOAJ</b>                                        | 1         | PA                                         |

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| Drug Name                                                                           | Drug Tier | Requirements/ Limits                                  | Drug Name                                                                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>sumatriptan succinate SOCT</i>                                                   | 1         | PA                                                    | (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS                                                | 1         |                      |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>                                        | SP        | Limit 2mls per month; QL(0.07 ML daily); PA           | K-PHOS-NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )            | NF        | RX/OTC               |
| <i>sumatriptan succinate TABS</i>                                                   | 1         | Limit 9 per month; QL(2 EA daily)                     | K-PHOS TABS ( <i>potassium phosphate monobasic</i> )                                                  | NF        |                      |
| <i>zolmitriptan SOLN</i>                                                            | 1         | QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail) | <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>                               | 1         | RX/OTC               |
| <i>zolmitriptan TABS</i>                                                            | 1         | Limit 6 per month; QL(0.2 EA daily)                   | Potassium                                                                                             |           |                      |
| <i>zolmitriptan TBDP</i>                                                            | 1         | Limit 6 tabs per month; QL(0.2 EA daily)              | (Potassium Bicarbonate) K-PRIME, K-LOR-CON/EF TBEF                                                    | 1         |                      |
| ZOMIG SOLN ( <i>zolmitriptan</i> )                                                  | NF        | QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail) | (Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 10 MEQ | 1         |                      |
| MINERALS & ELECTROLYTES                                                             |           |                                                       | (Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 15 MEQ | 1         |                      |
| Calcium                                                                             |           |                                                       | (Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 20 MEQ | 1         |                      |
| CALCIFOL                                                                            | 3         |                                                       | (Potassium Chloride) K-LOR-CON 10 TBCR 10 MEQ                                                         | 1         |                      |
| Fluoride                                                                            |           |                                                       | (Potassium Chloride) K-LOR-CON PACK PO 20 MEQ                                                         | 1         |                      |
| FLORIVA                                                                             | 3         |                                                       | EFFER-K                                                                                               | 3         |                      |
| <i>sodium fluoride CHEW 1 MG</i>                                                    | 1         | AL(Up to 6 yrs old)                                   | K-LOR-CON 10 TBCR 10 MEQ ( <i>potassium chloride</i> )                                                | NF        |                      |
| <i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>                                         | PV        | AL(Up to 6 yrs old); PV                               | K-LOR-CON TBCR 8 MEQ ( <i>potassium chloride</i> )                                                    | 1         |                      |
| <i>sodium fluoride SOLN 0.5 MG/ML</i>                                               | PV        | AL(Up to 6 yrs old); PV; RX/OTC                       |                                                                                                       |           |                      |
| <i>sodium fluoride TABS</i>                                                         | PV        | AL(Up to 6 yrs old); PV                               |                                                                                                       |           |                      |
| SOLUVITA SOLN                                                                       | PV        | AL(Up to 6 yrs old); PV; RX/OTC                       |                                                                                                       |           |                      |
| Phosphate                                                                           |           |                                                       |                                                                                                       |           |                      |
| (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL | 1         | RX/OTC                                                |                                                                                                       |           |                      |

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| Drug Name                                                                       | Drug Tier | Requirements/ Limits          | Drug Name                                                           | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------------|---------------------------------------------------------------------|-----------|----------------------|
| K-TAB TBCR 20 MEQ<br>( <i>potassium chloride</i> )                              | NF        |                               | ASTAGRAF XL CP24                                                    | 3         | ST                   |
| <i>potassium chloride microencapsulated crystals er</i>                         | 1         |                               | <i>azathioprine TABS 50 MG</i>                                      | 1         |                      |
| <i>potassium chloride CPCR</i>                                                  | 1         |                               | <i>azathioprine TABS 75 MG, 100 MG</i>                              | 2         |                      |
| <i>potassium chloride PACK PO 20 MEQ</i>                                        | 1         |                               | CELLCEPT CAPS<br>( <i>mycophenolate mofetil</i> )                   | NF        |                      |
| <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>                              | 1         |                               | CELLCEPT SUSR<br>( <i>mycophenolate mofetil</i> )                   | NF        |                      |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>                            | 1         |                               | CELLCEPT TABS<br>( <i>mycophenolate mofetil</i> )                   | NF        |                      |
| Zinc                                                                            |           |                               | <i>cyclosporine modified (for microemulsion) CAPS</i>               | 1         |                      |
| GALZIN                                                                          | 3         |                               | <i>cyclosporine modified (for microemulsion) SOLN</i>               | 1         |                      |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                                        |           |                               | <i>cyclosporine CAPS</i>                                            | 1         |                      |
| Chelating Agents                                                                |           |                               | <i>everolimus (immunosuppressant)</i>                               | SP        |                      |
| CUPRIMINE CAPS<br>( <i>penicillamine</i> )                                      | SP        | PA                            | IMURAN TABS<br>( <i>azathioprine</i> )                              | NF        |                      |
| DEPEN TITRATABS<br>TABS ( <i>penicillamine</i> )                                | SP        |                               | <i>mycophenolate mofetil CAPS</i>                                   | 1         |                      |
| <i>penicillamine CAPS</i>                                                       | SP        | PA                            | <i>mycophenolate mofetil SUSR</i>                                   | 1         |                      |
| <i>penicillamine TABS</i>                                                       | SP        |                               | <i>mycophenolate mofetil TABS</i>                                   | 1         |                      |
| SYPRINE ( <i>trientine hcl</i> )                                                | SP        | PA                            | <i>mycophenolate sodium</i>                                         | 2         |                      |
| <i>trientine hcl</i>                                                            | SP        | PA                            | MYFORTIC<br>( <i>mycophenolate sodium</i> )                         | NF        |                      |
| Immunomodulators                                                                |           |                               | MYHIBBIN SUSP                                                       | 3         |                      |
| <i>lenalidomide</i>                                                             | 1         | QL(1 EA daily);<br>SP; AC; PA | NEORAL CAPS<br>( <i>cyclosporine modified (for microemulsion)</i> ) | NF        |                      |
| REVLIMID                                                                        | 3         | QL(1 EA daily);<br>SP; AC; PA | NEORAL SOLN<br>( <i>cyclosporine modified (for microemulsion)</i> ) | NF        |                      |
| THALOMID                                                                        | SP        | AC                            | PROGRAF CAPS<br>( <i>tacrolimus</i> )                               | NF        |                      |
| Immunosuppressive Agents                                                        |           |                               | PROGRAF PACK                                                        | SP        | PA                   |
| (Azathioprine) AZASAN<br>TABS 75 MG, 100 MG                                     | 2         |                               | RAPAMUNE SOLN<br>( <i>sirolimus</i> )                               | NF        |                      |
| (Cyclosporine Modified<br>(For Microemulsion))<br>GENGRAF CAPS 25 MG,<br>100 MG | 1         |                               | RAPAMUNE TABS<br>( <i>sirolimus</i> )                               | NF        |                      |
| (Cyclosporine Modified<br>(For Microemulsion))<br>GENGRAF SOLN                  | 1         |                               |                                                                     |           |                      |

Updated January 2026

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| Drug Name                                                                               | Drug Tier | Requirements/ Limits | Drug Name                                                   | Drug Tier | Requirements/ Limits        |
|-----------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------|-----------|-----------------------------|
| SANDIMMUNE CAPS ( <i>cyclosporine</i> )                                                 | NF        |                      | (Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD          | 1         |                             |
| SANDIMMUNE SOLN PO 100 MG/ML                                                            | 3         |                      | <i>chlorhexidine gluconate (mouth-throat)</i>               | 1         |                             |
| <i>sirolimus SOLN</i>                                                                   | 2         |                      | PERIDEX ( <i>chlorhexidine gluconate (mouth-throat)</i> )   | NF        |                             |
| <i>sirolimus TABS</i>                                                                   | 2         |                      | Steroids - Mouth/Throat/Dental                              |           |                             |
| <i>tacrolimus CAPS</i>                                                                  | 2         |                      | (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE          | 1         |                             |
| THYMOGLOBULIN                                                                           | 3         | PA                   | <i>triamcinolone acetonide (mouth)</i>                      | 1         |                             |
| ZORTRESS ( <i>everolimus (immunosuppressant)</i> )                                      | SP        |                      | Throat Products - Misc.                                     |           |                             |
| Potassium Removing Agents                                                               |           |                      | <i>cevimeline hcl</i>                                       | 1         | QL(3 EA daily)              |
| (Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML | 1         |                      | EVOXAC ( <i>cevimeline hcl</i> )                            | NF        | QL(3 EA daily)              |
| (Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML        | 1         |                      | MUCOTROL WAFR                                               | 3         |                             |
| LOKELMA                                                                                 | 3         | QL(1 EA daily)       | <i>pilocarpine hcl (oral) 5 MG</i>                          | 1         | QL(6 EA daily)              |
| <i>sodium polystyrene sulfonate POWD</i>                                                | 1         |                      | <i>pilocarpine hcl (oral) 7.5 MG</i>                        | 1         | QL(4 EA daily)              |
| Systemic Lupus Erythematosus Agents                                                     |           |                      | SALAGEN 7.5 MG ( <i>pilocarpine hcl (oral)</i> )            | NF        | QL(4 EA daily)              |
| BENLYSTA SOAJ                                                                           | SP        | PA                   | SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )              | NF        | QL(6 EA daily)              |
| BENLYSTA SOSY                                                                           | SP        | PA                   | MULTIVITAMINS                                               |           |                             |
| MOUTH/THROAT/DENTAL AGENTS                                                              |           |                      | Ped Multi Vitamins w/FI & FE                                |           |                             |
| Anesthetics Topical Oral                                                                |           |                      | <i>ped multivitamins w/fl &amp; iron SOLN</i>               | 1         | AL(Up to 6 yrs old); RX/OTC |
| <i>lidocaine hcl (mouth-throat)</i>                                                     | 1         |                      | POLY-VI-FLOR/IRON CHEW                                      | 3         | AL(Up to 6 yrs old)         |
| Anti-infectives - Throat                                                                |           |                      | POLY-VI-FLOR/IRON SUSP                                      | 3         | RX/OTC                      |
| <i>clotrimazole</i>                                                                     | 1         |                      | QUFLORA FE PEDIATRIC LIQD                                   | 2         | AL(Up to 6 yrs old)         |
| NYSTATIN ( <i>nystatin (mouth-throat)</i> )                                             | NF        |                      | Ped MV w/ Fluoride                                          |           |                             |
| <i>nystatin (mouth-throat)</i>                                                          | 1         |                      | (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN | 1         | AL(Up to 6 yrs old); RX/OTC |
| ORAVIG                                                                                  | 3         |                      |                                                             |           |                             |
| Antiseptics - Mouth/Throat                                                              |           |                      |                                                             |           |                             |

Updated January 2026

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| Drug Name                                | Drug Tier | Requirements/ Limits        | Drug Name                                                                                                                                                                         | Drug Tier | Requirements/ Limits        |
|------------------------------------------|-----------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| FLORAFOL PEDIATRIC CHEW                  | 2         | RX/OTC                      | TRI-VI-FLOR SUSP 0.25 MG/ML                                                                                                                                                       | 2         |                             |
| FLORAFOL PEDIATRIC SOLN                  | 2         | AL(Up to 6 yrs old); RX/OTC | TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML                                                                                                                                         | 2         |                             |
| FLORIVA PLUS SOLN                        | 2         | AL(Up to 6 yrs old); RX/OTC | VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML                                                                                                                                              | 2         | AL(Up to 6 yrs old); RX/OTC |
| FLOTREX CHEW 0.5 MG, 1 MG                | 2         | RX/OTC                      | VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML                                                                                                                                             | 3         | AL(Up to 6 yrs old); RX/OTC |
| FLOTREX CHEW 0.25 MG                     | 3         | RX/OTC                      | Pediatric Multiple Vitamins & Minerals w/ Fluoride                                                                                                                                |           |                             |
| MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG  | 2         | RX/OTC                      | FLORIVA                                                                                                                                                                           | 3         |                             |
| MULTIVITAMIN/FLUORIDE CHEW 0.25 MG       | 3         | RX/OTC                      | Prenatal Vitamins                                                                                                                                                                 |           |                             |
| MULTIVITAMIN/FLUORIDE SOLN               | 2         | AL(Up to 6 yrs old); RX/OTC | (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS                                                                                                                | 1         |                             |
| MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML    | 2         |                             | (Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW                                                                                                                    | 1         |                             |
| MULTI-VIT-FLOR CHEW 0.25 MG              | 3         | RX/OTC                      | (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT                                                                                                           | 1         |                             |
| MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG         | 2         | RX/OTC                      | (Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG | 1         | RX/OTC                      |
| <b>pediatric multivitamins w/fl CHEW</b> | 1         | RX/OTC                      | ATABEX EC TBEC                                                                                                                                                                    | 2         |                             |
| <b>pediatric multivitamins w/fl SOLN</b> | 1         | AL(Up to 6 yrs old); RX/OTC | CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG                                                       | 2         |                             |
| POLY-VI-FLOR CHEW 0.25 MG                | 3         | RX/OTC                      | CITRANATAL ASSURE                                                                                                                                                                 | 3         |                             |
| POLY-VI-FLOR CHEW 0.5 MG, 1 MG           | 2         | RX/OTC                      | CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG                                                                                                                         | 3         |                             |
| POLY-VI-FLOR SUSP                        | 2         |                             |                                                                                                                                                                                   |           |                             |
| QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG      | 2         | RX/OTC                      |                                                                                                                                                                                   |           |                             |
| QUFLORA PEDIATRIC CHEW 0.25 MG           | 3         | RX/OTC                      |                                                                                                                                                                                   |           |                             |
| QUFLORA PEDIATRIC SOLN                   | 2         | AL(Up to 6 yrs old); RX/OTC |                                                                                                                                                                                   |           |                             |
| SOLUVITA ACD WITH FLUORIDE SOLN          | 3         | AL(Up to 6 yrs old); RX/OTC |                                                                                                                                                                                   |           |                             |
| SOLUVITA WITH FLUORIDE SOLN              | 2         | AL(Up to 6 yrs old); RX/OTC |                                                                                                                                                                                   |           |                             |

Updated January 2026

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| Drug Name                                                                                                                              | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                     | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| CITRANATAL MEDLEY                                                                                                                      | 3         |                      | PNV-DHA+DOCUSATE                                                                                                                              | 3         |                      |
| C-NATE DHA CAPS                                                                                                                        | 3         |                      | PNV-OMEGA                                                                                                                                     | 3         |                      |
| COMPLETENATE CHEW                                                                                                                      | 2         |                      | PRENA 1 TRUE                                                                                                                                  | 2         |                      |
| CONCEPT DHA                                                                                                                            | 2         |                      | PRENA1                                                                                                                                        | 3         |                      |
| CONCEPT OB                                                                                                                             | 2         |                      | PRENA1 PEARL                                                                                                                                  | 3         |                      |
| DUET DHA 400 MISC                                                                                                                      | 3         |                      | PRENAISSANCE                                                                                                                                  | 3         |                      |
| FOLIVANE-OB                                                                                                                            | 2         |                      | PRENAISSANCE PLUS CAPS                                                                                                                        | 3         |                      |
| MATRONEX TABS                                                                                                                          | 2         | RX/OTC               | PRENATAL 19 CHEW                                                                                                                              | 2         |                      |
| M-NATAL PLUS TABS                                                                                                                      | 2         | RX/OTC               | PRENATAL 19 TABS                                                                                                                              | 3         | RX/OTC               |
| NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG                                                | 3         |                      | PRENATAL PLUS VITAMIN/MINERAL TABS                                                                                                            | 2         | RX/OTC               |
| NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG                                   | 3         |                      | PRENATAL PLUS TABS                                                                                                                            | 2         | RX/OTC               |
| NEONATAL 19                                                                                                                            | 3         |                      | 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-1200 MCG-2 MG-0.2 MG                        | 2         | RX/OTC               |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2         | RX/OTC               | PRENATAL-U CAPS                                                                                                                               | 2         |                      |
| NEONATAL PLUS TABS                                                                                                                     | 2         | RX/OTC               | PRENATE                                                                                                                                       | 3         |                      |
| NESTABS                                                                                                                                | 3         |                      | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG                                                     | 3         |                      |
| NESTABS DHA                                                                                                                            | 2         |                      | 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 | 3         |                      |
| NESTABS ONE                                                                                                                            | 3         |                      | PRENATE ENHANCE                                                                                                                               | 3         |                      |
| NIVA-PLUS TABS                                                                                                                         | 2         | RX/OTC               | 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                         | 3         |                      |
| OB COMPLETE ONE                                                                                                                        | 3         |                      |                                                                                                                                               |           |                      |
| OB COMPLETE PETITE                                                                                                                     | 3         |                      |                                                                                                                                               |           |                      |
| OB COMPLETE PREMIER                                                                                                                    | 3         |                      |                                                                                                                                               |           |                      |
| OB COMPLETE/DHA                                                                                                                        | 3         |                      |                                                                                                                                               |           |                      |
| ONE VITE WOMENS PLUS TABS                                                                                                              | 2         | RX/OTC               |                                                                                                                                               |           |                      |
| PNV 27-CA/FE/FA TABS                                                                                                                   | 2         |                      |                                                                                                                                               |           |                      |

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| Drug Name                                                                                                        | Drug Tier | Requirements/ Limits | Drug Name                                                             | Drug Tier | Requirements/ Limits             |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------|-----------|----------------------------------|
| 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 | 3         |                      | VITAPEARL                                                             | 3         |                                  |
| PRENATE PIXIE                                                                                                    | 3         |                      | VITATHELY WITH GINGER TABS                                            | 2         | RX/OTC                           |
| PRENATE RESTORE                                                                                                  | 3         |                      | VITATRUE                                                              | 2         |                                  |
| PRENATRIX TABS                                                                                                   | 2         | RX/OTC               | VIVA DHA CAPS                                                         | 3         |                                  |
| PRENATRYL TABS                                                                                                   | 2         | RX/OTC               | WESCAP-C DHA                                                          | 2         |                                  |
| RELNATE DHA CAPS                                                                                                 | 3         |                      | WESNATE DHA CAPS                                                      | 3         |                                  |
| SELECT-OB+DHA MISC                                                                                               | 3         |                      | WESTAB PLUS TABS                                                      | 2         | RX/OTC                           |
| SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG | 2         |                      | WESTGEL DHA                                                           | 3         |                                  |
| SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT          | 3         |                      | <b>MUSCULOSKELETAL THERAPY AGENTS -<br/>Drugs to Treat Spasms</b>     |           |                                  |
| SE-NATAL 19 CHEW                                                                                                 | 2         |                      | Central Muscle Relaxants                                              |           |                                  |
| SE-NATAL 19 TABS                                                                                                 | 3         | RX/OTC               | (Carisoprodol) VANADOM TABS 350 MG                                    | 1         |                                  |
| THERANATAL CORE NUTRITION TABS                                                                                   | 2         | RX/OTC               | (Chlorzoxazone) LORZONE TABS 375 MG, 750 MG                           | 1         |                                  |
| THRIVITE RX TABS                                                                                                 | 2         | RX/OTC               | <i><b>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</b></i> | SP        | Must use Accredo SP pharmacy; PA |
| TRICARE TABS                                                                                                     | 2         | RX/OTC               | <i><b>baclofen TABS 10 MG</b></i>                                     | 1         | QL(6 EA daily)                   |
| TRINATAL RX 1 TABS                                                                                               | 2         |                      | <i><b>baclofen TABS 15 MG</b></i>                                     | 1         | QL(3 EA daily)                   |
| TRISTART DHA                                                                                                     | 3         |                      | <i><b>baclofen TABS 5 MG</b></i>                                      | 1         |                                  |
| VINATE DHA RF                                                                                                    | 3         |                      | <i><b>baclofen TABS 20 MG</b></i>                                     | 1         | QL(4 EA daily)                   |
| VINATE ONE TABS                                                                                                  | 2         |                      | <i><b>carisoprodol TABS</b></i>                                       | 1         |                                  |
| VITAFOL GUMMIES                                                                                                  | 3         |                      | <i><b>chlorzoxazone TABS</b></i>                                      | 1         |                                  |
| VITAFOL-NANO                                                                                                     | 3         |                      | <i><b>cyclobenzaprine hcl TABS 5 MG, 10 MG</b></i>                    | 1         |                                  |
| VITAFOL-ONE CAPS                                                                                                 | 3         |                      | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML                       | SP        | Must use Accredo SP pharmacy; PA |
| VITAMEDMD ONE RX/QUATREFOLIC                                                                                     | 3         |                      | LIORESAL SOLN IT ( <i><b>baclofen</b></i> )                           | SP        | Must use Accredo SP pharmacy; PA |
| VITAMEDMD REDICHEW RX                                                                                            | 3         |                      | LIORESAL SOLN IT                                                      | SP        | Must use Accredo SP pharmacy; PA |
|                                                                                                                  |           |                      | <i><b>metaxalone 400 MG</b></i>                                       | 1         |                                  |
|                                                                                                                  |           |                      | <i><b>metaxalone 800 MG</b></i>                                       | 2         | QL(4 EA daily)                   |

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| Drug Name                                                                                         | Drug Tier | Requirements/ Limits                         |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| <i>methocarbamol TABS 500 MG, 750 MG</i>                                                          | 1         |                                              |
| <i>orphenadrine citrate TB12</i>                                                                  | 1         |                                              |
| OZOBAX SOLN PO ( <i>baclofen</i> )                                                                | NF        |                                              |
| SOMA TABS ( <i>carisoprodol</i> )                                                                 | NF        |                                              |
| <i>tizanidine hcl CAPS</i>                                                                        | 1         |                                              |
| <i>tizanidine hcl TABS 2 MG</i>                                                                   | 1         |                                              |
| <i>tizanidine hcl TABS 4 MG</i>                                                                   | 1         | QL(9 EA daily)                               |
| ZANAFLEX CAPS ( <i>tizanidine hcl</i> )                                                           | NF        |                                              |
| ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )                                                      | NF        | QL(9 EA daily)                               |
| Direct Muscle Relaxants                                                                           |           |                                              |
| DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )                                                  | NF        |                                              |
| <i>dantrolene sodium CAPS</i>                                                                     | 1         |                                              |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b>                 |           |                                              |
| Nasal Agent Combinations                                                                          |           |                                              |
| <i>azelastine hcl-fluticasone propionate SUSP</i>                                                 | 1         | Limit 1 inhaler per month; QL(0.77 GM daily) |
| DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )                                     | NF        | Limit 1 inhaler per month; QL(0.77 GM daily) |
| Nasal Antiallergy                                                                                 |           |                                              |
| (Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY | 1         | QL(1 ML daily); RX/OTC                       |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>                                                        | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)  |
| <i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>                                                     | 1         | QL(1 ML daily); RX/OTC                       |

| Drug Name                                                                                                                                                                                                                                                                                          | Drug Tier | Requirements/ Limits                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| <i>olopatadine hcl (nasal)</i>                                                                                                                                                                                                                                                                     | 1         |                                                       |
| Nasal Anticholinergics                                                                                                                                                                                                                                                                             |           |                                                       |
| <i>ipratropium bromide (nasal)</i>                                                                                                                                                                                                                                                                 | 1         |                                                       |
| Nasal Steroids                                                                                                                                                                                                                                                                                     |           |                                                       |
| (Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP | 1         | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  |
| (Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP                                                                                                                                                                                                                                      | 1         | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC |
| (Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR AERO                                                                                                           | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)           |
| FLONASE ALLERGY REL CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )                                                                                                                                                                                                                       | NF        | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  |
| FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )                                                                                                                                                                                                                              | NF        | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits                                  | Drug Name                                                | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|-------------------------------------------------------|----------------------------------------------------------|-----------|----------------------|
| <i>fluticasone propionate (nasal) SUSP</i>                            | 1         | Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC  | <i>betaxolol hcl (ophth) SOLN</i>                        | 1         |                      |
| <i>mometasone furoate (nasal) SUSP</i>                                | 1         | Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC | BETIMOL ( <i>timolol</i> )                               | NF        |                      |
| NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> ) | NF        |                                                       | BETOPTIC-S SUSP                                          | 2         |                      |
| NASONEX 24HR SUSP ( <i>mometasone furoate (nasal)</i> )               | NF        | Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC | <i>brimonidine tartrate-timolol maleate</i>              | 1         |                      |
| <i>triamcinolone acetonide (nasal) AERO</i>                           | 1         | Limit 1 sprayer per month; QL(1.2 ML daily)           | <i>carteolol hcl (ophth)</i>                             | 1         |                      |
| XHANCE EXHU                                                           | 3         | QL(1.07 ML daily); ST                                 | COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) | NF        |                      |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>         |           |                                                       | COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )        | NF        |                      |
| ALS Agents                                                            |           |                                                       | COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )     | NF        |                      |
| RADICAVA ORS STARTER KIT SUSP                                         | SP        | PA                                                    | DORZOLAMIDE HCL-TIMOLOL MAL                              | 2         |                      |
| RADICAVA ORS SUSP                                                     | SP        | PA                                                    | <i>dorzolamide hcl-timolol maleate</i>                   | 1         |                      |
| RELYVRIO                                                              | SP        | PA                                                    | ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )          | NF        |                      |
| RILUTEK TABS ( <i>riluzole</i> )                                      | NF        |                                                       | <i>levobunolol hcl 0.5 %</i>                             | 1         |                      |
| <i>riluzole TABS</i>                                                  | 1         |                                                       | <i>timolol</i>                                           | 1         |                      |
| Spinal Muscular Atrophy Agents (SMA)                                  |           |                                                       | <i>timolol maleate (ophth) SOLG</i>                      | 1         |                      |
| EVRYSDI                                                               | SP        | PA                                                    | <i>timolol maleate (ophth) SOLN</i>                      | 2         |                      |
| <b>NUTRIENTS</b>                                                      |           |                                                       | <i>timolol maleate (ophth) SOLN</i>                      | 1         |                      |
| Lipids                                                                |           |                                                       | TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> ) | NF        |                      |
| DOJOLVI                                                               | SP        | PA                                                    | <b>Cycloplegic Mydriatics</b>                            |           |                      |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>                     |           |                                                       | (Homatropine Hbr) HOMATROPAIRE                           | 1         |                      |
| Beta-blockers - Ophthalmic                                            |           |                                                       | (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN            | 1         |                      |
| (Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %          | 2         |                                                       | <i>atropine sulfate (ophthalmic) OINT</i>                | 1         |                      |
|                                                                       |           |                                                       | <i>atropine sulfate (ophthalmic) SOLN</i>                | 1         |                      |

Updated January 2026

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| Drug Name                                                       | Drug Tier | Requirements/ Limits | Drug Name                                           | Drug Tier | Requirements/ Limits                           |
|-----------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------|-----------|------------------------------------------------|
| ATROPINE SULFATE SOLN 1 %                                       | 2         |                      | <i>erythromycin (ophth)</i>                         | 1         |                                                |
| CYCLOGYL ( <i>cyclopentolate hcl</i> )                          | NF        |                      | <i>gatifloxacin (ophth)</i>                         | 1         |                                                |
| CYCLOGYL                                                        | 2         |                      | <i>gentamicin sulfate (ophth) SOLN</i>              | 1         |                                                |
| CYCLOMYDRIL                                                     | 3         |                      | KLARITY-A                                           | 2         | Use Klarity-A 71384-0220-03; QL(0.17 ML daily) |
| <i>cyclopentolate hcl 1 %</i>                                   | 1         |                      | <i>levofloxacin (ophth) 1.5 %</i>                   | 2         |                                                |
| MYDRIACYL SOLN ( <i>tropicamide</i> )                           | NF        |                      | <i>moxifloxacin hcl (ophth) SOLN OP</i>             | 1         |                                                |
| <i>phenylephrine hcl (mydriatic) SOLN</i>                       | 1         |                      | NATACYN                                             | 2         |                                                |
| PHENYLEPHRINE HCL SOLN ( <i>phenylephrine hcl (mydriatic)</i> ) | NF        |                      | <i>neomycin-bacitracin zn-polymyxin</i>             | 1         |                                                |
| <i>tropicamide SOLN</i>                                         | 1         |                      | <i>neomycin-polymyxin-gramicidin</i>                | 1         |                                                |
| Miotics                                                         |           |                      | OCUFLOX ( <i>ofloxacin (ophth)</i> )                | NF        | QL(5 ML per fill retail; 5 per fill mail)      |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                       | 1         | QL(0.5 ML daily)     | <i>ofloxacin (ophth)</i>                            | 1         | QL(5 ML per fill retail; 5 per fill mail)      |
| Ophthalmic Adrenergic Agents                                    |           |                      | <i>polymyxin b-trimethoprim</i>                     | 1         |                                                |
| ALPHAGAN P ( <i>brimonidine tartrate</i> )                      | NF        |                      | POVIDONE-IODINE                                     | 3         |                                                |
| <i>apraclonidine hcl</i>                                        | 1         |                      | <i>sulfacetamide sodium (ophth) OINT</i>            | 1         |                                                |
| <i>brimonidine tartrate</i>                                     | 1         |                      | <i>sulfacetamide sodium (ophth) SOLN</i>            | 1         |                                                |
| Ophthalmic Anti-infectives                                      |           |                      | <i>tobramycin (ophth) SOLN</i>                      | 1         |                                                |
| (Bacitracin-Polymyxin B (Ophth)) POLYCIN                        | 1         |                      | TOBREX OINT                                         | 2         |                                                |
| (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN                  | 1         |                      | <i>trifluridine</i>                                 | 1         |                                                |
| <i>bacitracin (ophthalmic)</i>                                  | 2         |                      | VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> ) | NF        |                                                |
| <i>bacitracin-polymyxin b (ophth)</i>                           | 1         |                      | ZIRGAN GEL                                          | 3         |                                                |
| BESIVANCE                                                       | 3         |                      | ZYMAXID ( <i>gatifloxacin (ophth)</i> )             | NF        |                                                |
| BETADINE OPHTHALMIC PREP                                        | 3         |                      | Ophthalmic Immunomodulators                         |           |                                                |
| CILOXAN OINT                                                    | 2         |                      | <i>cyclosporine (ophth) EMUL</i>                    | 1         | QL(2 EA daily)                                 |
| <i>ciprofloxacin hcl (ophth) SOLN</i>                           | 1         |                      |                                                     |           |                                                |
| ERYTHROMYCIN                                                    | 2         |                      |                                                     |           |                                                |

Updated January 2026

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                            | Drug Name                                                                 | Drug Tier | Requirements/ Limits     |
|-----------------------------------------------------------|-----------|-----------------------------------------------------------------|---------------------------------------------------------------------------|-----------|--------------------------|
| RESTASIS EMUL<br>( <i>cyclosporine (ophth)</i> )          | NF        | Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily) | LOTEMAX OINT                                                              | 3         |                          |
| Ophthalmic Local Anesthetics                              |           |                                                                 | LOTEMAX SUSP<br>( <i>loteprednol etabonate</i> )                          | NF        |                          |
| (Tetracaine Hcl (Ophth))<br>ALTACAINE                     | 1         |                                                                 | <i>loteprednol etabonate GEL</i>                                          | 2         |                          |
| AKTEN                                                     | 3         |                                                                 | <i>loteprednol etabonate SUSP</i>                                         | 2         |                          |
| ALCAINE ( <i>proparacaine hcl</i> )                       | NF        |                                                                 | MAXIDEX SUSP OP                                                           | 2         |                          |
| <i>proparacaine hcl</i>                                   | 2         |                                                                 | MAXITROL OINT<br>( <i>neomycin-polymy-dexameth</i> )                      | NF        |                          |
| TETRACAINE HCL 0.5 %                                      | 3         |                                                                 | MAXITROL SUSP<br>( <i>neomycin-polymy-dexameth</i> )                      | NF        |                          |
| TETRACAINE HCL 0.5 %<br>( <i>tetracaine hcl (ophth)</i> ) | NF        |                                                                 | <i>neomycin-polymy-dexameth OINT</i>                                      | 1         |                          |
| <i>tetracaine hcl (ophth)</i>                             | 1         |                                                                 | <i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1         |                          |
| Ophthalmic Steroids                                       |           |                                                                 | <i>neomycin-polymyxin-hc (ophth)</i>                                      | 1         |                          |
| (Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC              | 1         | QL(4 GM per fill retail; 4 per fill mail)                       | PRED FORTE<br>( <i>prednisolone acetate (ophth)</i> )                     | NF        |                          |
| (Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F   | 1         |                                                                 | PRED MILD                                                                 | 2         |                          |
| ALREX SUSP<br>( <i>loteprednol etabonate</i> )            | NF        |                                                                 | <i>prednisolone acetate (ophth)</i>                                       | 1         |                          |
| <i>bacitracin-poly-neomycin-hc</i>                        | 1         | QL(4 GM per fill retail; 4 per fill mail)                       | PREDNISOLONE SODIUM PHOSPHATE                                             | 3         |                          |
| <i>dexamethasone sodium phosphate (ophth)</i>             | 1         |                                                                 | PREDNISOLONE-MOXIFLOXACIN SOLN                                            | 3         |                          |
| <i>difluprednate</i>                                      | 1         |                                                                 | <i>sulfacetamide sod-prednisolone SOLN</i>                                | 1         |                          |
| DUREZOL<br>( <i>difluprednate</i> )                       | NF        |                                                                 | TOBRADEX ST SUSP                                                          | 3         |                          |
| FLAREX                                                    | 2         |                                                                 | TOBRADEX OINT                                                             | 3         |                          |
| <i>fluorometholone (ophth) SUSP</i>                       | 1         |                                                                 | <i>tobramycin-dexamethasone SUSP</i>                                      | 1         | QL(5 ML per fill retail) |
| FML FORTE SUSP                                            | 2         |                                                                 | ZYLET                                                                     | 3         | QL(5 ML per fill retail) |
| FML LIQUIFILM SUSP<br>( <i>fluorometholone (ophth)</i> )  | NF        |                                                                 | Ophthalmic Surgical Aids                                                  |           |                          |
| LOTEMAX GEL<br>( <i>loteprednol etabonate</i> )           | NF        |                                                                 | GELFILM                                                                   | 3         |                          |

Updated January 2026

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| Drug Name                                                                                                                                                                                                                                           | Drug Tier | Requirements/ Limits                     | Drug Name                                    | Drug Tier | Requirements/ Limits                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|----------------------------------------------|-----------|-------------------------------------------|
| Ophthalmics - Misc.                                                                                                                                                                                                                                 |           |                                          | <i>bromfenac sodium (ophth) 0.09 %</i>       | 1         |                                           |
| (Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % | 1         | QL(0.09 ML daily); RX/OTC                | BROMSITE ( <i>bromfenac sodium (ophth)</i> ) | NF        |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>cromolyn sodium (ophth)</i>               | 1         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | CYSTARAN                                     | SP        |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>diclofenac sodium (ophth)</i>             | 1         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>dorzolamide hcl</i>                       | 1         | Limit 10mls per month; QL(0.34 ML daily)  |
|                                                                                                                                                                                                                                                     |           |                                          | DORZOLAMIDE HCL                              | 2         | Limit 10mls per month; QL(0.34 ML daily)  |
|                                                                                                                                                                                                                                                     |           |                                          | <i>epinastine hcl (ophth)</i>                | 1         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>flurbiprofen sodium</i>                   | 1         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | ILEVRO                                       | 3         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>ketorolac tromethamine (ophth)</i>        | 1         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | LASTACFT                                     | 3         | ST                                        |
|                                                                                                                                                                                                                                                     |           |                                          | NEVANAC                                      | 3         |                                           |
|                                                                                                                                                                                                                                                     |           |                                          | <i>olopatadine hcl 0.2 %</i>                 | 1         | QL(0.09 ML daily); RX/OTC                 |
|                                                                                                                                                                                                                                                     |           |                                          | <i>olopatadine hcl 0.1 %</i>                 | 1         | Limit 10mls per month; QL(0.34 ML daily)  |
| (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %                                                                   | 1         | Limit 10mls per month; QL(0.34 ML daily) | PATADAY 0.1 % ( <i>olopatadine hcl</i> )     | NF        | Limit 10mls per month; QL(0.34 ML daily)  |
| ACULAR ( <i>ketorolac tromethamine (ophth)</i> )                                                                                                                                                                                                    | NF        |                                          | PATADAY 0.2 % ( <i>olopatadine hcl</i> )     | NF        | QL(0.09 ML daily); RX/OTC                 |
| ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )                                                                                                                                                                                                 | NF        |                                          | PROLENSA ( <i>bromfenac sodium (ophth)</i> ) | NF        |                                           |
| ACUVAIL                                                                                                                                                                                                                                             | 3         |                                          | Prostaglandins - Ophthalmic                  |           |                                           |
| ALOCRIL                                                                                                                                                                                                                                             | 3         |                                          | <i>bimatoprost SOLN</i>                      | 1         | Limit 2.5mls per month; QL(0.09 ML daily) |
| ALOMIDE                                                                                                                                                                                                                                             | 2         |                                          | <i>latanoprost SOLN</i>                      | 1         | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>azelastine hcl (ophth)</i>                                                                                                                                                                                                                       | 1         |                                          | <i>latanoprost SOLN</i>                      | 1         | QL(0.09 ML daily)                         |
| AZOPT ( <i>brinzolamide</i> )                                                                                                                                                                                                                       | NF        | Limit 10mls per month; QL(0.4 ML daily)  |                                              |           |                                           |
| <i>bepotastine besilate</i>                                                                                                                                                                                                                         | 1         | QL(0.34 ML daily); ST                    |                                              |           |                                           |
| BEPREVE ( <i>bepotastine besilate</i> )                                                                                                                                                                                                             | NF        | QL(0.34 ML daily); ST                    |                                              |           |                                           |
| <i>brinzolamide</i>                                                                                                                                                                                                                                 | 1         | Limit 10mls per month; QL(0.4 ML daily)  |                                              |           |                                           |
| <i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>                                                                                                                                                                                                     | 2         |                                          |                                              |           |                                           |

Updated January 2026

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| Drug Name                                                  | Drug Tier | Requirements/Limits                       |
|------------------------------------------------------------|-----------|-------------------------------------------|
| LUMIGAN SOLN 0.01 %                                        | 2         | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>tafluprost</i>                                          | 1         | QL(1 EA daily)                            |
| TRAVATAN Z SOLN ( <i>travoprost</i> )                      | NF        | Limit 2.5mls per month; QL(0.09 ML daily) |
| <i>travoprost SOLN</i>                                     | 1         | Limit 2.5mls per month; QL(0.09 ML daily) |
| XALATAN SOLN ( <i>latanoprost</i> )                        | NF        |                                           |
| XALATAN SOLN ( <i>latanoprost</i> )                        | NF        | Limit 2.5mls per month; QL(0.09 ML daily) |
| ZIOPTAN ( <i>tafluprost</i> )                              | NF        | QL(1 EA daily)                            |
| <b>OTIC AGENTS - Drugs to Treat the Ear</b>                |           |                                           |
| Otic Agents - Miscellaneous                                |           |                                           |
| <i>acetic acid (otic)</i>                                  | 1         |                                           |
| Otic Anti-infectives                                       |           |                                           |
| CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> )               | NF        | QL(14 EA per fill retail)                 |
| <i>ciprofloxacin hcl (otic)</i>                            | 1         | QL(14 EA per fill retail)                 |
| <i>ofloxacin (otic)</i>                                    | 1         |                                           |
| Otic Combinations                                          |           |                                           |
| CIPRO HC                                                   | 3         |                                           |
| CIPRO HC 1 %-0.2 % ( <i>ciprofloxacin-hydrocortisone</i> ) | NF        |                                           |
| <i>ciprofloxacin-dexamethasone</i>                         | 1         |                                           |
| <i>ciprofloxacin-hydrocortisone</i>                        | 1         |                                           |
| CORTISPORIN-TC                                             | 3         |                                           |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>                   | 1         |                                           |

| Drug Name                                                                                  | Drug Tier | Requirements/Limits       |
|--------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>neomycin-polymyxin-hc (otic) SUSP</i>                                                   | 1         |                           |
| PRAMOTIC                                                                                   | 3         |                           |
| Otic Steroids                                                                              |           |                           |
| (Fluocinolone Acetonide (Otic)) FLAC                                                       | 1         |                           |
| DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )                                          | NF        |                           |
| <i>fluocinolone acetonide (otic)</i>                                                       | 1         |                           |
| <i>hydrocortisone w/acetic acid</i>                                                        | 2         | QL(10 ML per fill retail) |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |           |                           |
| Abortifacients/Agents for Cervical Ripening                                                |           |                           |
| CERVIDIL INST                                                                              | 3         |                           |
| PREPIDIL GEL                                                                               | 3         |                           |
| Oxytocics                                                                                  |           |                           |
| (Methylergonovine Maleate) METHERGINE TABS                                                 | 1         |                           |
| <i>methylergonovine maleate TABS</i>                                                       | 1         |                           |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |                           |
| Immune Serums                                                                              |           |                           |
| GAMASTAN IM                                                                                | SP        | PA                        |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>                                   |           |                           |
| Aminopenicillins                                                                           |           |                           |
| <i>amoxicillin CAPS</i>                                                                    | 1         |                           |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                                                     | 1         |                           |
| <i>amoxicillin SUSR</i>                                                                    | 1         |                           |
| <i>amoxicillin TABS</i>                                                                    | 1         |                           |
| <i>ampicillin sodium IJ 1 GM, 125 MG</i>                                                   | SP        | PA                        |

Updated January 2026

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| Drug Name                                                                 | Drug Tier | Requirements/ Limits | Drug Name                                                                                          | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>ampicillin CAPS 500 MG</i>                                             | 1         |                      | <i>oxacillin sodium IV 10 GM</i>                                                                   | SP        | PA                   |
| Natural Penicillins                                                       |           |                      | PROGESTINS - Hormone Replacement/Modifying Drugs                                                   |           |                      |
| (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT            | SP        | PA                   | Progestins                                                                                         |           |                      |
| BICILLIN L-A SUSY                                                         | SP        | PA                   | (Norethindrone Acetate) GALLIFREY TABS                                                             | 1         |                      |
| PENICILLIN G POT IN DEXTROSE                                              | SP        | PA                   | <i>medroxyprogesterone acetate 10 MG</i>                                                           | 1         | QL(1 EA daily)       |
| <i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>                 | SP        | PA                   | <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>                                                    | 1         |                      |
| <i>penicillin g sodium</i>                                                | SP        | PA                   | <i>megestrol acetate (appetite)</i>                                                                | 1         | AC                   |
| <i>penicillin v potassium SOLR</i>                                        | 1         |                      | <i>norethindrone acetate TABS</i>                                                                  | 1         |                      |
| <i>penicillin v potassium TABS</i>                                        | 1         |                      | <i>progesterone CAPS</i>                                                                           | 1         | QL(1 EA daily)       |
| Penicillin Combinations                                                   |           |                      | <i>progesterone OIL</i>                                                                            | 1         | PA                   |
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                             | 1         |                      | PROMETRIUM CAPS ( <i>progesterone</i> )                                                            | NF        | QL(1 EA daily)       |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>                             | 1         |                      | PROVERA 5 MG ( <i>medroxyprogesterone acetate</i> )                                                | NF        |                      |
| <i>amoxicillin &amp; pot clavulanate TABS</i>                             | 1         |                      | PROVERA 10 MG ( <i>medroxyprogesterone acetate</i> )                                               | NF        | QL(1 EA daily)       |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                             | 1         |                      | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions |           |                      |
| AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )        | NF        |                      | Agents for Chemical Dependency                                                                     |           |                      |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                    | 2         |                      | <i>acamprosate calcium</i>                                                                         | 1         |                      |
| AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> ) | NF        |                      | <i>disulfiram</i>                                                                                  | 1         |                      |
| BICILLIN C-R                                                              | SP        | PA                   | Anti-Cataplectic Agents                                                                            |           |                      |
| BICILLIN C-R 900/300                                                      | SP        | PA                   | SODIUM OXYBATE SOLN                                                                                | 2         | PA                   |
| Penicillinase-Resistant Penicillins                                       |           |                      | Antidementia Agents                                                                                |           |                      |
| <i>dicloxacillin sodium</i>                                               | 1         |                      | ARICEPT TABS ( <i>donepezil hydrochloride</i> )                                                    | NF        | QL(1 EA daily)       |
| <i>nafcillin sodium IV 10 GM</i>                                          | SP        | PA                   | <i>donepezil hydrochloride TABS</i>                                                                | 1         | QL(1 EA daily)       |
| NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML                                    | SP        | PA                   |                                                                                                    |           |                      |

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|---------------------------------------------------------------------|-----------|----------------------|
| <i>donepezil hydrochloride TBDP</i>                                 | 1         | QL(1 EA daily)       |
| EXELON ( <i>rivastigmine</i> )                                      | NF        |                      |
| <i>galantamine hydrobromide CP24</i>                                | 1         | QL(1 EA daily)       |
| <i>galantamine hydrobromide SOLN</i>                                | 2         |                      |
| <i>galantamine hydrobromide TABS</i>                                | 1         |                      |
| <i>memantine hcl CP24</i>                                           | 1         | PA                   |
| <i>memantine hcl SOLN</i>                                           | 1         |                      |
| <i>memantine hcl TABS</i>                                           | 1         |                      |
| <i>memantine hcl TABS 5 MG</i>                                      | 1         | QL(4 EA daily)       |
| <i>memantine hcl TABS 10 MG</i>                                     | 1         | QL(2 EA daily)       |
| NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )                 | NF        |                      |
| NAMENDA XR CP24 14 MG, 21 MG, 28 MG ( <i>memantine hcl</i> )        | NF        | PA                   |
| NAMENDA TABS 5 MG ( <i>memantine hcl</i> )                          | NF        | QL(4 EA daily)       |
| NAMENDA TABS 10 MG ( <i>memantine hcl</i> )                         | NF        | QL(2 EA daily)       |
| NAMZARIC C4PK                                                       | 3         | PA                   |
| <i>rivastigmine</i>                                                 | 1         |                      |
| <i>rivastigmine tartrate CAPS</i>                                   | 1         |                      |
| Combination Psychotherapeutics                                      |           |                      |
| <i>chlordiazepoxide-amitriptyline</i>                               | 1         |                      |
| <i>olanzapine-fluoxetine hcl</i>                                    | 2         |                      |
| <i>perphenazine-amitriptyline</i>                                   | 1         |                      |
| SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>olanzapine-fluoxetine hcl</i> ) | NF        |                      |
| Fibromyalgia Agents                                                 |           |                      |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                    |
|------------------------------------------------------|-----------|---------------------------------------------------------|
| SAVELLA TITRATION PACK MISC                          | 3         | QL(2 EA daily); PA                                      |
| SAVELLA TABS                                         | 3         | QL(2 EA daily); PA                                      |
| Movement Disorder Drug Therapy                       |           |                                                         |
| AUSTEDO TABS 12 MG                                   | SP        | QL(1 EA daily); PA                                      |
| AUSTEDO TABS 6 MG, 9 MG                              | SP        | QL(2 EA daily); PA                                      |
| <i>tetrabenazine</i>                                 | 2         | Specialty drug-Health Net will refer to SP Pharmacy; PA |
| XENAZINE ( <i>tetrabenazine</i> )                    | NF        | Specialty drug-Health Net will refer to SP Pharmacy; PA |
| Multiple Sclerosis Agents                            |           |                                                         |
| (Glatiramer Acetate) GLATOPA SOSY 40 MG/ML           | 1         | QL(12 ML per 28 day(s) retail)                          |
| (Glatiramer Acetate) GLATOPA SOSY 20 MG/ML           | 1         | QL(1 ML daily)                                          |
| AMPYRA ( <i>dalfampridine</i> )                      | NF        | PA                                                      |
| AUBAGIO ( <i>teriflunomide</i> )                     | NF        | QL(1 EA daily)                                          |
| AVONEX PEN AJKT                                      | SP        | PA                                                      |
| AVONEX PREFILLED PSKT                                | SP        | PA                                                      |
| BETASERON KIT                                        | SP        | PA                                                      |
| COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> ) | NF        | QL(12 ML per 28 day(s) retail)                          |
| COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> ) | NF        | QL(1 ML daily)                                          |
| <i>dalfampridine</i>                                 | 2         | PA                                                      |
| <i>dimethyl fumarate CDPK</i>                        | 2         |                                                         |
| <i>dimethyl fumarate CPDR</i>                        | 2         | QL(2 EA daily)                                          |
| <i>fingolimod hcl</i>                                | 2         | QL(1 EA daily); SP                                      |
| GILENYA ( <i>fingolimod hcl</i> )                    | NF        | QL(1 EA daily); SP                                      |

Updated January 2026

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| Drug Name                                         | Drug Tier | Requirements/ Limits           | Drug Name                                                                                                                                                                                                                                                                                                                    | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>glatiramer acetate SOSY 20 MG/ML</i>           | 1         | QL(1 ML daily)                 | (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX, EQ<br>NICOTINE POLACRILEX, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX, GOODSENSE<br>NICOTINE, HM NICOTINE POLACRILEX, KLS<br>QUIT2, KLS QUIT4, NICOTINE MINI,<br>NICOTINE POLACRILEX MINI, SM<br>NICOTINE POLACRILEX LOZG 4 MG | PV        | PV                   |
| <i>glatiramer acetate SOSY 40 MG/ML</i>           | 1         | QL(12 ML per 28 day(s) retail) |                                                                                                                                                                                                                                                                                                                              |           |                      |
| PLEGRIDY STARTER PACK SOAJ                        | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| PLEGRIDY STARTER PACK SOSY SC                     | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| PLEGRIDY SOAJ                                     | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| PLEGRIDY SOSY SC                                  | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| REBIF REBIDOSE TITRATION PACK SOAJ                | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| REBIF REBIDOSE SOAJ                               | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| REBIF TITRATION PACK SOSY                         | SP        | PA                             | (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX, EQ<br>NICOTINE POLACRILEX, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX, GOODSENSE<br>NICOTINE, HM NICOTINE POLACRILEX, KLS<br>QUIT2, KLS QUIT4, NICOTINE MINI,<br>NICOTINE POLACRILEX MINI, SM<br>NICOTINE POLACRILEX LOZG      | PV        | PV                   |
| REBIF SOSY                                        | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| TECFIDERA CDPK ( <i>dimethyl fumarate</i> )       | NF        |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| TECFIDERA CPDR ( <i>dimethyl fumarate</i> )       | NF        | QL(2 EA daily)                 |                                                                                                                                                                                                                                                                                                                              |           |                      |
| <i>teriflunomide</i>                              | 2         | QL(1 EA daily)                 |                                                                                                                                                                                                                                                                                                                              |           |                      |
| Premenstrual Dysphoric Disorder (PMDD) Agents     |           |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| <i>fluoxetine hcl (pmdd) TABS</i>                 | 2         |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| Pseudobulbar Affect (PBA) Agents                  |           |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| NUDEXTA                                           | SP        | PA                             |                                                                                                                                                                                                                                                                                                                              |           |                      |
| Psychotherapeutic and Neurological Agents - Misc. |           |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| <i>ergoloid mesylates TABS</i>                    | 1         |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| <i>pimozide</i>                                   | 1         |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |
| Smoking Deterrents                                |           |                                |                                                                                                                                                                                                                                                                                                                              |           |                      |

Updated January 2026

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                   | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, FT<br>NICOTINE MINI, GNP<br>NICOTINE MINI, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>HM NICOTINE<br>POLACRILEX, KLS<br>QUIT2, KLS QUIT4,<br>NICOTINE MINI,<br>NICOTINE POLACRILEX<br>MINI, SM NICOTINE<br>POLACRILEX LOZG 2<br>MG | PV        | PV                   | (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>GOODSENSE NICOTINE<br>POLICRILEX, KLS QUIT2,<br>KLS QUIT4, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM | PV        | PV                   |
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>GOODSENSE NICOTINE<br>POLICRILEX, KLS QUIT2,<br>KLS QUIT4, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM 2 MG                                               | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL SYSTEM<br>PT24 TD 7 MG/24HR                                                                                                                          | PV        | PV                   |
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>GOODSENSE NICOTINE<br>POLICRILEX, KLS QUIT2,<br>KLS QUIT4, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM 2 MG                                               | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL SYSTEM<br>PT24 TD 14 MG/24HR                                                                                                                         | PV        | PV                   |
| (Nicotine Polacrilex) CVS<br>NICOTINE, CVS<br>NICOTINE POLACRILEX,<br>EQ NICOTINE, EQ<br>NICOTINE POLACRILEX,<br>FT NICOTINE, GNP<br>NICOTINE, GNP<br>NICOTINE POLACRILEX,<br>GOODSENSE NICOTINE,<br>GOODSENSE NICOTINE<br>POLICRILEX, KLS QUIT2,<br>KLS QUIT4, SM<br>NICOTINE, SM NICOTINE<br>POLACRILEX, THRIVE<br>GUM 4 MG                                               | PV        | PV                   | (Nicotine) CVS NICOTINE,<br>EQ NICOTINE, EQ<br>NICOTINE STEP 3, FT<br>NICOTINE, GNP<br>NICOTINE, NICOTINE<br>STEP 2, NICOTINE STEP<br>3, QC NICOTINE<br>TRANSDERMAL SYSTEM<br>PT24 TD 7 MG/24HR, 14<br>MG/24HR                                                                                                           | PV        | PV                   |

Updated January 2026

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| Drug Name                                                                                                                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR | PV        |                      |
| APO-VARENICLINE TABS                                                                                                                          | PV        | QL(2 EA daily); PV   |
| <i>bupropion hcl (smoking deterrent)</i>                                                                                                      | PV        | PV                   |
| CHANTIX CONTINUING MONTH PAK TABS ( <i>varenicline tartrate</i> )                                                                             | PV        | QL(2 EA daily); PV   |
| CHANTIX STARTING MONTH PAK TBPB ( <i>varenicline tartrate</i> )                                                                               | PV        | PV                   |
| CHANTIX TABS ( <i>varenicline tartrate</i> )                                                                                                  | PV        | QL(2 EA daily); PV   |
| NICODERM CQ PT24 TD 21 MG/24HR ( <i>nicotine</i> )                                                                                            | PV        |                      |
| NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR ( <i>nicotine</i> )                                                                                 | PV        | PV                   |
| NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )                                                                                            | PV        | PV                   |
| NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )                                                                                      | PV        | PV                   |
| NICORETTE GUM ( <i>nicotine polacrilex</i> )                                                                                                  | PV        | PV                   |
| NICORETTE LOZG ( <i>nicotine polacrilex</i> )                                                                                                 | PV        | PV                   |
| <i>nicotine polacrilex GUM</i>                                                                                                                | PV        | PV                   |
| <i>nicotine polacrilex LOZG</i>                                                                                                               | PV        | PV                   |
| NICOTINE KIT                                                                                                                                  | PV        | PV                   |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR</i>                                                                                                 | PV        | PV                   |
| <i>nicotine PT24 TD 21 MG/24HR</i>                                                                                                            | PV        |                      |
| NICOTROL NS SOLN                                                                                                                              | PV        | PV                   |
| NICOTROL INHA                                                                                                                                 | PV        | PV                   |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                                                      |
|-------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| <i>varenicline tartrate TABS</i>                            | PV        | QL(2 EA daily); PV                                                        |
| <i>varenicline tartrate TBPB</i>                            | PV        | PV                                                                        |
| Transthyretin Amyloidosis Agents                            |           |                                                                           |
| TEGSEDI                                                     | SP        | PA                                                                        |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                                                                           |
| Cystic Fibrosis Agents                                      |           |                                                                           |
| KALYDECO PACK                                               | SP        | PA                                                                        |
| KALYDECO TABS                                               | SP        | PA                                                                        |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG                   | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA                  |
| ORKAMBI PACK 94 MG-75 MG                                    | SP        | PA                                                                        |
| ORKAMBI TABS                                                | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA                  |
| PULMOZYME                                                   | 2         | QL(5 ML daily); PA                                                        |
| SYMDEKO                                                     | SP        | PA                                                                        |
| TRIKAFTA TBPB 100 MG-50 MG                                  | SP        | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA |
| TRIKAFTA TBPB 50 MG-25 MG                                   | SP        | PA                                                                        |
| TRIKAFTA THPB                                               | SP        | PA                                                                        |
| Pulmonary Fibrosis Agents                                   |           |                                                                           |
| ESBRIET CAPS ( <i>pirfenidone</i> )                         | SP        | QL(3 EA daily); LA; PA                                                    |
| ESBRIET TABS ( <i>pirfenidone</i> )                         | SP        | QL(3 EA daily); LA; PA                                                    |
| OFEV                                                        | SP        | QL(2 EA daily); PA                                                        |
| <i>pirfenidone CAPS</i>                                     | SP        | QL(3 EA daily); LA; PA                                                    |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits   | Drug Name                                                                                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>pirfenidone TABS 267 MG, 801 MG</i>                     | SP        | QL(3 EA daily); LA; PA | <i>minocycline hcl TABS 75 MG</i>                                                                                          | 1         | PA                   |
| <i>pirfenidone TABS 534 MG</i>                             | SP        | QL(3 EA daily); PA     | TARGADOX TABS ( <i>doxycycline hyclate</i> )                                                                               | NF        |                      |
| <b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>  |           |                        | <i>tetracycline hcl CAPS</i>                                                                                               | 1         |                      |
| Sulfonamides                                               |           |                        | VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )                                                                             | NF        |                      |
| <i>sulfadiazine TABS</i>                                   | 1         |                        | VIBRAMYCIN SUSR ( <i>doxycycline monohydrate</i> )                                                                         | NF        |                      |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b> |           |                        | XIMINO CP24 ( <i>minocycline hcl</i> )                                                                                     | NF        |                      |
| Tetracyclines                                              |           |                        | <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>                                                                 |           |                      |
| (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG            | 1         |                        | Antithyroid Agents                                                                                                         |           |                      |
| (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG       | 2         |                        | <i>methimazole TABS</i>                                                                                                    | 1         |                      |
| <i>demeclocycline hcl TABS</i>                             | 1         |                        | <i>propylthiouracil</i>                                                                                                    | 1         | QL(3 EA daily)       |
| <i>doxycycline (monohydrate) CAPS 150 MG</i>               | 2         | ST                     | Thyroid Hormones                                                                                                           |           |                      |
| <i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i> | 2         |                        | (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG | 1         |                      |
| <i>doxycycline (monohydrate) SUSR</i>                      | 1         |                        | (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG                        | 1         | QL(1 EA daily)       |
| <i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>        | 1         | ST                     | (Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG                      | 1         |                      |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>        | 1         |                        | (Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                               | 1         |                      |
| <i>doxycycline hyclate CAPS</i>                            | 1         |                        | ADTHYZA TABS 16.25 MG, 97.5 MG                                                                                             | 2         |                      |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i>              | 1         |                        |                                                                                                                            |           |                      |
| <i>minocycline hcl CAPS</i>                                | 1         |                        |                                                                                                                            |           |                      |
| <i>minocycline hcl CP24</i>                                | 3         | ST                     |                                                                                                                            |           |                      |
| <i>minocycline hcl TABS 50 MG, 100 MG</i>                  | 1         |                        |                                                                                                                            |           |                      |

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                                                                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| ADTHYZA TABS 32.5 MG, 65 MG, 130 MG                                                                               | 3         |                      | THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                     | 1         |                      |
| ARMOUR THYROID TABS                                                                                               | 2         |                      | TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG | NF        |                      |
| ARMOUR THYROID TABS                                                                                               | 2         |                      | ( <i>levothyroxine sodium</i> )                                                                                     |           |                      |
| CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )                                                                 | 2         |                      | TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG                                                                            | 2         |                      |
| CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )                                                        | 2         | QL(2 EA daily)       | <b>TOXOIDS</b>                                                                                                      |           |                      |
| EVEXITHROID TABS 180 MG                                                                                           | 2         |                      | Toxoid Combinations                                                                                                 |           |                      |
| <i>levothyroxine sodium</i> CAPS                                                                                  | 2         |                      | ADACEL SUSP                                                                                                         | PV        |                      |
| <i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG               | 1         |                      | ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML                                                                    | PV        |                      |
| <i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG                                               | 1         | QL(1 EA daily)       | BOOSTRIX SUSP                                                                                                       | PV        |                      |
| <i>liothyronine sodium</i> TABS 25 MCG, 50 MCG                                                                    | 1         | QL(2 EA daily)       | BOOSTRIX SUSY                                                                                                       | PV        |                      |
| <i>liothyronine sodium</i> TABS 5 MCG                                                                             | 1         |                      | DAPTACEL                                                                                                            | PV        |                      |
| NIVA THYROID TABS                                                                                                 | 1         |                      | INFANRIX                                                                                                            | PV        |                      |
| NP THYROID TABS                                                                                                   | 1         |                      | KINRIX SUSY                                                                                                         | PV        |                      |
| SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> ) | 2         |                      | PEDIARIX SUSY                                                                                                       | PV        |                      |
| SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )                                 | 2         | QL(1 EA daily)       | PENTACEL                                                                                                            | PV        |                      |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                   | 1         |                      | QUADRACEL SUSP                                                                                                      | PV        |                      |
|                                                                                                                   |           |                      | QUADRACEL SUSY                                                                                                      | PV        |                      |
|                                                                                                                   |           |                      | TDVAX SUSP                                                                                                          | PV        |                      |
|                                                                                                                   |           |                      | TENIVAC SUSP 2 LFU-5 LFU                                                                                            | PV        |                      |
|                                                                                                                   |           |                      | TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                                                                  | PV        |                      |
|                                                                                                                   |           |                      | <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>                                         |           |                      |
|                                                                                                                   |           |                      | Antispasmodics                                                                                                      |           |                      |
|                                                                                                                   |           |                      | (Hyoscyamine Sulfate) NULEV TBDP 0.125 MG                                                                           | 1         |                      |
|                                                                                                                   |           |                      | (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG                                                                         | 1         |                      |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| (Hyoscyamine Sulfate)<br>OSCIMIN TABS 0.125 MG              | 1         |                      | ROBINUL TABS<br>( <i>glycopyrrolate</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NF        |                      |
| ANASPAZ TBDP<br>( <i>hyoscyamine sulfate</i> )              | NF        |                      | H-2 Antagonists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| BELLADONNA<br>ALKALOIDS-OPIMUM                              | 3         |                      | (Famotidine) ACID<br>CONTROL MAXIMUM<br>STRENGTH, ACID<br>CONTROLLER MAX ST,<br>ACID REDUCER<br>MAXIMUM STRENGTH,<br>CVS ACID CONTROLLER<br>MAX ST, EQ<br>FAMOTIDINE MAX ST,<br>EQL HEARTBURN<br>PREVENTION,<br>FAMOTIDINE MAXIMUM<br>STRENGTH, FT ACID<br>REDUCER MAX<br>STRENGTH, GNP ACID<br>REDUCER MAX ST,<br>HEARTBURN RELIEF<br>MAX ST, KLS ACID<br>CONTROLLER MAX ST,<br>MM ACID-PEP MAXIMUM<br>STRENGTH, QC ACID<br>CONTROLLER MAX ST,<br>QC FAMOTIDINE ACID<br>REDUCER, SB ACID<br>CONTROLLER MAX ST,<br>SM ACID REDUCER MAX<br>ST, ZANTAC 360 MAX ST<br>TABS 20 MG | 1         | RX/OTC               |
| <i>chlordiazepoxide hcl-clidinium bromide</i>               | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| CUVPOSA SOLN PO<br>( <i>glycopyrrolate</i> )                | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>dicyclomine hcl CAPS</i>                                 | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>dicyclomine hcl SOLN PO</i>                              | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>dicyclomine hcl TABS</i>                                 | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| GLYCATE TABS                                                | 3         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>glycopyrrolate SOLN PO</i><br>1 MG/5ML                   | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>glycopyrrolate TABS</i> 1<br>MG, 2 MG                    | 1         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| GLYCOPYRROLATE<br>TABS                                      | 3         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |
| <i>hyoscyamine sulfate</i><br>SUBL 0.125 MG                 | 1         |                      | <i>cimetidine hcl PO</i> 300<br>MG/5ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1         |                      |
| <i>hyoscyamine sulfate</i><br>TABS 0.125 MG                 | 1         |                      | <i>cimetidine TABS</i> 400 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1         | QL(4 EA daily)       |
| <i>hyoscyamine sulfate</i><br>TB12 0.375 MG                 | 1         |                      | <i>cimetidine TABS</i> 300 MG,<br>800 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1         |                      |
| <i>hyoscyamine sulfate</i><br>TBDP 0.125 MG                 | 1         |                      | <i>famotidine SUSR</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1         |                      |
| LEVBIID TB12<br>( <i>hyoscyamine sulfate</i> )              | NF        |                      | <i>famotidine TABS</i> 20 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         | RX/OTC               |
| LEVSIN/SL SUBL<br>( <i>hyoscyamine sulfate</i> )            | NF        |                      | <i>famotidine TABS</i> 40 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         | QL(2 EA daily)       |
| LEVSIN TABS<br>( <i>hyoscyamine sulfate</i> )               | NF        |                      | <i>nizatidine CAPS</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1         |                      |
| LIBRAX<br>( <i>chlordiazepoxide hcl-clidinium bromide</i> ) | NF        |                      | PEPCID AC MAXIMUM<br>STRENGTH TABS<br>( <i>famotidine</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NF        | RX/OTC               |
| <i>methscopolamine</i><br><i>bromide</i>                    | 1         |                      | PEPCID TABS 20 MG<br>( <i>famotidine</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NF        | RX/OTC               |
| ROBINUL-FORTE TABS<br>( <i>glycopyrrolate</i> )             | NF        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                      |

Updated January 2026

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| Drug Name                                                                                                                                                                                                | Drug Tier | Requirements/ Limits                               | Drug Name                                                                                                                                                                                   | Drug Tier                                   | Requirements/ Limits |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------|----------------------------------------------------|
| PEPCID TABS 40 MG<br><i>(famotidine)</i>                                                                                                                                                                 | NF        | QL(2 EA daily)                                     | (Omeprazole Magnesium)<br>ACID REDUCER, CVS<br>OMEPRAZOLE<br>MAGNESIUM, EQ<br>OMEPRAZOLE<br>MAGNESIUM, GNP<br>OMEPRAZOLE, KP<br>OMEPRAZOLE<br>MAGNESIUM, QC<br>OMEPRAZOLE<br>MAGNESIUM CPDR | 1                                           | QL(1 EA daily)       |                                                    |
| Misc. Anti-Ulcer                                                                                                                                                                                         |           |                                                    |                                                                                                                                                                                             |                                             |                      |                                                    |
| CARAFATE SUSP<br><i>(sucralfate)</i>                                                                                                                                                                     | NF        |                                                    |                                                                                                                                                                                             |                                             |                      |                                                    |
| CARAFATE TABS<br><i>(sucralfate)</i>                                                                                                                                                                     | NF        | QL(4 EA daily)                                     |                                                                                                                                                                                             |                                             |                      |                                                    |
| <i>sucralfate SUSP</i>                                                                                                                                                                                   | 1         |                                                    |                                                                                                                                                                                             |                                             |                      |                                                    |
| <i>sucralfate TABS</i>                                                                                                                                                                                   | 1         | QL(4 EA daily)                                     | (Omeprazole Magnesium)<br>ACID REDUCER, CVS<br>OMEPRAZOLE<br>MAGNESIUM, EQ<br>OMEPRAZOLE<br>MAGNESIUM, GNP<br>OMEPRAZOLE, KP<br>OMEPRAZOLE<br>MAGNESIUM, QC<br>OMEPRAZOLE<br>MAGNESIUM CPDR | 1                                           | QL(1 EA daily)       |                                                    |
| Proton Pump Inhibitors                                                                                                                                                                                   |           |                                                    |                                                                                                                                                                                             |                                             |                      |                                                    |
| (Lansoprazole) CVS<br>LANSOPRAZOLE,<br>GOODSENSE<br>LANSOPRAZOLE TBDD<br>15 MG                                                                                                                           | 1         | QL(2 EA daily);<br>AL(Up to 12 yrs<br>old); RX/OTC |                                                                                                                                                                                             |                                             |                      |                                                    |
| (Lansoprazole) EQ<br>LANSOPRAZOLE, EQL<br>LANSOPRAZOLE, FT<br>ACID REDUCER, GNP<br>LANSOPRAZOLE,<br>GOODSENSE<br>LANSOPRAZOLE, KLS<br>LANSOPRAZOLE, QC<br>LANSOPRAZOLE, SM<br>LANSOPRAZOLE CPDR<br>15 MG | 1         | RX/OTC                                             |                                                                                                                                                                                             |                                             |                      |                                                    |
| (Omeprazole Magnesium)<br>ACID REDUCER, CVS<br>OMEPRAZOLE<br>MAGNESIUM, EQ<br>OMEPRAZOLE<br>MAGNESIUM, GNP<br>OMEPRAZOLE, KP<br>OMEPRAZOLE<br>MAGNESIUM, QC<br>OMEPRAZOLE<br>MAGNESIUM CPDR 20<br>MG     | 1         | QL(1 EA daily)                                     |                                                                                                                                                                                             |                                             |                      |                                                    |
|                                                                                                                                                                                                          |           |                                                    |                                                                                                                                                                                             | ACIPHEX TBEC<br><i>(rabeprazole sodium)</i> | NF                   | QL(1 EA daily);<br>PA                              |
|                                                                                                                                                                                                          |           |                                                    |                                                                                                                                                                                             | <i>lansoprazole CPDR 15<br/>MG</i>          | 1                    | RX/OTC                                             |
|                                                                                                                                                                                                          |           |                                                    |                                                                                                                                                                                             | <i>lansoprazole CPDR 30<br/>MG</i>          | 1                    | QL(1 EA daily)                                     |
|                                                                                                                                                                                                          |           |                                                    |                                                                                                                                                                                             | <i>lansoprazole TBDD 30<br/>MG</i>          | 1                    | QL(1 EA daily);<br>AL(Up to 12 yrs<br>old)         |
|                                                                                                                                                                                                          |           |                                                    |                                                                                                                                                                                             | <i>lansoprazole TBDD 15<br/>MG</i>          | 1                    | QL(2 EA daily);<br>AL(Up to 12 yrs<br>old); RX/OTC |
|                                                                                                                                                                                                          |           |                                                    | <i>omeprazole magnesium<br/>CPDR</i>                                                                                                                                                        | 1                                           | QL(1 EA daily)       |                                                    |
|                                                                                                                                                                                                          |           |                                                    | <i>omeprazole CPDR 10 MG</i>                                                                                                                                                                | 1                                           |                      |                                                    |
|                                                                                                                                                                                                          |           |                                                    | <i>omeprazole CPDR 20<br/>MG, 40 MG</i>                                                                                                                                                     | 1                                           | QL(1 EA daily)       |                                                    |
|                                                                                                                                                                                                          |           |                                                    | <i>pantoprazole sodium<br/>PACK</i>                                                                                                                                                         | 1                                           | QL(1 EA daily)       |                                                    |
|                                                                                                                                                                                                          |           |                                                    | <i>pantoprazole sodium<br/>TBEC</i>                                                                                                                                                         | 1                                           | QL(1 EA daily)       |                                                    |
|                                                                                                                                                                                                          |           |                                                    | PREVACID 24HR CPDR<br><i>(lansoprazole)</i>                                                                                                                                                 | NF                                          | RX/OTC               |                                                    |

Updated January 2026

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| Drug Name                                                            | Drug Tier | Requirements/ Limits                         | Drug Name                                            | Drug Tier | Requirements/ Limits                                                                            |
|----------------------------------------------------------------------|-----------|----------------------------------------------|------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|
| PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )                  | NF        | QL(1 EA daily); AL(Up to 12 yrs old)         | <i>solifenacin succinate TABS 5 MG</i>               | 1         |                                                                                                 |
| PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )                  | NF        | QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC | <i>tolterodine tartrate CP24</i>                     | 1         | QL(1 EA daily)                                                                                  |
| PREVACID CPDR 30 MG ( <i>lansoprazole</i> )                          | NF        | QL(1 EA daily)                               | <i>tolterodine tartrate TABS</i>                     | 1         | QL(2 EA daily)                                                                                  |
| PRILOSEC PACK                                                        | 3         | PA                                           | TOVIAZ ( <i>fesoterodine fumarate</i> )              | NF        | QL(1 EA daily)                                                                                  |
| PROTONIX PACK ( <i>pantoprazole sodium</i> )                         | NF        | QL(1 EA daily)                               | <i>trospium chloride CP24</i>                        | 1         |                                                                                                 |
| PROTONIX TBEC ( <i>pantoprazole sodium</i> )                         | NF        | QL(1 EA daily)                               | <i>trospium chloride TABS</i>                        | 1         | QL(2 EA daily)                                                                                  |
| RABEPRAZOLE SODIUM CPSP                                              | 3         | PA                                           | VESICARE TABS 10 MG ( <i>solifenacin succinate</i> ) | NF        | QL(1 EA daily)                                                                                  |
| <i>rabeprazole sodium TBEC</i>                                       | 1         | QL(1 EA daily); PA                           | VESICARE TABS 5 MG ( <i>solifenacin succinate</i> )  | NF        |                                                                                                 |
| Ulcer Drugs - Prostaglandins                                         |           |                                              | Urinary Antispasmodics - Cholinergic Agonists        |           |                                                                                                 |
| CYTOTEC ( <i>misoprostol</i> )                                       | NF        |                                              | <i>bethanechol chloride</i>                          | 1         |                                                                                                 |
| <i>misoprostol</i>                                                   | 1         |                                              | Urinary Antispasmodics - Direct Muscle Relaxants     |           |                                                                                                 |
| Ulcer Therapy Combinations                                           |           |                                              | <i>flavoxate hcl</i>                                 | 1         |                                                                                                 |
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>               | 1         | 14 day(s) max supply per 365 day(s) retail   | VACCINES                                             |           |                                                                                                 |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                                              | Bacterial Vaccines                                   |           |                                                                                                 |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                                              | ACTHIB SOLR IM                                       | PV        |                                                                                                 |
| <i>darifenacin hydrobromide</i>                                      | 2         |                                              | BEXSERO 0.5 ML                                       | PV        |                                                                                                 |
| DETROL LA CP24 ( <i>tolterodine tartrate</i> )                       | NF        | QL(1 EA daily)                               | MENQUADFI 0.5 ML                                     | PV        |                                                                                                 |
| DETROL TABS ( <i>tolterodine tartrate</i> )                          | NF        | QL(2 EA daily)                               | MENVEO SOLR                                          | PV        |                                                                                                 |
| <i>fesoterodine fumarate</i>                                         | 1         | QL(1 EA daily)                               | PEDVAX HIB SUSP                                      | PV        |                                                                                                 |
| <i>oxybutynin chloride TABS 5 MG</i>                                 | 1         | QL(4 EA daily)                               | PNEUMOVAX 23 SOLN                                    | PV        |                                                                                                 |
| <i>oxybutynin chloride TB24</i>                                      | 1         |                                              | PNEUMOVAX 23 SOSY                                    | PV        |                                                                                                 |
| <i>solifenacin succinate TABS 10 MG</i>                              | 1         | QL(1 EA daily)                               | PREVNAR 13                                           | PV        |                                                                                                 |
|                                                                      |           |                                              | TRUMENBA 0.5 ML                                      | PV        |                                                                                                 |
|                                                                      |           |                                              | Viral Vaccines                                       |           |                                                                                                 |
|                                                                      |           |                                              | AFLURIA PRESERVATIVE FREE SUSY                       | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |

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| Drug Name                              | Drug Tier | Requirements/ Limits                                                                            | Drug Name                   | Drug Tier | Requirements/ Limits                                                                            |
|----------------------------------------|-----------|-------------------------------------------------------------------------------------------------|-----------------------------|-----------|-------------------------------------------------------------------------------------------------|
| AFLURIA QUADRIVALENT SUSP              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUBLOK QUADRIVALENT        | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| AFLURIA QUADRIVALENT SUSY 0.5 ML       | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLUBLOK SOSY                | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| AFLURIA SUSP                           | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | FLUCELVAX QUADRIVALENT SUSP | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | PV        |                                                                                                 | FLUCELVAX QUADRIVALENT SUSY | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COMIRNATY SUSP                         | PV        |                                                                                                 |                             |           |                                                                                                 |
| COMIRNATY SUSY                         | PV        |                                                                                                 |                             |           |                                                                                                 |
| ENGERIX-B SUSP 20 MCG/ML               | PV        |                                                                                                 |                             |           |                                                                                                 |
| ENGERIX-B SUSY                         | PV        |                                                                                                 | FLUCELVAX SUSP              | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| FLUAD                                  | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | FLUCELVAX SUSY              | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          |
| FLUAD QUADRIVALENT                     | PV        |                                                                                                 |                             |           |                                                                                                 |
| FLUARIX QUADRIVALENT SUSY              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLULAVAL QUADRIVALENT SUSY  | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| FLUARIX SUSY                           | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | FLULAVAL SUSY               | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |

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| Drug Name                              | Drug Tier | Requirements/ Limits                                                                            | Drug Name                                   | Drug Tier | Requirements/ Limits    |
|----------------------------------------|-----------|-------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|-------------------------|
| FLUMIST                                | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | MNEXSPIKE SUSY 10 MCG/0.2ML                 | PV        |                         |
| FLUMIST QUADRIVALENT                   | PV        |                                                                                                 | MODERNA COVID-19 BIVALENT                   | PV        |                         |
| FLUZONE HIGH-DOSE QUADRIVALENT         | PV        |                                                                                                 | MODERNA COVID-19 VAC 6M-11Y SUSP            | PV        |                         |
| FLUZONE HIGH-DOSE SUSY                 | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | MODERNA COVID-19 VAC 6M-11Y SUSY            | PV        |                         |
| FLUZONE QUADRIVALENT SUSP              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | MODERNA COVID-19 VACCINE SUSP               | PV        |                         |
| FLUZONE QUADRIVALENT SUSY              | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | MRESVIA                                     | PV        | AL(At least 60 yrs old) |
| FLUZONE SUSP                           | PV        | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                          | NOVAVAX COVID-19 VACCINE SUSP               | PV        |                         |
| FLUZONE SUSY                           | PV        | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | NOVAVAX COVID-19 VACCINE SUSY               | PV        |                         |
| GARDASIL 9 SUSP 0.5 ML                 | PV        |                                                                                                 | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | PV        |                         |
| GARDASIL 9 SUSY 0.5 ML                 | PV        |                                                                                                 | PFIZER COVID-19 VAC BIVALENT                | PV        |                         |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | PV        |                                                                                                 | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | PV        |                         |
| HEPLISAV-B SOSY                        | PV        |                                                                                                 | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | PV        |                         |
| M-M-R II SOLR                          | PV        |                                                                                                 | PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | PV        |                         |
|                                        |           |                                                                                                 | PFIZER-BIONTECH COVID-19 VACC SUSP          | PV        |                         |
|                                        |           |                                                                                                 | PRIORIX SUSR                                | PV        |                         |
|                                        |           |                                                                                                 | PROQUAD SUSR                                | PV        |                         |
|                                        |           |                                                                                                 | RECOMBIVAX HB SUSP                          | PV        |                         |
|                                        |           |                                                                                                 | RECOMBIVAX HB SUSY                          | PV        |                         |
|                                        |           |                                                                                                 | ROTARIX SUSP                                | PV        |                         |
|                                        |           |                                                                                                 | ROTATEQ SOLN                                | PV        |                         |
|                                        |           |                                                                                                 | SHINGRIX                                    | PV        | AL(At least 50 yrs old) |
|                                        |           |                                                                                                 | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML          | PV        |                         |
|                                        |           |                                                                                                 | SPIKEVAX SUSP                               | PV        |                         |
|                                        |           |                                                                                                 | SPIKEVAX SUSY                               | PV        |                         |
|                                        |           |                                                                                                 | TWINRIX SUSY                                | PV        |                         |

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| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| VAQTA                                                 | PV        |                      |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML                    | PV        |                      |
| VARIVAX SUSR                                          | PV        |                      |
| <b>VAGINAL AND RELATED PRODUCTS</b>                   |           |                      |
| Spermicides                                           |           |                      |
| ENCARE SUPP 100 MG                                    | PV        | PV                   |
| OPTIONS GYNOL II CONTRACEPTIVE GEL                    | PV        | PV                   |
| TODAY SPONGE MISC                                     | PV        | PV                   |
| VCF VAGINAL CONTRACEPTIVE FILM                        | PV        | PV                   |
| VCF VAGINAL CONTRACEPTIVE GEL                         | PV        | PV                   |
| Vaginal Anti-infectives                               |           |                      |
| (Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG | 1         |                      |
| CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> ) | NF        |                      |
| CLEOCIN SUPP                                          | 3         |                      |
| <i>clindamycin phosphate vaginal CREA</i>             | 1         |                      |
| CLINDESSE                                             | 3         |                      |
| GYNAZOLE-1                                            | 3         |                      |
| <i>metronidazole vaginal</i>                          | 1         |                      |
| <i>terconazole vaginal CREA</i>                       | 1         |                      |
| <i>terconazole vaginal SUPP</i>                       | 1         |                      |
| VANDAZOLE                                             | 2         |                      |
| Vaginal Contraceptive - pH Modulators                 |           |                      |
| PHEXX                                                 | PV        | PV                   |
| PHEXXI                                                | PV        | PV                   |
| Vaginal Estrogens                                     |           |                      |
| (Estradiol Vaginal) YUVAFEM TABS                      | 1         |                      |
| ESTRACE CREA ( <i>estradiol vaginal</i> )             | NF        |                      |

| Drug Name                                                             | Drug Tier | Requirements/ Limits                                                                     |
|-----------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|
| <i>estradiol vaginal CREA</i>                                         | 1         |                                                                                          |
| <i>estradiol vaginal TABS</i>                                         | 1         |                                                                                          |
| ESTRING RING 7.5 MCG/24HR                                             | 2         | QL(1 EA per fill retail; 1 per fill mail)                                                |
| FEMRING                                                               | 3         | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)                                     |
| PREMARIN                                                              | 2         | QL(2 GM daily)                                                                           |
| VAGIFEM TABS ( <i>estradiol vaginal</i> )                             | NF        |                                                                                          |
| Vaginal Progestins                                                    |           |                                                                                          |
| CRINONE GEL 8 %                                                       | 3         | PA                                                                                       |
| ENDOMETRIN INST 100 MG ( <i>progesterone vaginal</i> )                | NF        | PA                                                                                       |
| <i>progesterone (vaginal) INST 100 MG</i>                             | 1         | PA                                                                                       |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |                                                                                          |
| Anaphylaxis Therapy Agents                                            |           |                                                                                          |
| <i>epinephrine (anaphylaxis) SOAJ</i>                                 | 2         | QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)                                     |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>                   | 2         | QL(2 EA per fill retail; 4 EA per 30 day(s) retail)                                      |
| EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )                | NF        | QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)                                     |
| EPIPEN JR 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )             | NF        | Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail) |
| Neurogenic Orthostatic Hypotension (NOH) - Agents                     |           |                                                                                          |
| <i>droxidopa</i>                                                      | SP        | PA                                                                                       |
| NORTHERA ( <i>droxidopa</i> )                                         | SP        | PA                                                                                       |

Updated January 2026

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

| Drug Name                                 | Drug Tier | Requirements/ Limits |
|-------------------------------------------|-----------|----------------------|
| Vasopressors                              |           |                      |
| <i>midodrine hcl</i>                      | 1         |                      |
| VITAMINS                                  |           |                      |
| Oil Soluble Vitamins                      |           |                      |
| DRISDOL CAPS<br>( <i>ergocalciferol</i> ) | NF        |                      |
| <i>ergocalciferol CAPS</i>                | 1         |                      |
| <i>phytonadione TABS 5 MG</i>             | 2         |                      |

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## INDEX

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Abiraterone Acetate) ABIRTEGA<br>250 MG .....38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LOW DOSE, EQ ASPIRIN LOW<br>DOSE, EQL ASPIRIN LOW DOSE,<br>FT ASPIRIN, GNP ADULT ASPIRIN<br>LOW STRENGTH, GOODSENSE<br>ASPIRIN, QC ASPIRIN LOW DOSE,<br>QC CHILDRENS ASPIRIN, SB<br>CHILDRENS ASPIRIN, SM ASPIRIN<br>LOW DOSE, SM CHILDRENS<br>ASPIRIN, ST JOSEPH LOW DOSE<br>CHEW .....8                                                                                                                                                                                                                                                                                                                                                       | (Bisacodyl) BISACODYL LAXATIVE,<br>CVS GENTLE LAXATIVE, FT<br>GENTLE LAXATIVE, GENTLE<br>LAXATIVE, GNP GENTLE<br>LAXATIVE, HM GENTLE LAXATIVE,<br>LAXATIVE, ONELAX,<br>PROCTOZONE-B, QC GENTLE<br>LAXATIVE, SB LAXATIVE, THE<br>MAGIC BULLET SUPP .....82 |
| (Adapalene) ADAPALENE<br>TREATMENT, CVS ADAPALENE,<br>GNP ADAPALENE GEL 0.1 % .... 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Azathioprine) AZASAN TABS 75<br>MG, 100 MG .....103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Budesonide-Formoterol Fumarate<br>Dihydrate) BREYNA .....15                                                                                                                                                                                              |
| (Alprazolam) ALPRAZOLAM XR<br>TB24 .....13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Azelastrine Hcl) ALLERGY NASAL<br>SPRAY, ASTEPRO, ASTEPRO<br>ALLERGY, ASTEPRO CHILDRENS<br>205.5 MCG/SPRAY .....108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Butalbital-Acetaminophen) BUPAP<br>TABS 50 MG-300 MG .....6                                                                                                                                                                                              |
| (Amiodarone Hcl) PACERONE TABS<br>.....13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Bacitracin-Polymyxin B (Ophth))<br>POLYCIN .....110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Butalbital-Acetaminophen) TENCON<br>TABS 50 MG-325 MG .....6                                                                                                                                                                                             |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Bacitracin-Poly-Neomycin-HC) NEO-<br>POLYCIN HC ..... 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Butalbital-Acetaminophen-Caffeine)<br>BAC (BUTALBITAL-ACETAMIN-<br>CAFF) TABS 40 MG-50 MG-325 MG<br>6                                                                                                                                                    |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Bisacodyl) ALOPHEN, BISACODYL<br>EC, CVS C-LAX LAXATIVE, CVS<br>GENTLE LAXATIVE, CVS GENTLE<br>LAXATIVE WOMENS, EQ GENTLE<br>LAXATIVE, EQL GENTLE<br>LAXATIVE, EQL LAXATIVE, EX-LAX<br>ULTRA, FLEET STIMULANT, FT<br>LAXATIVE, GENTLE LAXATIVE,<br>GNP GENTLE LAXATIVE, GNP<br>WOMENS GENTLE LAXATIVE,<br>GOODSENSE BISACODYL EC,<br>GOODSENSE BISACODYL<br>LAXATIVE, GOODSENSE WOMENS<br>LAXATIVE, HM LAXATIVE, KP<br>BISACODYL, LAXATIVE, QC<br>GENTLE LAXATIVE, QC GENTLE<br>LAXATIVE WOMENS, QC<br>LAXATIVE, SB BISACODYL<br>LAXATIVE EC, SB GENTLE LAX-<br>WOMEN, SM GENTLE LAXATIVE,<br>WOMANS LAXATIVE, WOMENS<br>LAXATIVE TBEC .....82 | (Butalbital-Acetaminophen-Caffeine)<br>ESGIC CAPS 40 MG-50 MG-325 MG<br>..... 6                                                                                                                                                                           |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Butalbital-Aspirin-Caffeine W/Cod)<br>ASCOMP-CODEINE ..... 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Butalbital-Aspirin-Caffeine W/Cod)<br>ASCOMP-CODEINE ..... 9                                                                                                                                                                                             |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Calcipotriene) CALCITRENE OINT<br>63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Calcipotriene) CALCITRENE OINT<br>63                                                                                                                                                                                                                     |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Calcium Acetate (Phosphate<br>Binder)) CALPHRON TABS ..... 76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Calcium Acetate (Phosphate<br>Binder)) CALPHRON TABS ..... 76                                                                                                                                                                                            |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Carbamazepine) EPITOL TABS .. 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Carbamazepine) EPITOL TABS .. 18                                                                                                                                                                                                                         |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Carbinoxamine Maleate) RYVENT<br>TABS 6 MG ..... 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Carbinoxamine Maleate) RYVENT<br>TABS 6 MG ..... 29                                                                                                                                                                                                      |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Carisoprodol) VANADOM TABS 350<br>MG .....107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Carisoprodol) VANADOM TABS 350<br>MG .....107                                                                                                                                                                                                            |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Chenodiol) CHENODAL .....75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Chenodiol) CHENODAL .....75                                                                                                                                                                                                                              |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Chlorhexidine Gluconate (Mouth-<br>Throat)) PERIOGARD ..... 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Chlorhexidine Gluconate (Mouth-<br>Throat)) PERIOGARD ..... 104                                                                                                                                                                                          |
| (Aspirin) ADULT ASPIRIN<br>REGIMEN, ASPIRIN 81, ASPIRIN<br>ADULT LOW DOSE, ASPIRIN<br>ADULT LOW STRENGTH, ASPIRIN<br>EC ADULT LOW DOSE, ASPIRIN<br>EC LOW DOSE, ASPIRIN EC LOW<br>STRENGTH, ASPIRIN LOW DOSE,<br>ASPIRIN REGIMEN, BAYER<br>ASPIRIN EC LOW DOSE, BAYER<br>LOW DOSE, CVS ASPIRIN ADULT<br>LOW STRENGTH, CVS ASPIRIN<br>EC, CVS ASPIRIN LOW DOSE, CVS<br>ASPIRIN LOW STRENGTH,<br>ECOTRIN LOW STRENGTH, EQ<br>ASPIRIN ADULT LOW DOSE, EQ<br>ASPIRIN LOW DOSE, EQL ASPIRIN<br>LOW DOSE, FT ASPIRIN LOW<br>DOSE, GNP ASPIRIN, GNP<br>ASPIRIN LOW DOSE, GOODSENSE<br>ASPIRIN LOW DOSE, H-E-B<br>ASPIRIN, HM ASPIRIN EC LOW<br>DOSE, KLS ASPIRIN LOW DOSE,<br>KP ASPIRIN, MM ASPIRIN, QC<br>ASPIRIN LOW DOSE, SB LOW<br>DOSE ASA EC, SM ASPIRIN ADULT<br>LOW STRENGTH, SM ASPIRIN EC<br>LOW STRENGTH, SM ASPIRIN<br>LOW DOSE, ST JOSEPH ASPIRIN,<br>ST JOSEPH LOW DOSE TBEC 81<br>MG .....7 | (Chlorzoxazone) LORZONE TABS<br>375 MG, 750 MG ..... 107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Chlorzoxazone) LORZONE TABS<br>375 MG, 750 MG ..... 107                                                                                                                                                                                                  |

|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| (Cholestyramine Light) PREVALITE<br>PACK .....29                                                                                                 | (Desogestrel-Ethinyl Estradiol<br>(Triphasic)) VELIVET .....52                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 360 MG ..... 49                                                                                                                                |
| (Cholestyramine Light) PREVALITE<br>POWD .....29                                                                                                 | (Dexamethasone) HIDEK 6-DAY,<br>TAPERDEX 6-DAY TBPB ..... 57                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Diltiazem Hcl) DILT-XR CP24 .... 49                                                                                                           |
| (Ciclopirox) CICLODAN SOLN .... 62                                                                                                               | (Dexamethasone) TAPERDEX 12-<br>DAY, TAPERDEX 7-DAY TBPB ...57                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Diltiazem Hcl) MATZIM LA TB24<br>180 MG, 240 MG, 300 MG, 360 MG,<br>420 MG ..... 49                                                           |
| (Clindamycin Phosphate (Topical))<br>CLINDACIN ETZ, CLINDACIN-P<br>SWAB .....59                                                                  | (Dextroamphetamine Sulfate)<br>PROCENTRA SOLN .....1                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Doxycycline (Monohydrate))<br>AVIDOXY TABS 100 MG .....119                                                                                    |
| (Clindamycin Phosphate (Topical))<br>CLINDACIN FOAM ..... 59                                                                                     | (Dextroamphetamine Sulfate)<br>ZENZEDI TABS 10 MG ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Doxycycline (Monohydrate))<br>MONDOXYNE NL CAPS 100 MG<br>119                                                                                 |
| (Clindamycin Phosphate-Benzoyl<br>Peroxide (Refrigerate)) NEUAC ..59                                                                             | (Dextroamphetamine Sulfate)<br>ZENZEDI TABS 5 MG .....1                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Drospirenone-Ethinyl Estradiol)<br>JASMIEL, LO-ZUMANDIMINE,<br>LORYNA, NIKKI, OCELLA, SYEDA,<br>VESTURA, ZUMANDIMINE 0.02<br>MG-3 MG ..... 52 |
| (Clobetasol Propionate Emollient<br>Base) CLOBETASOL PROPIONATE<br>E 0.05 % ..... 65                                                             | (Diazepam) DIAZEPAM INTENSOL<br>CONC ..... 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Drospirenone-Ethinyl Estradiol)<br>JASMIEL, LO-ZUMANDIMINE,<br>LORYNA, NIKKI, OCELLA, SYEDA,<br>VESTURA, ZUMANDIMINE 0.03<br>MG-3 MG ..... 52 |
| (Clobetasol Propionate Emulsion)<br>TOVET ..... 65                                                                                               | (Diclofenac Sodium (Topical)) ALEVE<br>ARTHRITIS PAIN, ARTHRITIS PAIN<br>RELIEVER, ASPERCREME<br>ARTHRITIS PAIN, CVS<br>DICLOFENAC SODIUM, EQ<br>ARTHRITIS PAIN, EQ ARTHRITIS<br>PAIN RELIEVER, FT ARTHRITIS<br>PAIN, GNP ARTHRITIS PAIN, GNP<br>DICLOFENAC SODIUM,<br>GOODSENSE ARTHRITIS PAIN,<br>KLS ARTHRITIS PAIN RELIEF, KLS<br>DICLOFENAC SODIUM, MM<br>ARTHRITIS PAIN RELIEVER,<br>MOTRIN ARTHRITIS PAIN,<br>PHARMACIST CHOICE<br>DICLOFENAC, QC DICLOFENAC<br>SODIUM, SM ARTHRITIS PAIN GEL<br>EX .....63 | (Drospirenone-Ethinyl Estradiol-<br>Levomefolate Calcium) TYDEMY<br>0.03 MG-3 MG-0.451 MG ..... 52                                             |
| (Cyclosporine Modified (For<br>Microemulsion)) GENGRAF CAPS<br>25 MG, 100 MG .....103                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Ergotamine W/ Caffeine)<br>MIGERGOT SUPP ..... 101                                                                                            |
| (Cyclosporine Modified (For<br>Microemulsion)) GENGRAF SOLN<br>103                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Erythromycin (Acne Aid)) ERY<br>PADS ..... 59                                                                                                 |
| (Desogestrel & Ethinyl Estradiol)<br>APRI, CYRED EQ, EMOQUETTE,<br>ENSKYCE, ISIBLOOM, JULEBER,<br>KALLIGA, RECLIPSEN 0.03 MG-<br>0.15 MG .....52 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Erythromycin Base) ERY-TAB TBEC<br>.....83                                                                                                    |
| (Desogestrel & Ethinyl Estradiol)<br>APRI, CYRED EQ, EMOQUETTE,<br>ENSKYCE, ISIBLOOM, JULEBER,<br>KALLIGA, RECLIPSEN 30 MCG-0.15<br>MG ..... 52  | (Diltiazem Hcl Coated Beads)<br>CARTIA XT CP24 120 MG, 180 MG,<br>240 MG, 300 MG ..... 49                                                                                                                                                                                                                                                                                                                                                                                                                          | (Erythromycin Ethylsuccinate) E.E.S.<br>400 TABS ..... 83                                                                                      |
| (Desogestrel-Ethinyl Estradiol<br>(Biphasic)) AZURETTE, KARIVA,<br>PIMTREA, SIMLIYA, VIORELE,<br>VOLNEA .....52                                  | (Diltiazem Hcl Extended Release<br>Beads) TAZTIA XT, TIADYLT ER .49                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Erythromycin Stearate)<br>ERYTHROCIN STEARATE TABS<br>250 MG ..... 83                                                                         |
|                                                                                                                                                  | (Diltiazem Hcl Extended Release<br>Beads) TAZTIA XT, TIADYLT ER<br>120 MG, 180 MG, 240 MG, 300 MG,                                                                                                                                                                                                                                                                                                                                                                                                                 | (Estradiol & Norethindrone Acetate)<br>ABIGALE, ABIGALE LO, AMABELZ,<br>MIMVEY TABS 1 MG-0.5 MG ..... 73                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Estradiol & Norethindrone Acetate)                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                                                              |
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| ABIGALE, ABIGALE LO, AMABELZ,<br>MIMVEY TABS .....73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Fluocinolone Acetonide (Otic)) FLAC<br>.....113                                                                                                                                                               | (Glatiramer Acetate) GLATOPA<br>SOSY 40 MG/ML ..... 115                                      |
| (Estradiol Vaginal) YUVAFEM TABS .<br>126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Fluticasone Propionate (Nasal))<br>ALLERGY RELIEF, ALLERGY<br>SPRAY 24 HOUR, CLARISPRAY,<br>CVS FLUTICASONE PROPIONATE,<br>EQ ALLERGY RELIEF, FT                                                              | (Glipizide) GLIPIZIDE XL TB24 ... .26                                                        |
| (Estradiol) DOTTI, LYLLANA PTTW .<br>74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALLERGY RELIEF 24 HR, GNP<br>FLUTICASONE PROPIONATE,<br>GOODSENSE 24-HR ALLERGY<br>NASAL, HM ALLERGY RELIEF, KLS<br>ALLER-FLO, QC ALLERGY RELIEF,<br>SM ALLERGY RELIEF SUSP ....108                            | (Guaifenesin-Codeine) G TUSSIN<br>AC, MAXI-TUSS AC SOLN 10<br>MG/5ML-100 MG/5ML .....58      |
| (Ethinodiol Diacet & Eth Estrad)<br>KELNOR 1/35, KELNOR 1/50,<br>VALTYA 1/35, VALTYA 1/50, ZOVIA<br>1/35 (28) .....52                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Fluticasone-Salmeterol) WIXELA<br>INHUB AEPB 100 MCG/ACT-50<br>MCG/ACT, 250 MCG/ACT-50<br>MCG/ACT, 500 MCG/ACT-50<br>MCG/ACT ..... 15                                                                         | (Guaifenesin-Codeine)<br>GUAIFENESIN AC SYRP ..... 58                                        |
| (Ethinodiol Diacet & Eth Estrad)<br>KELNOR 1/35, KELNOR 1/50,<br>VALTYA 1/35, VALTYA 1/50, ZOVIA<br>1/35 (28) 35 MCG-1 MG .....53                                                                                                                                                                                                                                                                                                                                                                                                                             | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 400 MCG, 800<br>MCG .....80 | (Homatropine Hbr) HOMATROPAIRE<br>.....109                                                   |
| (Ethinodiol Diacet & Eth Estrad)<br>KELNOR 1/35, KELNOR 1/50,<br>VALTYA 1/35, VALTYA 1/50, ZOVIA<br>1/35 (28) 50 MCG-1 MG .....52                                                                                                                                                                                                                                                                                                                                                                                                                             | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 400 MCG, 800<br>MCG .....80 | (Hydrocodone Bitartrate-Homatropine<br>Methylbromide) HYDROMET SOLN .<br>58                  |
| (Etonogestrel-Ethinyl Estradiol)<br>ELURYNG, ENILLORING,<br>HALOETTE .....56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 400 MCG, 800<br>MCG .....80 | (Hydrocortisone (Rectal)) PROCTO-<br>MED HC, PROCTOSOL HC,<br>PROCTOZONE-HC EX 2.5 % .....12 |
| (Everolimus) TORPENZ TABS .... 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 400 MCG, 800<br>MCG .....80 | (Hydrocortisone (Topical)) ALA<br>SCALP LOTN 2 % ..... 65                                    |
| (Famotidine) ACID CONTROL<br>MAXIMUM STRENGTH, ACID<br>CONTROLLER MAX ST, ACID<br>REDUCER MAXIMUM STRENGTH,<br>CVS ACID CONTROLLER MAX ST,<br>EQ FAMOTIDINE MAX ST, EQL<br>HEARTBURN PREVENTION,<br>FAMOTIDINE MAXIMUM<br>STRENGTH, FT ACID REDUCER<br>MAX STRENGTH, GNP ACID<br>REDUCER MAX ST, HEARTBURN<br>RELIEF MAX ST, KLS ACID<br>CONTROLLER MAX ST, MM ACID-<br>PEP MAXIMUM STRENGTH, QC<br>ACID CONTROLLER MAX ST, QC<br>FAMOTIDINE ACID REDUCER, SB<br>ACID CONTROLLER MAX ST, SM<br>ACID REDUCER MAX ST, ZANTAC<br>360 MAX ST TABS 20 MG ..... 121 | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 800 MCG .....80             | (Hydrocortisone (Topical))<br>TEXACORT SOLN 2.5 % .....65                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 800 MCG .....80             | (Hyoscyamine Sulfate) NULEV TBDP<br>0.125 MG ..... 120                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Folic Acid) CVS FOLIC ACID,<br>FOLATE, FT FOLIC ACID, GNP<br>FOLIC ACID, HM FOLIC ACID, KP<br>FOLIC ACID, QC FOLIC ACID, SM<br>FOLIC ACID, TRUE FOLIC ACID, YL<br>FOLIC ACID TABS 800 MCG .....80             | (Hyoscyamine Sulfate) OSCIMIN<br>SUBL 0.125 MG ..... 120                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Folic Acid) KP FOLIC ACID, TRUE<br>FOLIC ACID TABS 1 MG .....80                                                                                                                                               | (Hyoscyamine Sulfate) OSCIMIN<br>TABS 0.125 MG ..... 121                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Glatiramer Acetate) GLATOPA<br>SOSY 20 MG/ML ..... 115                                                                                                                                                        | (Ibuprofen) IBU TABS 400 MG, 600<br>MG, 800 MG .....5                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                | (Icatibant Acetate) SAJAZIR SOSY<br>79                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                | (Indomethacin) INDOCIN SUPP ....5                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                | (Iodoquinol-Hydrocortisone In Aloe<br>Vehicle) IODOQUIMEZ-HC .....62                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                | (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 10 MG ..... 59                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                | (Isotretinoin) ACCUTANE,                                                                     |

|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
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| AMNESTEEM, CLARAVIS,<br>ZENATANE 20 MG ..... 60                                                                                                                                                      | RELIEF, EQ ALLERGY RELIEF,<br>GNP ALLERGY RELIEF 24 HR<br>TABS .....29                                                                                                                                                                                                                                       | RIVELSA, ROSYRAH, SETLAKIN,<br>SIMPESSE .....53                                                                                                                                                                                |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 30 MG ..... 59                                                                                                                          | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 0.03 MG-0.15 MG .....53                                                   | (Levonorgestrel-Ethinyl Estradiol (91-<br>Day)) AMETHIA, ASHLYNA,<br>CAMRESE, CAMRESE LO,<br>DAYSEE, ICLEVIA, INTROVALE,<br>JAIMIESS, JOLESSA, LOJAIMIESS,<br>RIVELSA, ROSYRAH, SETLAKIN,<br>SIMPESSE 0.03 MG-0.15 MG .... .53 |
| (Isotretinoin) ACCUTANE,<br>AMNESTEEM, CLARAVIS,<br>ZENATANE 40 MG ..... 59                                                                                                                          | (Ketoconazole (Topical)) KETODAN<br>FOAM ..... 62                                                                                                                                                                                                                                                            | (Levonorgestrel-Ethinyl Estradiol<br>(Continuous)) AMETHYST,<br>DOLISHALE .....53                                                                                                                                              |
| (Lactulose (Encephalopathy))<br>ENULOSE, GENERLAC ..... 76                                                                                                                                           | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 20 MCG-0.1 MG ..... 53                                                    | (Levonorgestrel-Ethinyl Estradiol-<br>Iron) JOYEAX, MINZOYA .....53                                                                                                                                                            |
| (Lactulose) CONSTULOSE SOLN 10<br>GM/15ML .....81                                                                                                                                                    | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 137 MCG, 150<br>MCG ..... 119 | (Levothyroxine Sodium) EUTHYROX,<br>LEVO-T, LEVOXYL, UNITHROID<br>TABS 112 MCG, 125 MCG, 175<br>MCG, 200 MCG .....119                                                                                                          |
| (Lamotrigine) SUBVENITE<br>STARTER KIT-BLUE, SUBVENITE<br>STARTER KIT-GREEN, SUBVENITE<br>STARTER KIT-ORANGE KIT 25 MG<br>19                                                                         | (Levonorgestrel & Eth Estradiol)<br>AFIRMELLE, ALTAVERA, AUBRA<br>EQ, AVIANE, AYUNA, CHATEAL<br>EQ, DELYLA, FALMINA, KURVELO,<br>LESSINA, LEVORA 0.15/30 (28),<br>LUTERA, MARLISSA, ORSYTHIA,<br>PORTIA-28, SRONYX, VIENVA<br>TABS 30 MCG-0.15 MG .....53                                                    | (Levothyroxine Sodium) EUTHYROX,<br>LEVO-T, LEVOXYL, UNITHROID<br>TABS 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 137 MCG, 150<br>MCG ..... 119                                                                               |
| (Lamotrigine) SUBVENITE<br>STARTER KIT-BLUE, SUBVENITE<br>STARTER KIT-GREEN, SUBVENITE<br>STARTER KIT-ORANGE KIT .....19                                                                             | (Levonorgestrel (Emergency OC))<br>AFTERA, AFTERPILL, CURAE,<br>ECONTRA ONE-STEP, HER STYLE,<br>MY CHOICE, MY WAY, NEW DAY,<br>OPCICON ONE-STEP, OPTION 2,<br>REACT, SHEWISE, TAKE ACTION<br>1.5 MG ..... 56                                                                                                 | (Levothyroxine Sodium) LEVO-T<br>TABS 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 137 MCG, 150<br>MCG, 300 MCG .....119                                                                                                        |
| (Lamotrigine) SUBVENITE TABS . 19                                                                                                                                                                    | (Levonorgestrel-Eth Estradiol<br>(Triphasic)) ENPRESSE-28,<br>LEVONEST, TRIVORA (28) ..... 53                                                                                                                                                                                                                | (Lidocaine) LIDOCAN, TRIDACAINE<br>II, TRIDACAINE III PTCH 5 % .....68                                                                                                                                                         |
| (Lansoprazole) CVS<br>LANSOPRAZOLE, GOODSENSE<br>LANSOPRAZOLE TBDD 15 MG .122                                                                                                                        | (Levonorgestrel-Ethinyl Estradiol (91-<br>Day)) AMETHIA, ASHLYNA,<br>CAMRESE, CAMRESE LO,<br>DAYSEE, ICLEVIA, INTROVALE,<br>JAIMIESS, JOLESSA, LOJAIMIESS,                                                                                                                                                   | (Loperamide Hcl) ANTI-DIARRHEAL,<br>CVS ANTI-DIARRHEAL, EQ ANTI-<br>DIARRHEAL, FT ANTI-DIARRHEAL,<br>GNP ANTI-DIARRHEAL, QC ANTI-<br>DIARRHEAL CAPS .....27                                                                    |
| (Lansoprazole) EQ<br>LANSOPRAZOLE, EQL<br>LANSOPRAZOLE, FT ACID<br>REDUCER, GNP LANSOPRAZOLE,<br>GOODSENSE LANSOPRAZOLE,<br>KLS LANSOPRAZOLE, QC<br>LANSOPRAZOLE, SM<br>LANSOPRAZOLE CPDR 15 MG .122 | (Lorazepam) LORAZEPAM<br>INTENSOL CONC ..... 13                                                                                                                                                                                                                                                              | (Meclizine Hcl) BONINE, CVS<br>MOTION SICKNESS RELIEF,<br>DRAMAMINE MOTION SICKNESS,<br>FT MOTION SICKNESS, GNP                                                                                                                |
| (Levetiracetam) ROWEEPRA TABS<br>500 MG .....19                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |
| (Levocetirizine Dihydrochloride)<br>ALLERGY RELIEF, CVS ALLERGY                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                |

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| MOTION SICKNESS RELIEF,<br>MOTION SICKNESS RELIEF,<br>MOTION-TIME, QC TRAVEL EASE,<br>RA MOTION SICKNESS RELIEF<br>CHEW .....27                                                                                                                                                                                                                                    | NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, FT<br>NICOTINE MINI, GNP NICOTINE<br>MINI, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, HM NICOTINE<br>POLACRILEX, KLS QUIT2, KLS<br>QUIT4, NICOTINE MINI, NICOTINE<br>POLACRILEX MINI, SM NICOTINE<br>POLACRILEX LOZG 4 MG .....116                                                                   | (Nicotine Polacrilex) CVS NICOTINE,<br>CVS NICOTINE POLACRILEX, EQ<br>NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, GNP<br>NICOTINE, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, GOODSENSE<br>NICOTINE POLICRILEX, KLS<br>QUIT2, KLS QUIT4, SM NICOTINE,<br>SM NICOTINE POLACRILEX,<br>THRIVE GUM .....117 |
| (Methadone Hcl) METHADONE HCL<br>INTENSOL CONC .....8                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Methadone Hcl) METHADOSE<br>TBSO .....8                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Methylergonovine Maleate)<br>METHERGINE TABS .....113                                                                                                                                                                                                                                                                                                             | (Nicotine Polacrilex) CVS NICOTINE,<br>CVS NICOTINE POLACRILEX, EQ<br>NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, FT<br>NICOTINE MINI, GNP NICOTINE<br>MINI, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, HM NICOTINE<br>POLACRILEX, KLS QUIT2, KLS<br>QUIT4, NICOTINE MINI, NICOTINE<br>POLACRILEX MINI, SM NICOTINE<br>POLACRILEX LOZG ..... 116 | (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, EQ NICOTINE STEP 3,<br>FT NICOTINE, GNP NICOTINE,<br>NICOTINE STEP 2, NICOTINE<br>STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM PT24 TD<br>14 MG/24HR .....117                                                                                                                   |
| (Methyltestosterone) METHITEST<br>TABS .....11                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Miconazole Nitrate Vaginal)<br>MICONAZOLE 3 SUPP 200 MG . 126                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Miglustat) YARGESA .....79                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Mometasone Furoate (Nasal))<br>ALLERGY NASAL SPRAY (MOMET)<br>SUSP ..... 108                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                | (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, EQ NICOTINE STEP 3,<br>FT NICOTINE, GNP NICOTINE,<br>NICOTINE STEP 2, NICOTINE<br>STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM PT24 TD<br>7 MG/24HR, 14 MG/24HR .....117                                                                                                        |
| (Naloxone Hcl) FT NALOXONE HCL,<br>GNP NALOXONE HCL LIQD .....27                                                                                                                                                                                                                                                                                                   | (Nicotine Polacrilex) CVS NICOTINE,<br>CVS NICOTINE POLACRILEX, EQ<br>NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, GNP<br>NICOTINE, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, GOODSENSE<br>NICOTINE POLICRILEX, KLS<br>QUIT2, KLS QUIT4, SM NICOTINE,<br>SM NICOTINE POLACRILEX,<br>THRIVE GUM 2 MG .....117                                     | (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, EQ NICOTINE STEP 3,<br>FT NICOTINE, GNP NICOTINE,<br>NICOTINE STEP 2, NICOTINE<br>STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM PT24 TD<br>7 MG/24HR .....117                                                                                                                    |
| (Neomycin-Bacitracin Zn-Polymyxin)<br>NEO-POLYCIN .....110                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Niacin (Antihyperlipidemic)) NIACOR<br>TABS .....31                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |
| (Nicotine Polacrilex) CVS NICOTINE,<br>CVS NICOTINE POLACRILEX, EQ<br>NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, FT<br>NICOTINE MINI, GNP NICOTINE<br>MINI, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, HM NICOTINE<br>POLACRILEX, KLS QUIT2, KLS<br>QUIT4, NICOTINE MINI, NICOTINE<br>POLACRILEX MINI, SM NICOTINE<br>POLACRILEX LOZG 2 MG .....117 |                                                                                                                                                                                                                                                                                                                                                                | (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, EQ NICOTINE STEP 3,<br>FT NICOTINE, GNP NICOTINE,<br>NICOTINE STEP 2, NICOTINE<br>STEP 3, QC NICOTINE<br>TRANSDERMAL SYSTEM PT24 TD<br>7 MG/24HR .....117                                                                                                                    |
| (Nicotine Polacrilex) CVS NICOTINE,<br>CVS NICOTINE POLACRILEX, EQ<br>NICOTINE, EQ NICOTINE<br>POLACRILEX, FT NICOTINE, GNP<br>NICOTINE, GNP NICOTINE<br>POLACRILEX, GOODSENSE<br>NICOTINE, GOODSENSE<br>NICOTINE POLICRILEX, KLS<br>QUIT2, KLS QUIT4, SM NICOTINE,<br>SM NICOTINE POLACRILEX,<br>THRIVE GUM 4 MG .....117                                         |                                                                                                                                                                                                                                                                                                                                                                | (Nicotine) CVS NICOTINE, EQ<br>NICOTINE, FT NICOTINE, GNP<br>NICOTINE, HABITROL, NICOTINE<br>STEP 1, QC NICOTINE<br>TRANSDERMAL SYSTEM PT24 TD<br>21 MG/24HR .....118                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                | (Norelgestromin-Ethinyl Estradiol)<br>XULANE, ZAFEMY ..... 56                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                | (Norethin Acet & Estrad-Fe)<br>AUROVELA 24 FE, AUROVELA FE                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 1.5/30, AUROVELA FE 1/20,<br>BLISOVI 24 FE, BLISOVI FE 1.5/30,<br>BLISOVI FE 1/20, FEIRZA 1.5/30,<br>FEIRZA 1/20, HAILEY 24 FE,<br>HAILEY FE 1.5/30, HAILEY FE 1/20,<br>JUNEL FE 1.5/30, JUNEL FE 1/20,<br>JUNEL FE 24, LARIN 24 FE, LARIN<br>FE 1.5/30, LARIN FE 1/20,<br>LOESTRIN FE 1.5/30, LOESTRIN<br>FE 1/20, MICROGESTIN 24 FE,<br>MICROGESTIN FE 1.5/30,<br>MICROGESTIN FE 1/20, TARINA 24<br>FE, TARINA FE 1/20 EQ TABS 1<br>MG-20 MCG-75 MG ..... 53 | FE, TARINA FE 1/20 EQ TABS ... 54<br><br>(Norethin Acet & Estrad-Fe)<br>CHARLOTTE 24 FE, FINZALA,<br>MIBELAS 24 FE CHEW ..... 54<br><br>(Norethin Acet & Estrad-Fe)<br>GEMMILY, MERZEE, TAYSOFY<br>CAPS .....54<br><br>(Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL<br>0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-0.4 MG .....54<br><br>(Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL<br>0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-0.5 MG .....54<br><br>(Norethindrone & Eth Estradiol)<br>ALYACEN 1/35, BALZIVA,<br>BRIELLYN, DASETTA 1/35 (28),<br>NECON 0.5/35 (28), NORTREL<br>0.5/35 (28), NORTREL 1/35 (21),<br>NORTREL 1/35 (28), NYLIA 1/35,<br>PHILITH, VYFEMLA, WERA 35<br>MCG-1 MG .....54<br><br>(Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE,<br>LAYOLIS FE, WYMZYA FE, XELRIA<br>FE .....55<br><br>(Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE,<br>LAYOLIS FE, WYMZYA FE, XELRIA<br>FE 25 MCG-0.8 MG-75 MG ..... 54<br><br>(Norethindrone & Ethinyl Estradiol-<br>Fe) GALBRIELA, KAITLIB FE, | LAYOLIS FE, WYMZYA FE, XELRIA<br>FE 35 MCG-0.4 MG ..... 54<br><br>(Norethindrone (Contraceptive))<br>CAMILA, DEBLITANE, EMZAAH,<br>ERRIN, HEATHER, INCASSIA,<br>JENCYCLA, LYLEQ, LYZA,<br>MELEYA, NORA-BE, NORLYROC,<br>ORQUIDEA, SHAROBEL .....57<br><br>(Norethindrone Acet & Eth Estra)<br>AUROVELA 1.5/30, AUROVELA<br>1/20, HAILEY 1.5/30, JUNEL 1.5/30,<br>JUNEL 1/20, LARIN 1.5/30, LARIN<br>1/20, LOESTRIN 1.5/30 (21),<br>LOESTRIN 1/20 (21), LUIZZA 1.5/30,<br>LUIZZA 1/20, MICROGESTIN 1.5/30,<br>MICROGESTIN 1/20 TABS 1 MG-20<br>MCG ..... 55<br><br>(Norethindrone Acet & Eth Estra)<br>AUROVELA 1.5/30, AUROVELA<br>1/20, HAILEY 1.5/30, JUNEL 1.5/30,<br>JUNEL 1/20, LARIN 1.5/30, LARIN<br>1/20, LOESTRIN 1.5/30 (21),<br>LOESTRIN 1/20 (21), LUIZZA 1.5/30,<br>LUIZZA 1/20, MICROGESTIN 1.5/30,<br>MICROGESTIN 1/20 TABS 1.5 MG-<br>30 MCG ..... 55<br><br>(Norethindrone Acet & Eth Estra)<br>AUROVELA 1.5/30, AUROVELA<br>1/20, HAILEY 1.5/30, JUNEL 1.5/30,<br>JUNEL 1/20, LARIN 1.5/30, LARIN<br>1/20, LOESTRIN 1.5/30 (21),<br>LOESTRIN 1/20 (21), LUIZZA 1.5/30,<br>LUIZZA 1/20, MICROGESTIN 1.5/30,<br>MICROGESTIN 1/20 TABS ..... 55<br><br>(Norethindrone Acetate) GALLIFREY<br>TABS .....114<br><br>(Norethindrone Acetate-Ethinyl<br>Estradiol) FYAVOLV, JINTELI .... 74<br><br>(Norethindrone Acetate-Ethinyl<br>Estradiol) FYAVOLV, JINTELI 1 MG-<br>5 MCG ..... 74 |
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| (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE .....55                                                                                                                                                                       | GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 112                                                                                                                                                                                                                    | ALTAFRIN SOLN .....109<br>(Phenylephrine W/ DM-GG)<br>ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML 58<br>(Phenylephrine W/ DM-GG)<br>ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD ..... 58<br>(Phenytoin Sodium Extended)<br>PHENYTEK 200 MG, 300 MG .....21<br>(Phenytoin) PHENYTOIN INFATABS CHEW .....21 |
| (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 .....55                                                                                                                                            | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....122                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA .....55                                                                                                                 | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....122                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA .....55                                                                                                                                                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....9                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ .....55                                                                                                                                                                | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 55                                                                                                                                                 | (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...9                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 62                                                                                                                                                                                                 | (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....104                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % .....112 | (PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT .....81<br>(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM .....81<br>(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 81 | (Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD .....82<br>(Pot & Sod Citrates W/Citric Ac) TRICITRATES SOLN .....77<br>(Pot Phosphate Monobasic W/ Sod                                                                                                                                                                                                                                                                                                                 |
| (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS,                                                                                                                                      | (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT .114<br>(Phenylephrine Hcl (Mydriatic))                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| Phosphate Dibasic & Monobasic)<br>WES-PHOS 250 NEUTRAL ..... 102                                                      | (Prenatal Vit W/ Iron Carbonyl-Folic<br>Acid) PRENATABS RX TABS 120<br>MG-3 MG-30 MCG-1 MG-400 UNIT-<br>8 MCG-3 MG-20 MG-7 MG-3 MG-<br>100 MG-15 MG-3 MG-4000 UNIT-<br>200 MG-150 MCG-30 UNIT-29 MG<br>105 | (Sulfacetamide Sodium W/ Sulfur)<br>SSS 10-5 FOAM ..... 60                                                                                                                                                           |
| (Potassium Bicarbonate) K-PRIME,<br>KLOR-CON/EF TBEF ..... 102                                                        | (Prochlorperazine) COMPRO ..... 45                                                                                                                                                                         | (Sulfamethoxazole-Trimethoprim)<br>SULFATRIM PEDIATRIC SUSP .. 34                                                                                                                                                    |
| (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, Klor-CON M15,<br>KLOR-CON M20 10 MEQ ..... 102 | (Promethazine Hcl) PROMETHEGAN<br>SUPP 12.5 MG, 25 MG ..... 29                                                                                                                                             | (Tadalafil (Pulmonary Hypertension))<br>ALYQ TABS ..... 51                                                                                                                                                           |
| (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, Klor-CON M15,<br>KLOR-CON M20 15 MEQ ..... 102 | (Promethazine Hcl) PROMETHEGAN<br>SUPP 50 MG ..... 29                                                                                                                                                      | (Testosterone Cypionate) DEPO-<br>TESTOSTERONE SOLN IM ..... 11                                                                                                                                                      |
| (Potassium Chloride<br>Microencapsulated Crystals ER)<br>KLOR-CON M10, Klor-CON M15,<br>KLOR-CON M20 20 MEQ ..... 102 | (Promethazine-Phenylephrine-<br>Codeine) PROMETHAZINE<br>VC/CODEINE ..... 58                                                                                                                               | (Tetracaine Hcl (Ophth)) ALTACAINA<br>..... 111                                                                                                                                                                      |
| (Potassium Chloride) Klor-CON 10<br>TBCR 10 MEQ ..... 102                                                             | (Pseudoephed-Bromphen-DM)<br>BROMFED DM SYRP 10 MG/5ML-<br>30 MG/5ML-2 MG/5ML ..... 58                                                                                                                     | (Theophylline) ELIXOPHYLLIN ELIX .<br>16                                                                                                                                                                             |
| (Potassium Chloride) Klor-CON<br>PACK PO 20 MEQ ..... 102                                                             | (Salicylic Acid) KERALYT SHAM 6 %<br>..... 68                                                                                                                                                              | (Thyroid) NP THYROID TABS 15<br>MG, 30 MG, 60 MG, 90 MG, 120 MG<br>119                                                                                                                                               |
| (Potassium Citrate-Citric Acid)<br>CYTRA K CRYSTALS PACK ..... 77                                                     | (Silver Sulfadiazine) SSD ..... 65                                                                                                                                                                         | (Timolol Maleate (Ophth)) TIMOLOL<br>MALEATE OCUDOSE SOLN 0.5 %<br>109                                                                                                                                               |
| (Potassium Citrate-Citric Acid)<br>CYTRA-K SOLN ..... 77                                                              | (Sodium Chloride (Inhalant))<br>NEBUSAL, PULMOSAL NEBU 3 %<br>59                                                                                                                                           | (Triamcinolone Acetonide (Mouth))<br>KOURZEQ, ORALONE ..... 104                                                                                                                                                      |
| (Potassium Phosphate Monobasic)<br>PHOSPHO-TRIN K500 TABS .... 102                                                    | (Sodium Chloride (Inhalant))<br>NEBUSAL, PULMOSAL NEBU 7 %<br>59                                                                                                                                           | (Triamcinolone Acetonide (Nasal))<br>ALLERGY SPRAY 24 HOUR, CVS<br>NASAL ALLERGY SPRAY, EQ<br>NASAL ALLERGY, GNP 24 HOUR<br>NASAL ALLERGY, GOODSENSE<br>NASAL ALLERGY SPRAY, NASAL<br>ALLERGY 24 HOUR AERO ..... 108 |
| (Prednisolone Acetate (Ophth))<br>PREDNISOLONE ACETATE P-F<br>111                                                     | (Sodium Citrate & Citric Acid)<br>CYTRA-2 ..... 77                                                                                                                                                         | (Triamcinolone Acetonide (Topical))<br>TRIDERM CREA 0.5 % ..... 65                                                                                                                                                   |
| (Prenatal Vit W/ Docusate-Iron<br>Carbonyl-Folic Acid) INATAL GT<br>TABS ..... 105                                    | (Sodium Polystyrene Sulfonate)<br>KIONEX, SPS (SODIUM<br>POLYSTYRENE SULF) SUSP CO<br>15 GM/60ML ..... 104                                                                                                 | (Urea) CEROVEL LOTN 40 % .... 68                                                                                                                                                                                     |
| (Prenatal Vit W/ Ferrous Fumarate-<br>Folic Acid) PRENATAL 19 CHEW<br>105                                             | (Sodium Polystyrene Sulfonate) SPS<br>(SODIUM POLYSTYRENE SULF)<br>SUSP PR 30 GM/120ML ..... 104                                                                                                           | (Vigabatrin) VIGADRONE TABS .. 21                                                                                                                                                                                    |
| (Prenatal Vit W/ Ferrous Fumarate-L<br>Methylfolate-Folic Acid) PNV-<br>SELECT ..... 105                              | (Sulfacetamide Sodium W/ Sulfur) BP<br>10-1, SULFAMEZ WASH EMUL 10<br>%-1 % ..... 60                                                                                                                       | (Vigabatrin) VIGADRONE,<br>VIGPODER PACK ..... 21                                                                                                                                                                    |
|                                                                                                                       |                                                                                                                                                                                                            | (Warfarin Sodium) JANTOVEN TABS<br>..... 16                                                                                                                                                                          |
|                                                                                                                       |                                                                                                                                                                                                            | (Zolmitriptan) ZOMIG TABS ..... 101                                                                                                                                                                                  |
|                                                                                                                       |                                                                                                                                                                                                            | 2SAN 3 IN1 COVID-19 FLU A+B . 69                                                                                                                                                                                     |

|                                                              |                                                                                 |                                                                     |
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| 2SAN COVID-19 RAPID SELF TEST KIT .....69                    | ACCUPRIL (quinapril hcl) .....31                                                | ACTIVEVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 74 |
| abacavir sulfate SOLN .....45                                | ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide) ..... 32 | ACTONEL TABS 150 MG (risedronate sodium) .....71                    |
| abacavir sulfate TABS ..... 45                               | acebutolol hcl CAPS .....48                                                     | ACTONEL TABS 35 MG (risedronate sodium) .....71                     |
| abacavir sulfate-lamivudine .....45                          | acetaminophen w/ codeine SOLN .10                                               | ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24  |
| ABILIFY TABS 15 MG (aripiprazole) . 45                       | acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....10                | ACTOS 15 MG (pioglitazone hcl) ..26                                 |
| ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) .....45 | acetaminophen w/ codeine TABS 60 MG-300 MG .....10                              | ACTOS 30 MG, 45 MG (pioglitazone hcl) ..... 26                      |
| ABILIFY TABS 20 MG (aripiprazole) . 45                       | acetazolamide CP12 .....70                                                      | ACULAR (ketorolac tromethamine (ophth)) ..... 112                   |
| abiraterone acetate .....38                                  | acetazolamide TABS 125 MG ..... 70                                              | ACULAR LS (ketorolac tromethamine (ophth)) .....112                 |
| ABSORICA 10 MG, 25 MG (isotretinoin) .....60                 | acetazolamide TABS 250 MG ..... 70                                              | ACUVAIL .....112                                                    |
| ABSORICA 20 MG (isotretinoin) ..60                           | acetic acid (otic) .....113                                                     | acyclovir CAPS .....47                                              |
| ABSORICA 30 MG (isotretinoin) ..60                           | acetylcysteine SOLN .....59                                                     | acyclovir SUSP .....47                                              |
| ABSORICA 35 MG, 40 MG (isotretinoin) .....60                 | ACIPHEX TBEC (rabeprazole sodium) ..... 122                                     | acyclovir TABS PO 400 MG ..... 48                                   |
| acamprosate calcium ..... 114                                | acitretin 10 MG .....63                                                         | acyclovir TABS PO 800 MG .....47                                    |
| acarbose .....24                                             | acitretin 17.5 MG .....63                                                       | acyclovir topical CREA .....65                                      |
| ACCOLATE 10 MG (zafirlukast) ...14                           | acitretin 25 MG .....63                                                         | acyclovir topical OINT .....65                                      |
| ACCOLATE 20 MG (zafirlukast) ...14                           | ACTEMRA ACTPEN SOAJ .....5                                                      | ACZONE 5 % (dapsone (topical)) .60                                  |
| ACCU-CHEK AVIVA PLUS STRP .69                                | ACTEMRA SOSY ..... 5                                                            | ACZONE 7.5 % (dapsone (topical)) 60                                 |
| ACCU-CHEK FASTCLIX LANCETS . 86                              | ACTHIB SOLR IM ..... 123                                                        | ADACEL SUSP .....120                                                |
| ACCU-CHEK GUIDE KIT .....86                                  | ACTIDOM DMX LIQD .....58                                                        | ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML ..... 120          |
| ACCU-CHEK GUIDE ME KIT .....86                               | ACTI-LANCE 28G .....86                                                          | ADALIMUMAB-AATY (1 PEN) AJKT . 3                                    |
| ACCU-CHEK GUIDE TEST STRP 69                                 | ACTI-LANCE LITE LANCETS 28G 86                                                  | ADALIMUMAB-AATY (2 PEN) AJKT . 3                                    |
| ACCU-CHEK SAFE-T PRO LANCETS ..... 86                        | ACTI-LANCE SPECIAL LANCETS 17G .....86                                          |                                                                     |
| ACCU-CHEK SMARTVIEW STRP 69                                  | ACTI-LANCE UNIVERSAL 23G ..86                                                   |                                                                     |
| ACCU-CHEK SOFTCLIX LANCETS 86                                | ACTIMMUNE 100 MCG/0.5ML ....42                                                  |                                                                     |
|                                                              | ACTIQ LPOP 400 MCG (fentanyl citrate) .....8                                    |                                                                     |

|                                                                                        |    |                                                       |     |                                                                 |     |
|----------------------------------------------------------------------------------------|----|-------------------------------------------------------|-----|-----------------------------------------------------------------|-----|
| ADALIMUMAB-AATY (2 SYRINGE)<br>PSKT .....                                              | 3  | ADEMPAS .....                                         | 51  | AGAMATRIX ULTRA-THIN<br>LANCETS .....                           | 87  |
| ADALIMUMAB-AATY CD/UC/HS<br>START AJKT 80 MG/0.8ML .....                               | 3  | ADTHYZA TABS 16.25 MG, 97.5 MG<br>.....               | 119 | AGAMREE .....                                                   | 57  |
| ADALIMUMAB-ADAZ SOAJ 40<br>MG/0.4ML .....                                              | 4  | ADTHYZA TABS 32.5 MG, 65 MG,<br>130 MG .....          | 120 | AGRYLIN 0.5 MG (anagrelide hcl) 79                              |     |
| ADALIMUMAB-ADAZ SOAJ 80<br>MG/0.8ML .....                                              | 3  | ADVAIR DISKUS AEPB (fluticasone-<br>salmeterol) ..... | 15  | AIMOVIG .....                                                   | 100 |
| ADALIMUMAB-ADAZ SOSY .....                                                             | 4  | ADVAIR HFA AERO (fluticasone-<br>salmeterol) .....    | 15  | AIMSCO LUBRICATED MISC .....                                    | 84  |
| ADALIMUMAB-ADBM (2 PEN) AJKT<br>4                                                      |    | ADVANCED MOBILE LANCET ..                             | 86  | AIMSCO TWIST LANCETS 32G ..                                     | 87  |
| ADALIMUMAB-ADBM (2 SYRINGE)<br>PSKT .....                                              | 4  | ADVIN COVID-19 ANTIGEN TEST<br>KIT .....              | 69  | AIMSCO TWIST LANCETS 33G ..                                     | 87  |
| ADALIMUMAB-ADBM(CD/UC/HS<br>STRT) AJKT .....                                           | 4  | ADVOCATE LANCETS .....                                | 86  | AIRDUO RESPICLICK 113/14 AEPB<br>(fluticasone-salmeterol) ..... | 15  |
| ADALIMUMAB-ADBM(PS/UV<br>STARTER) AJKT .....                                           | 4  | ADVOCATE LANCETS 30G .....                            | 86  | AIRDUO RESPICLICK 232/14 AEPB<br>(fluticasone-salmeterol) ..... | 15  |
| adalapene CREA .....                                                                   | 60 | ADVOCATE SAFETY LANCETS ..                            | 86  | AIRDUO RESPICLICK 55/14 AEPB<br>(fluticasone-salmeterol) .....  | 15  |
| adalapene GEL 0.1 % .....                                                              | 60 | ADVOCATE SAFETY LANCETS<br>21G .....                  | 86  | AIRZONE PEAK FLOW METER 100                                     |     |
| adalapene GEL 0.3 % .....                                                              | 60 | ADVOCATE SAFETY LANCETS<br>23G .....                  | 86  | AKTEN .....                                                     | 111 |
| adalapene-benzoyl peroxide GEL ..                                                      | 60 | ADVOCATE SAFETY LANCETS<br>26G .....                  | 86  | albendazole .....                                               | 12  |
| ADCIRCA TABS (tadalafil<br>(pulmonary hypertension)) .....                             | 51 | ADVOCATE SAFETY LANCETS<br>28G .....                  | 86  | albuterol sulfate AERS .....                                    | 15  |
| ADDERALL TABS 10 MG<br>(amphetamine-dextroamphetamine) .                               | 1  | ADVOCATE SAFETY LANCETS<br>39                         |     | albuterol sulfate NEBU .....                                    | 15  |
| ADDERALL TABS 5 MG, 12.5 MG,<br>20 MG, 30 MG (amphetamine-<br>dextroamphetamine) ..... | 1  | AFINITOR DISPERZ TBSO<br>(everolimus) .....           | 39  | ALBUTEROL SULFATE NEBU ....                                     | 15  |
| ADDERALL TABS 7.5 MG, 15 MG<br>(amphetamine-dextroamphetamine) .                       | 1  | AFINITOR TABS (everolimus) ....                       | 39  | albuterol sulfate SYRP .....                                    | 15  |
| ADDERALL XR CP24<br>(amphetamine-dextroamphetamine) .                                  | 1  | AFLURIA PRESERVATIVE FREE<br>SUSY .....               | 123 | albuterol sulfate TABS .....                                    | 15  |
| adefovir dipivoxil .....                                                               | 47 | AFLURIA QUADRIVALENT SUSP<br>124                      |     | ALCAINE (proparacaine hcl) ....                                 | 111 |
|                                                                                        |    | AFLURIA QUADRIVALENT SUSY<br>0.5 ML .....             | 124 | alclometasone dipropionate CREA                                 | 65  |
|                                                                                        |    | AFLURIA SUSP .....                                    | 124 | alclometasone dipropionate OINT ..                              | 65  |
|                                                                                        |    | AFREZZA POWD .....                                    | 25  | ALDACTONE TABS (spironolactone)<br>.....                        | 71  |
|                                                                                        |    |                                                       |     | ALECENSA .....                                                  | 39  |
|                                                                                        |    |                                                       |     | alendronate sodium SOLN .....                                   | 71  |
|                                                                                        |    |                                                       |     | alendronate sodium TABS 35 MG ..                                | 71  |
|                                                                                        |    |                                                       |     | alendronate sodium TABS 5 MG, 10<br>MG .....                    | 71  |

|                                                             |                                                                                                                                                         |                                                                                    |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| alendronate sodium TABS 70 MG .71                           | amantadine hcl CAPS ..... 42                                                                                                                            | MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ..... 32                                       |
| ALFERON N ..... 42                                          | amantadine hcl TABS ..... 42                                                                                                                            | amlodipine-valsartan-hydrochlorothiazide ..... 32                                  |
| alfuzosin hcl ..... 77                                      | AMBIEN CR TBCR (zolpidem tartrate) ..... 80                                                                                                             | amoxapine ..... 23                                                                 |
| ALINIA SUSR ..... 34                                        | AMBIEN TABS (zolpidem tartrate) .81                                                                                                                     | amoxicillin & pot clavulanate CHEW . 114                                           |
| ALINIA TABS (nitazoxanide) ..... 34                         | ambrisentan ..... 51                                                                                                                                    | amoxicillin & pot clavulanate SUSR 114                                             |
| aliskiren fumarate ..... 34                                 | amcinonide LOTN ..... 65                                                                                                                                | amoxicillin & pot clavulanate TABS 114                                             |
| allopurinol 100 MG ..... 77                                 | amiloride & hydrochlorothiazide ... 70                                                                                                                  | amoxicillin & pot clavulanate TB12 114                                             |
| allopurinol 300 MG ..... 77                                 | amiloride hcl TABS ..... 71                                                                                                                             | amoxicillin CAPS ..... 113                                                         |
| almotriptan malate ..... 101                                | aminocaproic acid SOLN PO 0.25 GM/ML ..... 80                                                                                                           | amoxicillin CHEW 125 MG, 250 MG . 113                                              |
| ALOCRIIL ..... 112                                          | aminocaproic acid TABS ..... 80                                                                                                                         | amoxicillin SUSR ..... 113                                                         |
| alogliptin benzoate ..... 25                                | amiodarone hcl TABS ..... 13                                                                                                                            | amoxicillin TABS ..... 113                                                         |
| ALOMIDE ..... 112                                           | AMITIZA (lubiprostone) ..... 75                                                                                                                         | amoxicillin-clarithromycin w/ lansoprazole THPK ..... 123                          |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 74 | amitriptyline hcl TABS ..... 23                                                                                                                         | amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ..... 1 |
| alosetron hcl ..... 76                                      | amlodipine besylate TABS 2.5 MG 49                                                                                                                      | amphetamine-dextroamphetamine TABS 10 MG ..... 1                                   |
| ALPHAGAN P (brimonidine tartrate) 110                       | amlodipine besylate TABS 5 MG, 10 MG ..... 49                                                                                                           | amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG ..... 1             |
| ALPHANATE SOLR ..... 78                                     | amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ..... 50 | amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG ..... 1                           |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT ..... 78        | amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ..... 50                                                                 | ampicillin CAPS 500 MG ..... 114                                                   |
| ALPRAZOLAM INTENSOL CONC 13                                 | amlodipine besylate-benazepril hcl 10 MG-2.5 MG ..... 32                                                                                                | ampicillin sodium IJ 1 GM, 125 MG 113                                              |
| alprazolam TABS ..... 13                                    | amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 32                                                      | AMPYRA (dalfampridine) ..... 115                                                   |
| alprazolam TB24 ..... 13                                    | amlodipine besylate-valsartan 10 MG-160 MG ..... 32                                                                                                     | ANAFRANIL (clomipramine hcl) .. 23                                                 |
| alprazolam TBDP ..... 13                                    | amlodipine besylate-valsartan 10                                                                                                                        |                                                                                    |
| ALREX SUSP (loteprednol etabonate) ..... 111                |                                                                                                                                                         |                                                                                    |
| ALTABAX ..... 62                                            |                                                                                                                                                         |                                                                                    |
| ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril) ..... 31        |                                                                                                                                                         |                                                                                    |
| ALUNBRIG TABS ..... 39                                      |                                                                                                                                                         |                                                                                    |
| ALUNBRIG TBPK ..... 39                                      |                                                                                                                                                         |                                                                                    |
| alvimopan ..... 76                                          |                                                                                                                                                         |                                                                                    |

|                                                                    |     |                                                                                             |     |                                                               |     |
|--------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------|-----|
| anagrelide hcl .....                                               | 79  | APTIVUS CAPS .....                                                                          | 45  | aspirin-dipyridamole .....                                    | 79  |
| ANALPRAM HC LOTN EX .....                                          | 12  | AQUALANCE LANCETS 30G ....                                                                  | 87  | ASSESS PEAK FLOW METER .                                      | 100 |
| ANALPRAM-HC LOTN EX .....                                          | 12  | ARAVA 10 MG (leflunomide) .....                                                             | 6   | ASSURE COMFORT LANCETS 28G .....                              | 87  |
| ANAPROX DS TABS (naproxen sodium) .....                            | 5   | ARAVA 20 MG (leflunomide) .....                                                             | 6   | ASSURE HAEMOLANCE PLUS HIGH .....                             | 87  |
| ANASPAZ TBDP (hyoscyamine sulfate) .....                           | 121 | ARCALYST .....                                                                              | 5   | ASSURE HAEMOLANCE PLUS LOW .....                              | 87  |
| anastrozole .....                                                  | 38  | ARICEPT TABS (donepezil hydrochloride) .....                                                | 114 | ASSURE HAEMOLANCE PLUS MICRO .....                            | 87  |
| ANCOBON (flucytosine) .....                                        | 28  | ARIKAYCE .....                                                                              | 3   | ASSURE HAEMOLANCE PLUS NORMAL .....                           | 87  |
| ANDEXXA 200 MG .....                                               | 27  | ARIMIDEX (anastrozole) .....                                                                | 38  | ASSURE HAEMOLANCE PLUS PED .....                              | 87  |
| ANDROGEL PUMP GEL TD (testosterone) .....                          | 11  | aripiprazole SOLN PO .....                                                                  | 45  | ASSURE ID INSULIN SAFETY SYR 99                               |     |
| ANGELIQ .....                                                      | 74  | aripiprazole TABS 15 MG .....                                                               | 45  | ASSURE LANCE LANCETS .....                                    | 87  |
| ANNOVERA .....                                                     | 56  | aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .....                                            | 45  | ASSURE LANCE LANCETS 21G .                                    | 87  |
| ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 15 |     | aripiprazole TABS 20 MG .....                                                               | 45  | ASSURE LANCE PLUS SAFETY 25G .....                            | 87  |
| ANTIVERT CHEW (meclizine hcl) .                                    | 28  | aripiprazole TBDP .....                                                                     | 45  | ASSURE LANCE PLUS SAFETY 30G .....                            | 87  |
| ANTIVERT TABS 50 MG (meclizine hcl) .....                          | 28  | ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) .....                                            | 16  | ASSURE LANCE SAFETY LANCET 28G .....                          | 87  |
| ANUSOL-HC EX (hydrocortisone (rectal)) .....                       | 12  | ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....                   | 16  | ASTAGRAF XL CP24 .....                                        | 103 |
| APEXICON E CREA .....                                              | 65  | armodafinil 150 MG, 200 MG, 250 MG .....                                                    | 2   | ATABEX EC TBEC .....                                          | 105 |
| APO-VARENICLINE TABS .....                                         | 118 | armodafinil 50 MG .....                                                                     | 2   | ATACAND 32 MG (candesartan cilexetil) .....                   | 31  |
| apraclonidine hcl .....                                            | 110 | ARMOUR THYROID TABS .....                                                                   | 120 | ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil) .....       | 31  |
| aprepitant CAPS 40 MG .....                                        | 28  | ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) ... | 14  | ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) ..... | 32  |
| aprepitant CAPS 80 MG, 125 MG .                                    | 28  | AROMASIN (exemestane) .....                                                                 | 38  | atazanavir sulfate CAPS .....                                 | 45  |
| aprepitant CAPS .....                                              | 28  | ARTHROTEC TBEC (diclofenac w/ misoprostol) .....                                            | 5   | atenolol & chlorthalidone .....                               | 32  |
| APRISO CP24 (mesalamine) .....                                     | 75  | asenapine maleate .....                                                                     | 44  |                                                               |     |
| APTENSIO XR CP24 (methylphenidate hcl) .....                       | 1   | aspirin CHEW .....                                                                          | 8   |                                                               |     |
| APTIOM 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate) .  | 19  | aspirin TBEC 81 MG .....                                                                    | 8   |                                                               |     |

|                                                                     |     |                                                                |     |                                                            |     |
|---------------------------------------------------------------------|-----|----------------------------------------------------------------|-----|------------------------------------------------------------|-----|
| atenolol TABS .....                                                 | 48  | AVODART (dutasteride) .....                                    | 77  | baclofen TABS 20 MG .....                                  | 107 |
| ATIVAN TABS (lorazepam) .....                                       | 13  | AVONEX PEN AJKT .....                                          | 115 | baclofen TABS 5 MG .....                                   | 107 |
| atomoxetine hcl 10 MG, 18 MG, 25<br>MG, 40 MG .....                 | 1   | AVONEX PREFILLED PSKT .....                                    | 115 | BACTRIM DS TABS<br>(sulfamethoxazole-trimethoprim) ..      | 34  |
| atomoxetine hcl 60 MG, 80 MG, 100<br>MG .....                       | 1   | azathioprine TABS 50 MG .....                                  | 103 | BACTRIM TABS (sulfamethoxazole-<br>trimethoprim) .....     | 34  |
| atorvastatin calcium TABS .....                                     | 30  | azathioprine TABS 75 MG, 100 MG<br>103                         |     | BALCOLTRA (levonorgestrel-ethinyl<br>estradiol-iron) ..... | 55  |
| atovaquone .....                                                    | 34  | azelaic acid GEL .....                                         | 68  | balsalazide disodium CAPS .....                            | 75  |
| atovaquone-proguanil hcl .....                                      | 35  | azelastine hcl (ophth) .....                                   | 112 | BANZEL SUSP (rufinamide) .....                             | 19  |
| ATRALIN GEL (tretinoin) .....                                       | 60  | azelastine hcl 0.1 %, 137<br>MCG/SPRAY .....                   | 108 | BANZEL TABS 200 MG (rufinamide)<br>19                      |     |
| atropine sulfate (ophthalmic) OINT<br>109                           |     | azelastine hcl 0.15 %, 205.5<br>MCG/SPRAY .....                | 108 | BANZEL TABS 400 MG (rufinamide)<br>19                      |     |
| atropine sulfate (ophthalmic) SOLN<br>109                           |     | azelastine hcl-fluticasone propionate<br>SUSP .....            | 108 | BARACLUDE TABS (entecavir) ...                             | 47  |
| ATROPINE SULFATE SOLN 1 %<br>110                                    |     | AZILECT (rasagiline mesylate) ...                              | 43  | BD AUTOSHIELD DUO .....                                    | 99  |
| ATROVENT HFA .....                                                  | 14  | azithromycin PACK .....                                        | 83  | BD DISP NEEDLES .....                                      | 99  |
| AUBAGIO (teriflunomide) .....                                       | 115 | azithromycin SUSR .....                                        | 83  | BD ECLIPSE LUER-LOK NEEDLE<br>99                           |     |
| AUGMENTIN ES-600 SUSR<br>(amoxicillin & pot clavulanate) ...        | 114 | azithromycin TABS 250 MG .....                                 | 83  | BD MICROTAINER LANCETS ...                                 | 87  |
| AUGMENTIN SUSR 31.25 MG/5ML-<br>125 MG/5ML .....                    | 114 | azithromycin TABS 500 MG .....                                 | 83  | BD PEN MINI MISC .....                                     | 99  |
| AUGMENTIN TABS 125 MG-500 MG<br>(amoxicillin & pot clavulanate) ... | 114 | azithromycin TABS 600 MG .....                                 | 83  | BD PEN MISC .....                                          | 99  |
| AURANOFIN 3 MG .....                                                | 4   | AZOPT (brinzolamide) .....                                     | 112 | BD PEN NEEDLE MINI ULTRAFINE<br>.....                      | 99  |
| AURORA LANCET SUPER THIN<br>30G .....                               | 87  | AZULFIDINE EN-TABS TBEC<br>(sulfasalazine) .....               | 75  | BD PEN NEEDLE NANO 2ND GEN .<br>99                         |     |
| AURORA LANCET THIN 23G ....                                         | 87  | AZULFIDINE TABS (sulfasalazine)<br>75                          |     | BD SAFETYGLIDE INSULIN<br>SYRINGE .....                    | 99  |
| AUSTEDO TABS 12 MG .....                                            | 115 | bacitracin (ophthalmic) .....                                  | 110 | BD VEO INSULIN SYR ULTRAFINE<br>.....                      | 99  |
| AUSTEDO TABS 6 MG, 9 MG ...                                         | 115 | bacitracin-polymyxin b (ophth) ...                             | 110 | BELLADONNA ALKALOIDS-OPIMUM<br>.....                       | 121 |
| AVALIDE (irbesartan-<br>hydrochlorothiazide) .....                  | 32  | bacitracin-poly-neomycin-hc ....                               | 111 | BELSOMRA .....                                             | 81  |
| AVAPRO 150 MG, 300 MG<br>(irbesartan) .....                         | 31  | baclofen SOLN IT 10 MG/20ML, 40<br>MG/20ML, 40000 MCG/20ML ... | 107 | benazepril & hydrochlorothiazide .                         | 32  |
|                                                                     |     | baclofen TABS 10 MG .....                                      | 107 |                                                            |     |
|                                                                     |     | baclofen TABS 15 MG .....                                      | 107 |                                                            |     |

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|-----------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------|-----|-----------------------------------------------------|-----|
| benazepril hcl .....                                                                    | 31  | OINT .....                                                      | 65  | BICILLIN L-A SUSY .....                             | 114 |
| BENICAR 40 MG (olmesartan medoxomil) .....                                              | 31  | betamethasone dipropionate augmented CREA .....                 | 65  | BIDIL (isosorbide dinitrate-hydralazine hcl) .....  | 50  |
| BENICAR 5 MG, 20 MG (olmesartan medoxomil) .....                                        | 31  | betamethasone dipropionate augmented GEL 0.05 % .....           | 65  | BIKTARVY .....                                      | 45  |
| BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide) .....              | 32  | betamethasone dipropionate augmented LOTN .....                 | 65  | BILTRICIDE (praziquantel) .....                     | 12  |
| BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide) ..... | 32  | betamethasone dipropionate augmented OINT .....                 | 65  | bimatoprost SOLN .....                              | 112 |
| BENLYSTA SOAJ .....                                                                     | 104 | betamethasone valerate CREA ...                                 | 65  | BINAXNOW COVID-19 + FLU SELF 69                     |     |
| BENLYSTA SOSY .....                                                                     | 104 | betamethasone valerate FOAM ...                                 | 65  | BINAXNOW COVID-19 AG HOME TEST KIT .....            | 69  |
| BENSAL HP OINT .....                                                                    | 68  | betamethasone valerate LOTN ...                                 | 65  | BINAXNOW COVID-19 ANTIGEN SELF KIT .....            | 69  |
| BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....                                    | 60  | betamethasone valerate OINT ....                                | 65  | bisacodyl SUPP .....                                | 83  |
| BENZNIDAZOLE .....                                                                      | 12  | BETAPACE AF (sotalol hcl (afib/af)) .....                       | 48  | bisacodyl TBEC .....                                | 83  |
| benzonatate .....                                                                       | 58  | BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....         | 48  | bisoprolol & hydrochlorothiazide ..                 | 33  |
| benzoyl peroxide-erythromycin GEL . 60                                                  |     | BETASERON KIT .....                                             | 115 | bisoprolol fumarate .....                           | 48  |
| benztropine mesylate TABS .....                                                         | 42  | betaxolol hcl (ophth) SOLN .....                                | 109 | BOOSTRIX SUSP .....                                 | 120 |
| bepotastine besilate .....                                                              | 112 | betaxolol hcl .....                                             | 48  | BOOSTRIX SUSY .....                                 | 120 |
| BEPREVE (bepotastine besilate) 112                                                      |     | bethanechol chloride .....                                      | 123 | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG .....               | 39  |
| BESIVANCE .....                                                                         | 110 | BETHKIS NEBU (tobramycin) .....                                 | 3   | bortezomib SOLR IJ .....                            | 39  |
| BESREMI .....                                                                           | 42  | BETIMOL (timolol) .....                                         | 109 | bosentan TABS .....                                 | 51  |
| BETADINE OPHTHALMIC PREP 110                                                            |     | BETOPTIC-S SUSP .....                                           | 109 | bosentan TBSO 32 MG .....                           | 51  |
| betaine .....                                                                           | 72  | bexarotene (topical) .....                                      | 63  | BREATHE EASE PEAK FLOW METER .....                  | 100 |
| betamethasone dipropionate (topical) CREA .....                                         | 65  | bexarotene .....                                                | 42  | BREO ELLIPTA (fluticasone furoate-vilanterol) ..... | 15  |
| betamethasone dipropionate (topical) LOTN .....                                         | 65  | BEXSERO 0.5 ML .....                                            | 123 | BREZTRI AEROSPHERE .....                            | 15  |
| betamethasone dipropionate (topical) .....                                              |     | BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... | 55  | BRILINTA 60 MG, 90 MG (ticagrelor) 79               |     |
|                                                                                         |     | bicalutamide .....                                              | 38  | brimonidine tartrate (topical) .....                | 68  |
|                                                                                         |     | BICILLIN C-R .....                                              | 114 | brimonidine tartrate .....                          | 110 |
|                                                                                         |     | BICILLIN C-R 900/300 .....                                      | 114 | brimonidine tartrate-timolol maleate .              |     |

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|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 109                                                             | MG-4 MG, 2 MG-8 MG .....11                                                           | codeine 30 MG-40 MG-50 MG-325 MG ..... 10                                                                             |
| brinzolamide ..... 112                                          | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...10                    | butalbital-aspirin-caffeine CAPS .... 7                                                                               |
| bromfenac sodium (ophth) 0.07 %, 0.075 % .....112               | buprenorphine hcl-naloxone hcl dihydrate SUBL ..... 11                               | butalbital-aspirin-caffeine w/cod ...10                                                                               |
| bromfenac sodium (ophth) 0.09 % 112                             | buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 11                    | butorphanol tartrate NA 10 MG/ML 11                                                                                   |
| bromocriptine mesylate CAPS .....42                             | buprenorphine PTWK 7.5 MCG/HR 11                                                     | BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine) .....11                                        |
| bromocriptine mesylate TABS 2.5 MG .....42                      | bupropion hcl (smoking deterrent) 118                                                | BUTRANS PTWK 7.5 MCG/HR (buprenorphine) .....11                                                                       |
| BROMSITE (bromfenac sodium (ophth)) ..... 112                   | bupropion hcl TABS .....22                                                           | BYSTOLIC (nebivolol hcl) .....48                                                                                      |
| budesonide (inhalation) SUSP 0.25 MG/2ML .....14                | bupropion hcl TB12 .....22                                                           | cabergoline .....73                                                                                                   |
| budesonide (inhalation) SUSP 0.5 MG/2ML .....14                 | bupropion hcl TB24 150 MG, 300 MG .....22                                            | CABOMETYX TABS .....39                                                                                                |
| budesonide (inhalation) SUSP 1 MG/2ML .....14                   | bupropion hcl TB24 450 MG .....22                                                    | CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....50 |
| budesonide (intrarectal) ..... 11                               | buspirone hcl .....12                                                                | CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....50                       |
| budesonide CPEP ..... 57                                        | busulfan SOLN .....36                                                                | caffeine citrate SOLN PO ..... 1                                                                                      |
| budesonide TB24 .....57                                         | BUSULFEX SOLN (busulfan) .....36                                                     | CALCIFOL ..... 102                                                                                                    |
| budesonide-formoterol fumarate dihydrate .....15                | butalbital-acetaminophen CAPS 50 MG-300 MG .....7                                    | calcipotriene CREA .....63                                                                                            |
| bumetanide TABS 0.5 MG, 1 MG ..71                               | butalbital-acetaminophen TABS 50 MG-300 MG .....7                                    | CALCIPOTRIENE FOAM .....63                                                                                            |
| bumetanide TABS 2 MG .....71                                    | butalbital-acetaminophen TABS 50 MG-325 MG .....7                                    | calcipotriene OINT .....63                                                                                            |
| BUMEX TABS 0.5 MG (bumetanide) . 71                             | butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....7 | calcipotriene SOLN ..... 63                                                                                           |
| BUPHENYL POWD (sodium phenylbutyrate) .....72                   | butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....7                     | calcipotriene-betamethasone dipropionate OINT ..... 65                                                                |
| BUPHENYL TABS (sodium phenylbutyrate) .....72                   | butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG ..... 10       | calcipotriene-betamethasone dipropionate SUSP ..... 65                                                                |
| buprenorphine hcl SUBL 2 MG .... 11                             | butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG ..... 10       | calcitonin (salmon) IJ ..... 71                                                                                       |
| buprenorphine hcl SUBL 8 MG .... 11                             | butalbital-acetaminophen-caffeine w/                                                 | calcitonin (salmon) NA .....71                                                                                        |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 |                                                                                      | calcitriol (topical) ..... 63                                                                                         |

|                                                    |                                                                                                                                                       |                                                                     |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| calcitriol CAPS 0.25 MCG ..... 72                  | carbidopa-levodopa CPCR ..... 42                                                                                                                      | CARETOUCH SAFETY LANCETS 87                                         |
| calcitriol CAPS 0.5 MCG ..... 72                   | carbidopa-levodopa TABS ..... 43                                                                                                                      | CARETOUCH SAFETY LANCETS 26G ..... 87                               |
| calcitriol SOLN PO ..... 72                        | carbidopa-levodopa TBCR 100 MG-25 MG ..... 43                                                                                                         | CARETOUCH TWIST LANCETS 28G ..... 88                                |
| calcium acetate (phosphate binder) CAPS ..... 76   | carbidopa-levodopa TBCR 200 MG-50 MG ..... 43                                                                                                         | CARETOUCH TWIST LANCETS 30G ..... 88                                |
| calcium acetate (phosphate binder) TABS ..... 76   | carbidopa-levodopa TBDP ..... 43                                                                                                                      | CARETOUCH TWIST LANCETS 33G ..... 88                                |
| CALQUENCE ..... 39                                 | carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG ..... 43 | CARETOUCH TWIST MC LANCETS 30G ..... 88                             |
| CANASA SUPP (mesalamine) .... 75                   | carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG ..... 43                                                                                           | carisoprodol TABS ..... 107                                         |
| candesartan cilexetil 32 MG ..... 31               | carbinoxamine maleate SOLN .... 29                                                                                                                    | CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 72        |
| candesartan cilexetil 4 MG, 8 MG, 16 MG ..... 32   | carbinoxamine maleate TABS .... 29                                                                                                                    | CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 72 |
| candesartan cilexetil-hydrochlorothiazide ..... 33 | CARBINOXAMINE MALEATE TABS . 29                                                                                                                       | CARNITOR TABS (levocarnitine (metabolic modifiers)) ..... 72        |
| capecitabine ..... 36                              | CARDIZEM CD CP24 (diltiazem hcl coated beads) ..... 49                                                                                                | carteolol hcl (ophth) ..... 109                                     |
| CAPRELSA ..... 39                                  | CARDIZEM LA TB24 (diltiazem hcl) 49                                                                                                                   | carvedilol 3.125 MG ..... 48                                        |
| captopril & hydrochlorothiazide ... 33             | CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) ..... 49                                                                                           | carvedilol 6.25 MG, 12.5 MG, 25 MG 48                               |
| captopril ..... 31                                 | CARDURA (doxazosin mesylate) . 32                                                                                                                     | carvedilol phosphate ..... 48                                       |
| CARAC CREA (fluorouracil (topical)) 63             | CARDURA XL ..... 77                                                                                                                                   | CASODEX (bicalutamide) ..... 38                                     |
| CARAFATE SUSP (sucralfate) ... 122                 | CAREONE LANCET SUPER THIN 30G ..... 87                                                                                                                | CATAPRES-TTS-1 PTWK (clonidine) ..... 32                            |
| CARAFATE TABS (sucralfate) ... 122                 | CAREONE LANCET THIN 23G .. 87                                                                                                                         | CATAPRES-TTS-2 PTWK (clonidine) ..... 32                            |
| carbamazepine CHEW 100 MG ... 19                   | CAREPOINT POLY HUB NEEDLE 99                                                                                                                          | CATAPRES-TTS-3 PTWK (clonidine) ..... 32                            |
| carbamazepine CP12 ..... 19                        | CARESENS LANCETS ..... 87                                                                                                                             | CAYA DPRH ..... 84                                                  |
| carbamazepine SUSP ..... 19                        | CARESENS LANCETS 30G ..... 87                                                                                                                         | CAYSTON ..... 35                                                    |
| carbamazepine TABS ..... 19                        | CARESTART COVID-19 HOME TEST KIT ..... 69                                                                                                             |                                                                     |
| carbamazepine TB12 100 MG .... 19                  |                                                                                                                                                       |                                                                     |
| carbamazepine TB12 200 MG .... 19                  |                                                                                                                                                       |                                                                     |
| carbamazepine TB12 400 MG .... 19                  |                                                                                                                                                       |                                                                     |
| CARBATROL CP12 (carbamazepine) ..... 19            |                                                                                                                                                       |                                                                     |
| carbidopa ..... 42                                 |                                                                                                                                                       |                                                                     |

|                                     |     |                                       |     |                                    |     |
|-------------------------------------|-----|---------------------------------------|-----|------------------------------------|-----|
| cefaclor CAPS .....                 | 52  | mofetil) .....                        | 103 | choline fenofibrate 135 MG .....   | 30  |
| CEFACLOR ER TB12 .....              | 52  | CELONTIN (methsuximide) .....         | 21  | choline fenofibrate 45 MG .....    | 30  |
| cefadroxil CAPS .....               | 51  | cephalexin CAPS .....                 | 52  | CHOSEN LANCETS 30G .....           | 88  |
| cefadroxil SUSR .....               | 51  | cephalexin SUSR .....                 | 52  | CHOSEN SAFETY LANCETS 28G          | 88  |
| cefadroxil TABS .....               | 51  | CEPROTIN .....                        | 79  | CIALIS 5 MG, 10 MG, 20 MG          |     |
| cefazolin sodium SOLR IV 1 GM ..    | 52  | CERDELGA .....                        | 79  | (tadalafil) .....                  | 50  |
| cefdinir CAPS .....                 | 52  | CERVIDIL INST .....                   | 113 | ciclopirox GEL .....               | 62  |
| cefdinir SUSR .....                 | 52  | CETACaine AERO .....                  | 68  | ciclopirox olamine CREA .....      | 62  |
| cefixime CAPS .....                 | 52  | CETRAXAL (ciprofloxacin hcl (otic)) . | 113 | ciclopirox olamine SUSP .....      | 62  |
| cefixime SUSR .....                 | 52  | cevimeline hcl .....                  | 104 | ciclopirox SHAM .....              | 62  |
| CEFOTAN IJ (cefotetan disodium) 52  |     | CHANTIX CONTINUING MONTH              |     | ciclopirox SOLN .....              | 62  |
| cefotetan disodium IJ 1 GM, 2 GM 52 |     | PAK TABS (varenicline tartrate) ..    | 118 | cilostazol .....                   | 79  |
| cefoxitin sodium IV 1 GM, 2 GM ...  | 52  | CHANTIX STARTING MONTH PAK            |     | CILOXAN OINT .....                 | 110 |
| CEFOXITIN SODIUM-DEXTROSE           | 52  | TBPK (varenicline tartrate) .....     | 118 | CIMDUO .....                       | 45  |
| cefpodoxime proxetil SUSR .....     | 52  | CHANTIX TABS (varenicline tartrate)   | 118 | cimetidine hcl PO 300 MG/5ML ..    | 121 |
| cefpodoxime proxetil TABS .....     | 52  | CHEMET .....                          | 27  | cimetidine TABS 300 MG, 800 MG     | 121 |
| cefprozil SUSR .....                | 52  | chlordiazepoxide hcl CAPS .....       | 13  | cimetidine TABS 400 MG .....       | 121 |
| cefprozil TABS .....                | 52  | chlordiazepoxide hcl-clidinium        |     | cinacalcet hcl .....               | 72  |
| cefuroxime axetil TABS .....        | 52  | bromide .....                         | 121 | CIPRO HC .....                     | 113 |
| CELEBREX 400 MG (celecoxib) ...     | 5   | chlordiazepoxide-amitriptyline ...    | 115 | CIPRO HC 1 %-0.2 % (ciprofloxacin- |     |
| CELEBREX 50 MG, 100 MG, 200         |     | chlorhexidine gluconate (mouth-       |     | hydrocortisone) .....              | 113 |
| MG (celecoxib) .....                | 5   | throat) .....                         | 104 | CIPRO SUSR .....                   | 74  |
| celecoxib 400 MG .....              | 5   | chloroquine phosphate TABS .....      | 35  | CIPRO TABS 250 MG, 500 MG          |     |
| celecoxib 50 MG, 100 MG, 200 MG 5   |     | chlorpromazine hcl TABS .....         | 45  | (ciprofloxacin hcl) .....          | 74  |
| CELEXA TABS (citalopram             |     | chlorthalidone 25 MG, 50 MG .....     | 71  | ciprofloxacin hcl (ophth) SOLN ... | 110 |
| hydrobromide) .....                 | 22  | chlorzoxazone TABS .....              | 107 | ciprofloxacin hcl (otic) .....     | 113 |
| CELLCEPT CAPS (mycophenolate        |     | cholestyramine light PACK .....       | 30  | ciprofloxacin hcl TABS .....       | 74  |
| mofetil) .....                      | 103 | cholestyramine light POWD .....       | 30  | ciprofloxacin-dexamethasone ...    | 113 |
| CELLCEPT SUSR (mycophenolate        |     | cholestyramine PACK .....             | 30  | ciprofloxacin-hydrocortisone ..... | 113 |
| mofetil) .....                      | 103 | cholestyramine POWD .....             | 30  | citalopram hydrobromide SOLN ...   | 22  |
| CELLCEPT TABS (mycophenolate        |     |                                       |     |                                    |     |

|                                                                                                                                       |                                                                                                                         |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| citalopram hydrobromide TABS ... 22                                                                                                   | CLEVER CHOICE LANCETS 21G 88                                                                                            | CLINITEST RAPID COVID-19 TEST KIT ..... 69           |
| CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG ..... 105 | CLEVER CHOICE LANCETS 23G 88                                                                                            | clobazam SUSP ..... 18                               |
| CITRANATAL ASSURE ..... 105                                                                                                           | CLEVER CHOICE LANCETS 28G 88                                                                                            | clobazam TABS 10 MG ..... 18                         |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 105                                                                         | CLEVER CHOICE PEAK FLOW METER ..... 100                                                                                 | clobazam TABS 20 MG ..... 18                         |
| CITRANATAL MEDLEY ..... 106                                                                                                           | CLIMARA PRO ..... 74                                                                                                    | clobetasol propionate CREA 0.05 % . 65               |
| CLARINEX TABS (desloratadine) . 29                                                                                                    | 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 (estradiol) ..... 74 | clobetasol propionate emollient base 0.05 % ..... 65 |
| clarithromycin SUSR ..... 83                                                                                                          | CLINDAGEL GEL (clindamycin phosphate (topical)) ..... 60                                                                | clobetasol propionate emulsion ... 65                |
| clarithromycin TABS ..... 83                                                                                                          | clindamycin hcl ..... 35                                                                                                | clobetasol propionate FOAM ..... 65                  |
| clarithromycin TB24 ..... 83                                                                                                          | clindamycin palmitate hydrochloride . 35                                                                                | clobetasol propionate GEL 0.05 % 66                  |
| CLEANLET LANCETS 28G ..... 88                                                                                                         | clindamycin phosphate (topical) FOAM ..... 60                                                                           | clobetasol propionate LIQD ..... 66                  |
| CLEARDETECT COVID-19 AG HOME KIT ..... 69                                                                                             | clindamycin phosphate (topical) GEL 60                                                                                  | clobetasol propionate LOTN ..... 66                  |
| clemastine fumarate TABS 2.68 MG . 29                                                                                                 | clindamycin phosphate (topical) LOTN ..... 60                                                                           | clobetasol propionate OINT 0.05 % 66                 |
| CLEMASZ TABS 2.68 MG (clemastine fumarate) ..... 29                                                                                   | clindamycin phosphate (topical) SOLN ..... 60                                                                           | clobetasol propionate SHAM ..... 66                  |
| CLEMSZA TABS 2.68 MG (clemastine fumarate) ..... 29                                                                                   | clindamycin phosphate (topical) SWAB ..... 60                                                                           | clobetasol propionate SOLN 0.05 % . 66               |
| CLEOCIN (clindamycin hcl) ..... 35                                                                                                    | clindamycin phosphate vaginal CREA ..... 126                                                                            | CLOBEX LOTN 0.05 % (clobetasol propionate) ..... 66  |
| CLEOCIN (clindamycin palmitate hydrochloride) ..... 35                                                                                | clindamycin phosphate-benzoyl peroxide (refrigerate) ..... 60                                                           | CLOBEX SHAM (clobetasol propionate) ..... 66         |
| CLEOCIN CREA (clindamycin phosphate vaginal) ..... 126                                                                                | clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % ..... 60                                                             | CLOBEX SPRAY LIQD (clobetasol propionate) ..... 66   |
| CLEOCIN SUPP ..... 126                                                                                                                | clindamycin phosphate-tretinoin .. 60                                                                                   | clocortolone pivalate ..... 66                       |
| CLEOCIN-T LOTN (clindamycin phosphate (topical)) ..... 60                                                                             | CLINDESSE ..... 126                                                                                                     | CLODERM (clocortolone pivalate) 66                   |
| CLEVER CHEK LANCETS ..... 88                                                                                                          |                                                                                                                         | clomipramine hcl ..... 23                            |
| CLEVER CHOICE COMFORT EZ 88                                                                                                           |                                                                                                                         | clonazepam TABS ..... 18                             |
|                                                                                                                                       |                                                                                                                         | clonazepam TBDP ..... 18                             |
|                                                                                                                                       |                                                                                                                         | clonidine hcl (adhd) TB12 ..... 1                    |
|                                                                                                                                       |                                                                                                                         | clonidine hcl TABS ..... 32                          |

|                                                  |     |                                                                      |     |                                                           |     |
|--------------------------------------------------|-----|----------------------------------------------------------------------|-----|-----------------------------------------------------------|-----|
| clonidine PTWK .....                             | 32  | colestipol hcl GRAN .....                                            | 30  | disoproxil fumarate) .....                                | 45  |
| clopidogrel bisulfate .....                      | 79  | colestipol hcl PACK .....                                            | 30  | COMPLETENATE CHEW .....                                   | 106 |
| clorazepate dipotassium TABS ....                | 13  | colestipol hcl TABS .....                                            | 30  | COMTAN (entacapone) .....                                 | 42  |
| clotrimazole .....                               | 104 | COMBIGAN (brimonidine tartrate-<br>timolol maleate) .....            | 109 | CONCEPT DHA .....                                         | 106 |
| clotrimazole w/ betamethasone<br>CREA .....      | 62  | COMBIPATCH PTTW .....                                                | 74  | CONCEPT OB .....                                          | 106 |
| clotrimazole w/ betamethasone<br>LOTN .....      | 62  | COMBIVENT RESPIMAT AERS ..                                           | 15  | CONCERTA TBCR 18 MG<br>(methylphenidate hcl) .....        | 2   |
| clozapine TABS .....                             | 44  | COMBIVIR (lamivudine-zidovudine) .<br>45                             |     | CONCERTA TBCR 27 MG, 36 MG<br>(methylphenidate hcl) ..... | 2   |
| clozapine TBDP 12.5 MG .....                     | 44  | COMETRIQ (100 MG DAILY DOSE)<br>KIT .....                            | 39  | CONCERTA TBCR 54 MG<br>(methylphenidate hcl) .....        | 2   |
| CLOZARIL TABS (clozapine) .....                  | 44  | COMETRIQ (140 MG DAILY DOSE)<br>KIT .....                            | 39  | CONDOMS .....                                             | 84  |
| C-NATE DHA CAPS .....                            | 106 | COMETRIQ (60 MG DAILY DOSE)<br>KIT .....                             | 39  | CONDYLOX GEL (podofilox) .....                            | 68  |
| COAGADEX .....                                   | 78  | COMFORT ASSURED LANCETS<br>28G .....                                 | 88  | CONZIP CP24 (tramadol hcl) .....                          | 8   |
| COAGUCHEK LANCETS .....                          | 88  | COMFORT ASSURED LANCETS<br>33G .....                                 | 88  | COPAXONE SOSY 20 MG/ML<br>(glatiramer acetate) .....      | 115 |
| COARTEM .....                                    | 35  | COMFORT ASSURED LANCETS<br>39G .....                                 | 88  | COPAXONE SOSY 40 MG/ML<br>(glatiramer acetate) .....      | 115 |
| codeine sulfate TABS .....                       | 8   | COMFORT EZ INSULIN SYRINGE .<br>99                                   |     | COPIKTRA .....                                            | 39  |
| CODITUSSIN AC LIQD .....                         | 58  | COMFORT TOUCH LANCETS 31G .<br>88                                    |     | CORDRAN CREA (flurandrenolide)<br>66                      |     |
| COLAZAL CAPS (balsalazide<br>disodium) .....     | 75  | COMFORT TOUCH PLUS LANCETS<br>28G .....                              | 88  | CORDRAN TAPE .....                                        | 66  |
| colchicine CAPS .....                            | 78  | COMFORT TOUCH PLUS LANCETS<br>30G .....                              | 88  | COREG 3.125 MG (carvedilol) ....                          | 48  |
| colchicine TABS .....                            | 78  | COMFORT TOUCH PLUS LANCETS<br>30G .....                              | 88  | COREG 6.25 MG, 12.5 MG, 25 MG<br>(carvedilol) .....       | 48  |
| colchicine w/ probenecid .....                   | 77  | COMFORT TOUCH TWIST LANCET<br>30G .....                              | 88  | COREG CR (carvedilol phosphate)<br>48                     |     |
| COLCRYS TABS (colchicine) .....                  | 78  | COMIRNATY 5-11 YEARS SUSP 10<br>MCG/0.3ML .....                      | 124 | CORGARD TABS 20 MG, 40 MG<br>(nadolol) .....              | 48  |
| colesevelam hcl PACK .....                       | 30  | COMIRNATY SUSP .....                                                 | 124 | CORIFACT .....                                            | 78  |
| colesevelam hcl TABS .....                       | 30  | COMIRNATY SUSY .....                                                 | 124 | CORLANOR TABS (ivabradine hcl)<br>51                      |     |
| COLESTID FLAVORED GRAN<br>(colestipol hcl) ..... | 30  | COMPLERA 200 MG-300 MG-25 MG<br>(emtricitabine-rilpivirine-tenofovir |     | CORTANE-B .....                                           | 66  |
| COLESTID FLAVORED PACK<br>(colestipol hcl) ..... | 30  |                                                                      |     |                                                           |     |
| COLESTID GRAN (colestipol hcl) .                 | 30  |                                                                      |     |                                                           |     |
| COLESTID PACK (colestipol hcl) .                 | 30  |                                                                      |     |                                                           |     |
| COLESTID TABS (colestipol hcl) .                 | 30  |                                                                      |     |                                                           |     |

|                                                      |                                                         |                                                               |
|------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|
| CORTEF TABS (hydrocortisone) ..57                    | CRESTOR TABS (rosuvastatin calcium) .....30             | 23                                                            |
| CORTENEMA (hydrocortisone (intrarectal)) .....11     | CRINONE GEL 8 % .....126                                | cyproheptadine hcl SYRP .....29                               |
| CORTIFOAM EX 10 % .....11                            | cromolyn sodium (ophth) .....112                        | cyproheptadine hcl TABS .....29                               |
| CORTISPORIN-TC .....113                              | cromolyn sodium NEBU .....14                            | CYSTADANE (betaine) .....72                                   |
| COSENTYX (300 MG DOSE) SOSY .64                      | CTEXLI TABS PO 250 MG .....75                           | CYSTAGON CAPS .....77                                         |
| COSENTYX SENSOREADY (300 MG) SOAJ .....64            | CUPRIMINE CAPS (penicillamine) 103                      | CYSTARAN .....112                                             |
| COSENTYX SENSOREADY PEN SOAJ .....64                 | CUVPOSA SOLN PO (glycopyrrolate) .....121               | CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) .....120    |
| COSENTYX SOSY 150 MG/ML ...64                        | CVS COVID-19 AT HOME TEST KIT .....69                   | CYTOMEL TABS 5 MCG (liothyronine sodium) .....120             |
| COSENTYX SOSY 75 MG/0.5ML .64                        | CVS LANCETS ORIGINAL .....88                            | CYTOTEC (misoprostol) .....123                                |
| COSENTYX UNOREADY SOAJ ..64                          | CVS LANCETS THIN 26G .....88                            | CYTRA-3 SYRP .....77                                          |
| COSOPT (dorzolamide hcl-timolol maleate) .....109    | CVS ULTRA THIN LANCETS ....88                           | dabigatran etexilate mesylate CAPS 110 MG .....18             |
| COSOPT PF (dorzolamide hcl-timolol maleate) .....109 | cyclobenzaprine hcl TABS 5 MG, 10 MG .....107           | dabigatran etexilate mesylate CAPS 75 MG, 150 MG .....18      |
| COTELLIC .....39                                     | CYCLOGYL (cyclopentolate hcl) 110                       | dalfampridine .....115                                        |
| COVID-19 AT HOME ANTIGEN TEST KIT .....69            | CYCLOGYL .....110                                       | DALIRESP (roflumilast) .....14                                |
| COVID-19 AT HOME TEST KITS .69                       | CYCLOMYDRIL .....110                                    | danazol CAPS .....11                                          |
| COVID-19 AT-HOME TEST KIT ...69                      | cyclopentolate hcl 1 % .....110                         | DANTRIUM CAPS 25 MG (dantrolene sodium) .....108              |
| COVID-19 FLU A&B 3-IN-1 TEST 69                      | cyclophosphamide CAPS .....36                           | dantrolene sodium CAPS .....108                               |
| COVID-19 FLU A+B ANTIGEN TEST .....69                | CYCLOPHOSPHAMIDE TABS ...36                             | dapagliflozin propanediol .....26                             |
| COVID-19 OTC ANTIGEN 1-PACK KIT .....69              | cycloserine .....36                                     | dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....24 |
| COVID-19 OTC ANTIGEN 2-PACK KIT .....69              | cyclosporine (ophth) EMUL .....110                      | dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....24  |
| COZAAR (losartan potassium) ...32                    | cyclosporine CAPS .....103                              | dapsone (topical) 5 % .....60                                 |
| CREON CPEP .....70                                   | cyclosporine modified (for microemulsion) CAPS .....103 | dapsone (topical) 7.5 % .....60                               |
| CRESEMBA CAPS 186 MG .....28                         | cyclosporine modified (for microemulsion) SOLN .....103 | dapsone 100 MG .....35                                        |
|                                                      | CYKLOKAPRON SOLN (tranexamic acid) .....80              | dapsone 25 MG .....35                                         |
|                                                      | CYMBALTA CPEP (duloxetine hcl)                          | DAPTACEL .....120                                             |

|                                                                       |     |                                                          |     |                                                               |     |
|-----------------------------------------------------------------------|-----|----------------------------------------------------------|-----|---------------------------------------------------------------|-----|
| darifenacin hydrobromide .....                                        | 123 | DEPO-SUBQ PROVERA 104 SUSY                               | 1   | desvenlafaxine succinate .....                                | 23  |
| darunavir TABS .....                                                  | 45  | SC .....                                                 | 57  | DETROL LA CP24 (tolterodine tartrate) .....                   | 123 |
| dasatinib .....                                                       | 39  | DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) .....  | 66  | DETROL TABS (tolterodine tartrate) .                          | 123 |
| dasatinib 80 MG .....                                                 | 39  | DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) ..... | 66  | dexamethasone ELIX .....                                      | 57  |
| DAURISMO .....                                                        | 38  | DERMOTIC (fluocinolone acetonide (otic)) .....           | 113 | DEXAMETHASONE INTENSOL CONC .....                             | 57  |
| DAYPRO TABS (oxaprozin) .....                                         | 5   | DESCOVY 200 MG-25 MG .....                               | 45  | dexamethasone sodium phosphate (ophth) .....                  | 111 |
| DAYTRANA PTCH (methylphenidate) .....                                 | 2   | desipramine hcl TABS .....                               | 23  | dexamethasone SOLN .....                                      | 57  |
| DDAVP TABS 0.1 MG (desmopressin acetate) .....                        | 73  | desloratadine TABS .....                                 | 29  | dexamethasone TABS .....                                      | 57  |
| DDAVP TABS 0.2 MG (desmopressin acetate) .....                        | 73  | desloratadine TBDP .....                                 | 29  | dexamethasone TBPk .....                                      | 57  |
| deferasirox PACK .....                                                | 27  | DESMOPRESSIN ACETATE SOLN NA .....                       | 73  | DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate) ..... | 1   |
| deferasirox TABS .....                                                | 27  | desmopressin acetate spray .....                         | 73  | dexmethylphenidate hcl CP24 .....                             | 2   |
| deferasirox TBSO .....                                                | 27  | desmopressin acetate spray refrigerated 0.01 % .....     | 73  | dexmethylphenidate hcl TABS .....                             | 2   |
| deferiprone TABS 500 MG .....                                         | 27  | desmopressin acetate TABS 0.1 MG                         | 73  | dextroamphetamine sulfate CP24 ..                             | 1   |
| DELESTROGEN (estradiol valerate) 74                                   |     | desmopressin acetate TABS 0.2 MG                         | 73  | dextroamphetamine sulfate SOLN ..                             | 1   |
| DELSTRIGO .....                                                       | 45  | desogestrel-ethinyl estradiol (biphasic) .....           | 55  | dextroamphetamine sulfate TABS 10 MG .....                    | 1   |
| DELZICOL CPDR (mesalamine) ..                                         | 75  | desonide CREA .....                                      | 66  | dextroamphetamine sulfate TABS 5 MG .....                     | 1   |
| demeclocycline hcl TABS .....                                         | 119 | desonide GEL .....                                       | 66  | DHIVY TABS .....                                              | 43  |
| DEMSEr (metyrosine) .....                                             | 31  | desonide LOTN .....                                      | 66  | DIACOMIT CAPS 250 MG .....                                    | 19  |
| DEPAKOTE ER TB24 (divalproex sodium) .....                            | 22  | desonide OINT .....                                      | 66  | DIACOMIT CAPS 500 MG .....                                    | 19  |
| DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....                     | 22  | desoximetasone CREA 0.05 % ..                            | 66  | DIACOMIT PACK 250 MG .....                                    | 19  |
| DEPAKOTE TBEC (divalproex sodium) .....                               | 22  | desoximetasone CREA 0.25 % ..                            | 66  | DIACOMIT PACK 500 MG .....                                    | 19  |
| DEPEN TITRATABS TABS (penicillamine) .....                            | 103 | desoximetasone GEL .....                                 | 66  | DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) .....         | 18  |
| DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP |     | desoximetasone LIQD .....                                | 66  | DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) .....       | 18  |
| PREF SYR .....                                                        | 57  | desoximetasone OINT .....                                | 66  |                                                               |     |
|                                                                       |     | DESOXYN (methamphetamine hcl) .                          |     |                                                               |     |

|                                                 |     |                                                          |                                                                                                              |     |
|-------------------------------------------------|-----|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|
| DIATHRIVE LANCET ULTRA THIN 30 .....            | 88  | DIFFERIN GEL 0.1 % (adapalene) 61                        | diltiazem hcl CP24 .....                                                                                     | 49  |
| DIATHRIVE LANCETS .....                         | 88  | DIFFERIN GEL 0.3 % (adapalene) 61                        | diltiazem hcl extended release beads .....                                                                   | 49  |
| DIATRUST COVID-19 HOME TEST KIT .....           | 69  | DIFFERIN LOTN .....                                      | diltiazem hcl TABS .....                                                                                     | 49  |
| diazepam (anticonvulsant) GEL ...               | 18  | DIFICID TABS 200 MG (fidaxomicin) 83                     | diltiazem hcl TB24 .....                                                                                     | 49  |
| diazepam CONC .....                             | 13  | diflorasone diacetate CREA .....                         | dimethyl fumarate CDPK .....                                                                                 | 115 |
| diazepam SOLN PO 5 MG/5ML ...                   | 13  | diflorasone diacetate OINT .....                         | dimethyl fumarate CPDR .....                                                                                 | 115 |
| diazepam TABS 10 MG .....                       | 13  | DIFLUCAN SUSR (fluconazole) ...                          | DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide) ..... | 33  |
| diazepam TABS 2 MG, 5 MG .....                  | 13  | DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole) ..... | DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ....                                                 | 33  |
| diazoxide .....                                 | 25  | diflunisal TABS .....                                    | DIOVAN TABS 160 MG (valsartan) 32                                                                            |     |
| DIBENZYLINE (phenoxybenzamine hcl) .....        | 31  | difluprednate .....                                      | DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) .....                                                           | 32  |
| DICLEGIS TBEC (doxylamine-pyridoxine) .....     | 28  | digoxin SOLN PO 0.05 MG/ML ...                           | DIPENTUM .....                                                                                               | 75  |
| diclofenac potassium TABS 50 MG .5              |     | digoxin TABS 62.5 MCG, 125 MCG, 250 MCG .....            | diphenoxylate w/ atropine LIQD ...                                                                           | 27  |
| diclofenac sodium (actinic keratoses) EX .....  | 63  | dihydroergotamine mesylate SOLN IJ 1 MG/ML .....         | diphenoxylate w/ atropine TABS ...                                                                           | 27  |
| diclofenac sodium (ophth) .....                 | 112 | dihydroergotamine mesylate SOLN NA 4 MG/ML .....         | DIPROLENE OINT (betamethasone dipropionate augmented) .....                                                  | 66  |
| diclofenac sodium (topical) GEL EX 63           |     | DILANTIN (phenytoin sodium extended) .....               | dipyridamole .....                                                                                           | 79  |
| diclofenac sodium (topical) SOLN EX 1.5 % ..... | 63  | DILANTIN .....                                           | disopyramide phosphate CAPS ...                                                                              | 13  |
| diclofenac sodium (topical) SOLN EX 2 % .....   | 63  | DILANTIN INFATABS CHEW (phenytoin) .....                 | disulfiram .....                                                                                             | 114 |
| diclofenac sodium TB24 .....                    | 5   | DILANTIN SUSP (phenytoin) .....                          | DIURIL SUSP .....                                                                                            | 71  |
| diclofenac sodium TBEC .....                    | 5   | DILANTIN-125 SUSP (phenytoin) .21                        | divalproex sodium CSDR .....                                                                                 | 22  |
| diclofenac w/ misoprostol TBEC ....             | 5   | DILAUDID LIQD (hydromorphone hcl) .....                  | divalproex sodium TB24 .....                                                                                 | 22  |
| dicloxacillin sodium .....                      | 114 | DILAUDID TABS (hydromorphone hcl) .....                  | divalproex sodium TBEC .....                                                                                 | 22  |
| dicyclomine hcl CAPS .....                      | 121 | diltiazem hcl coated beads CP24 ..                       | DIVIGEL GEL (estradiol) .....                                                                                | 74  |
| dicyclomine hcl SOLN PO .....                   | 121 | diltiazem hcl CP12 .....                                 | dofetilide .....                                                                                             | 13  |
| dicyclomine hcl TABS .....                      | 121 |                                                          | DOJOLVI .....                                                                                                | 109 |
| DIFFERIN CREA (adapalene) .....                 | 61  |                                                          | DOMETUSS-DMX LIQD .....                                                                                      | 58  |

|                                                               |                                                             |                                                                |
|---------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| donepezil hydrochloride TABS ... 114                          | DROPLET LANCETS ULTRA THIN 30G .....89                      | DUOPA SUSP ..... 43                                            |
| donepezil hydrochloride TBDP ... 115                          | DROPLET PERSONAL LANCETS 30G .....89                        | DUPIXENT SOAJ 200 MG/1.14ML 67                                 |
| DORAL (quazepam) .....81                                      | DROPSAFE ACTI-LANCE 23G ...89                               | DUPIXENT SOAJ 300 MG/2ML ... 67                                |
| dorzolamide hcl ..... 112                                     | DROPSAFE MEDLANCE LANCET 30G .....89                        | DUPIXENT SOSY 200 MG/1.14ML 67                                 |
| DORZOLAMIDE HCL .....112                                      | DROPSAFE SAFETY SYRINGE/NEEDLE .....99                      | DUPIXENT SOSY 300 MG/2ML ...68                                 |
| DORZOLAMIDE HCL-TIMOLOL MAL .....109                          | drospirenone-ethinyl estradiol ....55                       | DUREX EXTRA SENSITIVE THIN DEVI ..... 84                       |
| dorzolamide hcl-timolol maleate .109                          | drospirenone-ethinyl estradiol-levomefolate calcium .....55 | DUREX EXTRA SENSITIVE THIN MISC ..... 84                       |
| DOVATO ..... 45                                               | DROXIA CAPS .....79                                         | DUREX TROPICAL MISC ..... 84                                   |
| doxazosin mesylate ..... 32                                   | droxidopa .....126                                          | DUREZOL (difluprednate) ..... 111                              |
| doxepin hcl (antipruritic) .....63                            | DRUG MART ON-THE-GO LANCET 30G .....89                      | dutasteride .....77                                            |
| doxepin hcl CAPS .....24                                      | DRUG MART UNILET LANCETS 28G .....89                        | dutasteride-tamsulosin hcl ..... 77                            |
| doxepin hcl CONC .....24                                      | DRUG MART UNILET LANCETS 30G .....89                        | DYMISTA SUSP (azelastine hcl-fluticasone propionate) ..... 108 |
| doxercalciferol CAPS ..... 72                                 | DRUG MART UNILET LANCETS 33G .....89                        | DYRENIUM CAPS (triamterene) .. 71                              |
| doxycycline (monohydrate) CAPS 150 MG ..... 119               | DRYSOL SOLN .....68                                         | E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) .....83     |
| doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG ..... 119 | DUAVEE .....74                                              | EASY COMFORT LANCETS .....89                                   |
| doxycycline (monohydrate) SUSR 119                            | DUET DHA 400 MISC .....106                                  | EASY COMFORT LANCETS TWIST TOP .....89                         |
| doxycycline (monohydrate) TABS 50 MG, 100 MG ..... 119        | DUETACT (pioglitazone hcl-glimepiride) .....24              | EASY TOUCH FLIPLOCK NEEDLES .....99                            |
| doxycycline (monohydrate) TABS 75 MG, 150 MG ..... 119        | DULCOLAX PINK LAXATIVE TBEC (bisacodyl) .....83             | EASY TOUCH HYPODERMIC NEEDLE .....99                           |
| doxycycline (rosacea) .....68                                 | DULCOLAX SUPP (bisacodyl) .... 83                           | EASY TOUCH LANCETS 21G ... 89                                  |
| doxycycline hyclate CAPS .....119                             | DULCOLAX TBEC (bisacodyl) ....83                            | EASY TOUCH LANCETS 23G ... 89                                  |
| doxycycline hyclate TABS 20 MG, 100 MG ..... 119              | DULERA .....15                                              | EASY TOUCH LANCETS 26G ... 89                                  |
| doxylamine-pyridoxine TBEC .....28                            | duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....23             | EASY TOUCH LANCETS 28G ... 89                                  |
| DRISDOL CAPS (ergocalciferol) .127                            |                                                             | EASY TOUCH LANCETS 28G/TWIST .....89                           |
| dronabinol CAPS .....28                                       |                                                             |                                                                |
| DROPLET INSULIN SYRINGE ...99                                 |                                                             |                                                                |

|                                                                  |                                                                  |                                                                                                        |
|------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| EASY TOUCH LANCETS 30G ...89                                     | ELESTRIN GEL .....74                                             | EMEND SUSR .....28                                                                                     |
| EASY TOUCH LANCETS<br>30G/TWIST .....89                          | eletriptan hydrobromide .....101                                 | EMEND TRIPACK CAPS (aprepitant)<br>.....28                                                             |
| EASY TOUCH LANCETS 32G ...89                                     | ELIDEL (pimecrolimus) .....68                                    | EMGALITY (300 MG DOSE) SOSY<br>100                                                                     |
| EASY TOUCH LANCETS<br>32G/TWIST .....89                          | ELIGARD SC .....38                                               | EMGALITY SOAJ .....101                                                                                 |
| EASY TOUCH LANCETS<br>33G/TWIST .....89                          | ELIMITE CREA (permethrin) .....69                                | EMGALITY SOSY .....101                                                                                 |
| EASY TOUCH SAFETY LANCETS<br>21G .....89                         | ELIQUIS DVT/PE STARTER PACK<br>TBPk .....16                      | EMSAM .....22                                                                                          |
| EASY TOUCH SAFETY LANCETS<br>23G .....89                         | ELIQUIS TABS .....16                                             | emtricitabine CAPS .....46                                                                             |
| EASY TOUCH SAFETY LANCETS<br>26G .....89                         | ELLA .....56                                                     | emtricitabine- rilpivirine-tenofovir<br>disoproxil fumarate .....46                                    |
| EASY TOUCH SAFETY LANCETS<br>28G .....89                         | ELLUME COVID-19 HOME TEST<br>KIT .....69                         | emtricitabine-tenofovir disoproxil<br>fumarate 100 MG-150 MG, 133 MG-<br>200 MG, 167 MG-250 MG .....46 |
| econazole nitrate CREA .....62                                   | ELMIRON CAPS .....77                                             | emtricitabine-tenofovir disoproxil<br>fumarate 200 MG-300 MG .....46                                   |
| EDARBI 40 MG .....32                                             | eltrombopag olamine PACK 12.5<br>MG, 25 MG .....80               | EMTRIVA CAPS (emtricitabine) ...46                                                                     |
| EDARBI 80 MG .....32                                             | eltrombopag olamine TABS 12.5 MG,<br>25 MG, 50 MG, 75 MG .....80 | EMTRIVA SOLN .....46                                                                                   |
| EDARBYCLOR .....33                                               | EMBECTA AUTOSHIELD DUO ..99                                      | enalapril maleate &<br>hydrochlorothiazide .....33                                                     |
| EDECIN (ethacrynic acid) .....71                                 | EMBECTA INSULIN SYR<br>ULTRAFINE .....100                        | enalapril maleate TABS .....31                                                                         |
| EDURANT .....46                                                  | EMBECTA PEN NEEDLE NANO<br>100                                   | ENBREL MINI SOCT .....6                                                                                |
| efavirenz CAPS .....46                                           | EMBECTA PEN NEEDLE NANO 2<br>GEN .....100                        | ENBREL SOLN .....6                                                                                     |
| efavirenz TABS .....46                                           | EMBECTA PEN NEEDLE<br>ULTRAFINE .....100                         | ENBREL SOSY 25 MG/0.5ML .....6                                                                         |
| efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate .....46 | EMBRACE LANCETS ULTRA THIN<br>30G .....90                        | ENBREL SOSY 50 MG/ML .....6                                                                            |
| efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....46    | EMBRACE PRESSURE ACTIVATED<br>21G .....90                        | ENBREL SURECLICK SOAJ .....6                                                                           |
| EFFER-K .....102                                                 | EMBRACE PRESSURE ACTIVATED<br>28G .....90                        | ENCARE SUPP 100 MG .....126                                                                            |
| EFFEXOR XR CP24 (venlafaxine<br>hcl) .....23                     | EMCYT .....38                                                    | ENDARI (glutamine (sickle cell)) ..79                                                                  |
| EFFIENT (prasugrel hcl) .....79                                  | EMEND BIPACK CAPS 80 MG<br>(aprepitant) .....28                  | ENDOMETRIN INST 100 MG<br>(progesterone (vaginal)) .....126                                            |
| EFUDIX CREA (fluorouracil<br>(topical)) .....63                  |                                                                  | ENERGIX-B SUSP 20 MCG/ML . 124                                                                         |
|                                                                  |                                                                  | ENERGIX-B SUSY .....124                                                                                |
|                                                                  |                                                                  | enoxaparin sodium SOLN IJ 300                                                                          |

|                                                                                           |                                                          |                                                                          |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
| MG/3ML .....16                                                                            | EPIVIR SOLN (lamivudine) .....46                         | ESBRIET TABS (pirfenidone) ....118                                       |
| enoxaparin sodium SOSY 100<br>MG/ML, 150 MG/ML .....17                                    | EPIVIR TABS (lamivudine) .....46                         | escitalopram oxalate SOLN .....22                                        |
| enoxaparin sodium SOSY 30<br>MG/0.3ML .....17                                             | eplerenone .....34                                       | escitalopram oxalate TABS 10 MG,<br>20 MG .....22                        |
| enoxaparin sodium SOSY 40<br>MG/0.4ML .....17                                             | EPZICOM (abacavir sulfate-<br>lamivudine) .....46        | escitalopram oxalate TABS 5 MG .22                                       |
| enoxaparin sodium SOSY 60<br>MG/0.6ML .....17                                             | EQUETRO .....44                                          | ESGIC TABS (butalbital-<br>acetaminophen-caffeine) .....7                |
| enoxaparin sodium SOSY 80<br>MG/0.8ML, 120 MG/0.8ML .....17                               | ergocalciferol CAPS .....127                             | eslicarbazepine acetate 200 MG, 400<br>MG, 600 MG, 800 MG .....19        |
| entacapone .....42                                                                        | ergoloid mesylates TABS .....116                         | estazolam .....81                                                        |
| entecavir TABS .....47                                                                    | ERGOMAR SUBL .....101                                    | ESTRACE CREA (estradiol vaginal) .<br>126                                |
| ENTEREG (alvimopan) .....76                                                               | ergotamine w/ caffeine TABS ....101                      | ESTRACE TABS (estradiol) .....74                                         |
| ENTRESTO CPSP .....50                                                                     | ERIVEDGE .....38                                         | estradiol & norethindrone acetate<br>TABs .....74                        |
| ENTRESTO TABS 103 MG-97 MG,<br>26 MG-24 MG, 51 MG-49 MG<br>(sacubitril-valsartan) .....50 | ERLEADA 240 MG .....38                                   | estradiol GEL .....74                                                    |
| EPCLUSA PACK .....47                                                                      | ERLEADA 60 MG .....38                                    | estradiol PTTW .....74                                                   |
| EPCLUSA TABS .....47                                                                      | erlotinib hcl .....37                                    | estradiol PTWK .....74                                                   |
| EPIDIOLEX .....19                                                                         | ERTACZO .....62                                          | estradiol TABS .....74                                                   |
| EPIDUO FORTE GEL (adapalene-<br>benzoyl peroxide) .....61                                 | ertapenem sodium IJ .....34                              | estradiol vaginal CREA .....126                                          |
| EPIDUO GEL (adapalene-benzoyl<br>peroxide) .....61                                        | ERYPED 200 SUSR (erythromycin<br>ethylsuccinate) .....83 | estradiol vaginal TABS .....126                                          |
| EPIFOAM FOAM .....66                                                                      | ERYPED 400 SUSR (erythromycin<br>ethylsuccinate) .....83 | estradiol valerate .....74                                               |
| epinastine hcl (ophth) .....112                                                           | erythromycin (acne aid) GEL .....61                      | ESTRING RING 7.5 MCG/24HR .126                                           |
| epinephrine (anaphylaxis) SOAJ 0.15<br>MG/0.3ML .....126                                  | erythromycin (acne aid) SOLN ....61                      | ESTROGEL GEL (estradiol) .....74                                         |
| epinephrine (anaphylaxis) SOAJ .126                                                       | erythromycin (ophth) .....110                            | estrogens, conjugated TABS 0.3 MG,<br>0.45 MG, 0.625 MG, 1.25 MG .....74 |
| EPIPEN 2-PAK SOAJ (epinephrine<br>(anaphylaxis)) .....126                                 | ERYTHROMYCIN .....110                                    | estrogens, conjugated TABS 0.9 MG<br>74                                  |
| EPIPEN JR 2-PAK SOAJ<br>(epinephrine (anaphylaxis)) .....126                              | erythromycin base CPEP .....83                           | eszopiclone .....81                                                      |
|                                                                                           | erythromycin base TABS .....83                           | ethacrynic acid .....71                                                  |
|                                                                                           | erythromycin base TBEC .....83                           | ethambutol hcl TABS .....36                                              |
|                                                                                           | erythromycin ethylsuccinate SUSR<br>83                   | ethosuximide CAPS .....21                                                |
|                                                                                           | erythromycin ethylsuccinate TABS 83                      |                                                                          |
|                                                                                           | ESBRIET CAPS (pirfenidone) ....118                       |                                                                          |

|                                      |     |                                      |     |                                    |     |
|--------------------------------------|-----|--------------------------------------|-----|------------------------------------|-----|
| ethosuximide SOLN .....              | 21  | valsartan-hydrochlorothiazide) ..... | 33  | FELBATOL TABS (felbamate) .....    | 21  |
| ethynodiol diacet & eth estrad ..... | 55  | EXJADE TBSO (deferiasirox) .....     | 27  | FELDENE CAPS 10 MG (piroxicam) .   | 5   |
| etodolac CAPS .....                  | 5   | EXODERM .....                        | 62  | FELDENE CAPS 20 MG (piroxicam) .   | 5   |
| etodolac TABS .....                  | 5   | ezetimibe .....                      | 31  | felodipine 10 MG .....             | 49  |
| etodolac TB24 .....                  | 5   | ezetimibe-simvastatin .....          | 29  | felodipine 2.5 MG, 5 MG .....      | 49  |
| etonogestrel-ethinyl estradiol ..... | 56  | FABIOR FOAM .....                    | 61  | FEMARA (letrozole) .....           | 38  |
| ETOPOPHOS .....                      | 42  | famciclovir .....                    | 48  | FEMCAP DEVI .....                  | 84  |
| etoposide CAPS .....                 | 42  | famotidine SUSR .....                | 121 | FEMRING .....                      | 126 |
| etravirine .....                     | 46  | famotidine TABS 20 MG .....          | 121 | fenofibrate CAPS .....             | 30  |
| EUCRISA .....                        | 68  | famotidine TABS 40 MG .....          | 121 | fenofibrate micronized 130 MG, 200 |     |
| EULEXIN .....                        | 38  | FANAPT .....                         | 44  | MG .....                           | 30  |
| EVAMIST SOLN .....                   | 74  | FANAPT TITRATION PACK A ...          | 44  | fenofibrate micronized 67 MG, 134  |     |
| everolimus (immunosuppressant)       |     | FANTASY LUBRICATED MISC ...          | 84  | MG .....                           | 30  |
| 103                                  |     | FANTASY                              |     | fenofibrate TABS 145 MG .....      | 30  |
| everolimus TABS .....                | 39  | LUBRICATED/SPERMICIDE MISC           |     | fenofibrate TABS 48 MG, 160 MG .   | 30  |
| everolimus TBSO .....                | 39  | 84                                   |     | fenofibrate TABS 54 MG .....       | 30  |
| EVEXITHROID TABS 180 MG ...          | 120 | FARESTON (toremifene citrate) ..     | 38  | fenofibric acid 105 MG .....       | 30  |
| EVISTA (raloxifene hcl) .....        | 72  | FARXIGA (dapagliflozin propanediol)  |     | FENOGLIDE TABS (fenofibrate) ..    | 30  |
| EVOTAZ .....                         | 46  | .....                                | 26  | FENSOLVI (6 MONTH) SC .....        | 72  |
| EVOXAC (cevimeline hcl) .....        | 104 | FASENRA PEN SOAJ .....               | 13  | fantanyl citrate LPOP 1600 MCG ... | 8   |
| EVRYSDI .....                        | 109 | FASENRA SOSY 10 MG/0.5ML ...         | 14  | fantanyl citrate LPOP 200 MCG, 400 |     |
| EXELDERM CREA (sulconazole           |     | FASENRA SOSY 30 MG/ML .....          | 13  | MCG, 600 MCG, 800 MCG, 1200        |     |
| nitrate) .....                       | 62  | FASTEP COVID-19 ANTIGEN TEST         |     | MCG .....                          | 8   |
| EXELDERM SOLN .....                  | 62  | KIT .....                            | 69  | fantanyl PT72 12 MCG/HR, 25        |     |
| EXELON (rivastigmine) .....          | 115 | FC2 FEMALE CONDOM .....              | 84  | MCG/HR, 50 MCG/HR, 75 MCG/HR,      |     |
| exemestane .....                     | 38  | febuxostat 40 MG .....               | 78  | 100 MCG/HR .....                   | 8   |
| EXFORGE 10 MG-160 MG                 |     | febuxostat 80 MG .....               | 78  | fantanyl PT72 37.5 MCG/HR, 62.5    |     |
| (amlodipine besylate-valsartan) ...  | 33  | FEIBA .....                          | 78  | MCG/HR, 87.5 MCG/HR .....          | 8   |
| EXFORGE 10 MG-320 MG, 5 MG-          |     | felbamate SUSP .....                 | 21  | FERRIPROX SOLN .....               | 27  |
| 160 MG, 5 MG-320 MG (amlodipine      |     | felbamate TABS .....                 | 21  | FERRIPROX TABS 500 MG              |     |
| besylate-valsartan) .....            | 33  | FELBATOL SUSP (felbamate) ....       | 21  | (deferiprone) .....                | 27  |
| EXFORGE HCT (amlodipine-             |     |                                      |     |                                    |     |

|                                                                                                          |     |                                                                               |     |                                               |     |
|----------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------|-----|-----------------------------------------------|-----|
| fesoterodine fumarate .....                                                                              | 123 | FLONASE ALLERGY RELIEF SUSP<br>(fluticasone propionate (nasal)) ..            | 108 | flucytosine .....                             | 28  |
| FETZIMA CP24 20 MG .....                                                                                 | 23  | FLORAFOL PEDIATRIC CHEW ..                                                    | 105 | fludarabine phosphate SOLR .....              | 36  |
| FETZIMA CP24 40 MG, 80 MG, 120<br>MG .....                                                               | 23  | FLORAFOL PEDIATRIC SOLN ..                                                    | 105 | fludrocortisone acetate TABS .....            | 58  |
| FETZIMA TITRATION C4PK .....                                                                             | 23  | FLORIVA .....                                                                 | 102 | FLULAVAL QUADRIVALENT SUSY .<br>124           |     |
| FIBRICOR 105 MG (fenofibric acid)<br>30                                                                  |     | FLORIVA .....                                                                 | 105 | FLULAVAL SUSY .....                           | 124 |
| FIBRICOR 35 MG (fenofibric acid) 30                                                                      |     | FLORIVA PLUS SOLN .....                                                       | 105 | FLUMIST .....                                 | 125 |
| fidaxomicin TABS 200 MG .....                                                                            | 83  | FLOTREX CHEW 0.25 MG .....                                                    | 105 | FLUMIST QUADRIVALENT .....                    | 125 |
| FIFTY50 SAFETY SEAL LANCETS .<br>90                                                                      |     | FLOTREX CHEW 0.5 MG, 1 MG .                                                   | 105 | fluocinolone acetonide (otic) .....           | 113 |
| FIFTY50 UNILET LANCETS 33G .                                                                             | 90  | FLOVENT HFA 110 MCG/ACT, 220<br>MCG/ACT (fluticasone propionate<br>hfa) ..... | 14  | fluocinolone acetonide CREA .....             | 66  |
| FINACEA FOAM .....                                                                                       | 68  | FLOVENT HFA 44 MCG/ACT<br>(fluticasone propionate hfa) .....                  | 14  | fluocinolone acetonide OIL .....              | 66  |
| FINACEA GEL (azelaic acid) .....                                                                         | 68  | FLOWFLEX COVID-19 AG HOME<br>TEST KIT .....                                   | 69  | fluocinolone acetonide OINT .....             | 66  |
| finasteride .....                                                                                        | 77  | FLOWFLEX PLUS COVID-19/FLU<br>A/B .....                                       | 70  | fluocinolone acetonide SOLN .....             | 66  |
| FINE 30 .....                                                                                            | 90  | FLUAD .....                                                                   | 124 | fluocinonide CREA .....                       | 66  |
| FINGERSTIX LANCETS .....                                                                                 | 90  | FLUAD QUADRIVALENT .....                                                      | 124 | fluocinonide emulsified base .....            | 66  |
| fingolimod hcl .....                                                                                     | 115 | FLUARIX QUADRIVALENT SUSY<br>124                                              |     | fluocinonide GEL .....                        | 66  |
| FIORICET CAPS (butalbital-<br>acetaminophen-caffeine) .....                                              | 7   | FLUARIX SUSY .....                                                            | 124 | fluocinonide OINT .....                       | 66  |
| FIORICET/CODEINE 30 MG-40 MG-<br>50 MG-300 MG (butalbital-<br>acetaminophen-caffeine w/ codeine) .<br>10 |     | FLUBLOK QUADRIVALENT .....                                                    | 124 | fluocinonide SOLN .....                       | 66  |
| FIRAZYR SOSY (icatibant acetate)<br>79                                                                   |     | FLUBLOK SOSY .....                                                            | 124 | fluorometholone (ophth) SUSP ...              | 111 |
| FLAGYL CAPS (metronidazole) ...                                                                          | 34  | FLUCELVAX QUADRIVALENT<br>SUSP .....                                          | 124 | fluorouracil (topical) CREA 0.5 % ..          | 63  |
| FLAREX .....                                                                                             | 111 | FLUCELVAX QUADRIVALENT<br>SUSY .....                                          | 124 | fluorouracil (topical) CREA 5 % ...           | 63  |
| flavoxate hcl .....                                                                                      | 123 | FLUCELVAX SUSP .....                                                          | 124 | fluorouracil (topical) SOLN .....             | 63  |
| flecainide acetate .....                                                                                 | 13  | FLUCELVAX SUSY .....                                                          | 124 | fluoxetine hcl (pmdd) TABS .....              | 116 |
| FLONASE ALLERGY REL<br>CHILDRENS SUSP (fluticasone<br>propionate (nasal)) .....                          | 108 | fluconazole SUSR .....                                                        | 28  | fluoxetine hcl CAPS 10 MG, 20 MG<br>22        |     |
|                                                                                                          |     | fluconazole TABS .....                                                        | 28  | fluoxetine hcl CAPS 40 MG .....               | 22  |
|                                                                                                          |     |                                                                               |     | fluoxetine hcl CPDR .....                     | 22  |
|                                                                                                          |     |                                                                               |     | fluoxetine hcl SOLN .....                     | 22  |
|                                                                                                          |     |                                                                               |     | FLUOXETINE HCL TABS (fluoxetine<br>hcl) ..... | 23  |
|                                                                                                          |     |                                                                               |     | fluoxetine hcl TABS 10 MG .....               | 23  |

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| fluoxetine hcl TABS 20 MG, 60 MG<br>22                                                                              | fluvastatin sodium TB24 ..... 30                                     | FONDCIRCLE ELECTRONIC PEAK<br>FLO .....100                                                                                       |
| fluphenazine hcl CONC .....45                                                                                       | fluvoxamine maleate CP24 100 MG<br>23                                | FONDCIRCLE SINGLE USE<br>LANCETS ..... 90                                                                                        |
| fluphenazine hcl ELIX .....45                                                                                       | fluvoxamine maleate CP24 150 MG<br>23                                | FORA LANCETS .....90                                                                                                             |
| fluphenazine hcl TABS .....45                                                                                       | fluvoxamine maleate TABS 100 MG .<br>23                              | FORFIVO XL TB24 (bupropion hcl)<br>22                                                                                            |
| flurandrenolide CREA .....66                                                                                        | fluvoxamine maleate TABS 25 MG,<br>50 MG .....23                     | formaldehyde SOLN 10 % .....45                                                                                                   |
| flurbiprofen sodium .....112                                                                                        | FLUZONE HIGH-DOSE<br>QUADRIVALENT ..... 125                          | FORTEO SOPN (teriparatide) .....71                                                                                               |
| flurbiprofen TABS ..... 5                                                                                           | FLUZONE HIGH-DOSE SUSY ...125                                        | FORTESTA GEL TD (testosterone)<br>11                                                                                             |
| fluticasone furoate (inhalation) 50<br>MCG/ACT, 100 MCG/ACT, 200<br>MCG/ACT .....14                                 | FLUZONE QUADRIVALENT SUSP<br>125                                     | FOSAMAX TABS 70 MG<br>(alendronate sodium) ..... 71                                                                              |
| fluticasone furoate-vilanterol ..... 15                                                                             | FLUZONE QUADRIVALENT SUSY<br>125                                     | fosamprenavir calcium TABS .....46                                                                                               |
| fluticasone propionate (inhalation)<br>AEPB 100 MCG/ACT ..... 14                                                    | FLUZONE SUSP .....125                                                | fosfomycin tromethamine ..... 35                                                                                                 |
| fluticasone propionate (inhalation)<br>AEPB 250 MCG/ACT ..... 14                                                    | FLUZONE SUSY .....125                                                | fosinopril sodium &<br>hydrochlorothiazide ..... 33                                                                              |
| fluticasone propionate (inhalation)<br>AEPB 50 MCG/ACT .....15                                                      | FML FORTE SUSP .....111                                              | fosinopril sodium ..... 31                                                                                                       |
| fluticasone propionate (nasal) SUSP .<br>109                                                                        | FML LIQUIFILM SUSP<br>(fluorometholone (ophth)) ..... 111            | FOSRENOL CHEW 1000 MG<br>(lanthanum carbonate) .....76                                                                           |
| fluticasone propionate CREA 0.05 %<br>66                                                                            | FOCALIN TABS<br>(dexmethylphenidate hcl) ..... 2                     | FOSRENOL CHEW 500 MG<br>(lanthanum carbonate) .....76                                                                            |
| fluticasone propionate hfa 110<br>MCG/ACT, 220 MCG/ACT .....15                                                      | FOCALIN XR CP24<br>(dexmethylphenidate hcl) ..... 2                  | FOSRENOL CHEW 750 MG<br>(lanthanum carbonate) .....76                                                                            |
| fluticasone propionate hfa 44<br>MCG/ACT .....15                                                                    | folic acid TABS 1 MG ..... 80                                        | FOSRENOL PACK .....76                                                                                                            |
| fluticasone propionate LOTN ..... 66                                                                                | folic acid TABS 400 MCG, 800 MCG .<br>80                             | FRAGMIN SOLN 95000 UNIT/3.8ML<br>17                                                                                              |
| fluticasone propionate OINT .....66                                                                                 | FOLIVANE-F ..... 80                                                  | FRAGMIN SOSY 2500 UNIT/0.2ML<br>17                                                                                               |
| fluticasone-salmeterol AEPB 100<br>MCG/ACT-50 MCG/ACT, 250<br>MCG/ACT-50 MCG/ACT, 500<br>MCG/ACT-50 MCG/ACT .....15 | FOLIVANE-OB .....106                                                 | FRAGMIN SOSY 5000 UNIT/0.2ML,<br>7500 UNIT/0.3ML, 10000 UNIT/ML,<br>12500 UNIT/0.5ML, 15000<br>UNIT/0.6ML, 18000 UNT/0.72ML ..17 |
| fluticasone-salmeterol AERO ..... 16                                                                                | fondaparinux sodium 2.5 MG/0.5ML .<br>17                             | FREESTYLE FREEDOM LITE KIT<br>90                                                                                                 |
| fluvastatin sodium CAPS .....30                                                                                     | fondaparinux sodium 5 MG/0.4ML,<br>7.5 MG/0.6ML, 10 MG/0.8ML .....17 |                                                                                                                                  |

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| FREESTYLE INSULINX TEST STRP<br>.....70                   | GALAFOLD .....72                                  | GILTUSS COUGH & COLD TABS 58                          |
| FREESTYLE LANCETS .....90                                 | galantamine hydrobromide CP24 115                 | GILTUSS SINUS & CONGESTION<br>TABS .....59            |
| FREESTYLE LITE KIT .....90                                | galantamine hydrobromide SOLN<br>115              | glatiramer acetate SOSY 20 MG/ML .<br>116             |
| FREESTYLE LITE TEST STRP ... 70                           | galantamine hydrobromide TABS 115                 | glatiramer acetate SOSY 40 MG/ML .<br>116             |
| FREESTYLE PRECISION NEO<br>SYSTEM KIT .....90             | GALZIN .....103                                   | GLEEVEC TABS 100 MG (imatinib<br>mesylate) .....40    |
| FREESTYLE PRECISION NEO<br>TEST STRP .....70              | GAMASTAN IM .....113                              | GLEEVEC TABS 400 MG (imatinib<br>mesylate) .....40    |
| FREESTYLE TEST STRP .....70                               | GARDASIL 9 SUSP 0.5 ML ..... 125                  | GLEOSTINE (lomustine) .....36                         |
| FREESTYLE UNISTICK II LANCETS<br>.....90                  | GARDASIL 9 SUSY 0.5 ML ..... 125                  | glimepiride 1 MG, 2 MG, 4 MG .... 26                  |
| FROVA (frovatriptan succinate) . 101                      | gatifloxacin (ophth) .....110                     | glipizide TABS ..... 26                               |
| frovatriptan succinate ..... 101                          | GATTEX .....76                                    | glipizide TB24 .....26                                |
| furosemide SOLN PO 8 MG/ML, 10<br>MG/ML ..... 71          | gefitinib ..... 37                                | glipizide-metformin hcl ..... 24                      |
| furosemide TABS ..... 71                                  | GELFILM .....111                                  | GLOBAL EASY GLIDE INSULIN<br>SYR ..... 100            |
| FUZEON SOLR .....46                                       | gemfibrozil TABS .....30                          | GLOBAL INJECT EASE LANCETS<br>28G .....90             |
| FYCOMPA SUSP 0.5 MG/ML<br>(perampanel) .....18            | GENABIO COVID-19 RAPID TEST<br>KIT .....70        | GLOBAL INJECT EASE LANCETS<br>30G .....90             |
| FYCOMPA TABS 2 MG<br>(perampanel) .....18                 | gentamicin sulfate (ophth) SOLN .110              | GLUCAGON EMERGENCY SOLR IJ<br>1 MG (glucagon) .....25 |
| FYCOMPA TABS 4 MG<br>(perampanel) .....18                 | gentamicin sulfate (topical) CREA .62             | glucagon SOLR IJ 1 MG .....25                         |
| FYCOMPA TABS 6 MG<br>(perampanel) .....18                 | gentamicin sulfate (topical) OINT ..62            | GLUCOCOM LANCETS 28G .....90                          |
| FYCOMPA TABS 8 MG, 10 MG, 12<br>MG (perampanel) ..... 18  | GENTEEL BUTTERFLY TOUCH<br>LANCET .....90         | GLUCOCOM LANCETS 30G .....90                          |
| gabapentin CAPS .....19                                   | GENTLE-LET GP LANCETS .....90                     | GLUCOCOM LANCETS 33G .....90                          |
| gabapentin SOLN .....19                                   | GENTLE-LET LANCETS .....90                        | GLUCOTROL XL TB24 (glipizide) .26                     |
| gabapentin TABS 600 MG, 800 MG<br>19                      | GENVOYA .....46                                   | glutamine (sickle cell) ..... 79                      |
| GABLOFEN SOLN IT 10000<br>MCG/20ML, 40000 MCG/20ML .. 107 | GEODON 20 MG, 40 MG<br>(ziprasidone hcl) ..... 44 | glyburide micronized 1.5 MG, 3 MG,<br>6 MG ..... 26   |
|                                                           | GEODON 60 MG, 80 MG<br>(ziprasidone hcl) ..... 44 | glyburide TABS ..... 26                               |
|                                                           | GILENYA (fingolimod hcl) .....115                 |                                                       |
|                                                           | GILOTRIF ..... 37                                 |                                                       |
|                                                           | GILPHEX TR TABS 10 MG-388 MG .<br>58              |                                                       |

|                                                                  |     |                                                         |                                  |                                          |    |
|------------------------------------------------------------------|-----|---------------------------------------------------------|----------------------------------|------------------------------------------|----|
| glyburide-metformin                                              | 24  | 91                                                      | HUMALOG KWIKPEN SOPN 100 UNIT/ML | 25                                       |    |
| GLYCATATE TABS                                                   | 121 | HAEMOLANCE PLUS LOW FLOW                                | 91                               | HUMALOG KWIKPEN SOPN 200 UNIT/ML         | 25 |
| glycopyrrolate SOLN PO 1 MG/5ML                                  | 121 | HAEMOLANCE PLUS MAX FLOW                                | 91                               | HUMALOG MIX 50/50 KWIKPEN SUPN           | 25 |
| glycopyrrolate TABS 1 MG, 2 MG                                   | 121 | HAEMOLANCE PLUS PEDIATRIC FLOW                          | 91                               | HUMALOG MIX 50/50 SUSP                   | 25 |
| GLYCOPYRROLATE TABS                                              | 121 | halcinonide SOLN 0.1 %                                  | 66                               | HUMALOG MIX 75/25 KWIKPEN SUPN           | 25 |
| GLYNASE 3 MG (glyburide micronized)                              | 26  | HALCION 0.25 MG (triazolam)                             | 81                               | HUMALOG MIX 75/25 SUSP                   | 25 |
| GLYXAMBI                                                         | 24  | halobetasol propionate CREA                             | 66                               | HUMALOG SOCT                             | 25 |
| GNP STERILE LANCETS 28G                                          | 90  | halobetasol propionate OINT                             | 66                               | HUMALOG SOLN IJ                          | 25 |
| GNP STERILE LANCETS 30G                                          | 90  | HALOG SOLN 0.1 % (halcinonide)                          | 66                               | HUMATE-P SOLR                            | 78 |
| GNP STERILE LANCETS 33G                                          | 91  | HALOG SOLN                                              | 66                               | HUMATIN                                  | 3  |
| GOJJI STERILE LANCETS                                            | 91  | haloperidol lactate CONC                                | 44                               | HUMATROPE CART IJ                        | 72 |
| GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) | 81  | haloperidol TABS                                        | 44                               | HUMIRA (2 PEN) AJKT 40 MG/0.4ML          | 4  |
| GOTOKNOW COVID-19 ANTIGEN RAPI KIT                               | 70  | HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML                  | 125                              | HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | 4  |
| granisetron hcl TABS                                             | 27  | H-E-B INCONTROL LANCETS 28G                             | 91                               | HUMIRA (2 PEN) AJKT 80 MG/0.8ML          | 4  |
| griseofulvin microsize SUSP                                      | 28  | H-E-B INCONTROL LANCETS 30G                             | 91                               | HUMIRA (2 SYRINGE) PSKT                  | 4  |
| griseofulvin microsize TABS                                      | 28  | H-E-B INCONTROL LANCETS 33G                             | 91                               | HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 4  |
| griseofulvin ultramicrosize                                      | 28  |                                                         |                                  | HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 4  |
| guaifenesin-codeine SOLN                                         | 59  | HEMANGEOL SOLN PO                                       | 48                               | HUMIRA-PED<40KG CROHNS STARTER PSKT      | 4  |
| guanfacine hcl (adhd)                                            | 1   | HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | 78                               | HUMIRA-PED>=40KG CROHNS START PSKT       | 4  |
| guanfacine hcl                                                   | 32  | heparin sodium (porcine) SOLN IJ 10000 UNIT/ML          | 17                               | HUMIRA-PED>=40KG UC STARTER AJKT         | 4  |
| GYNAZOLE-1                                                       | 126 | HEPLISAV-B SOSY                                         | 125                              | HUMIRA-PS/UV/ADOL HS STARTER AJKT        | 4  |
| HAEGARDA SOLR SC                                                 | 79  | HIPREX (methenamine hippurate)                          | 35                               |                                          |    |
| HAEMOLANCE                                                       | 91  | HUMALOG JUNIOR KWIKPEN SOPN                             | 25                               |                                          |    |
| HAEMOLANCE LOW FLOW LANCETS                                      | 91  |                                                         |                                  |                                          |    |
| HAEMOLANCE PLUS                                                  | 91  |                                                         |                                  |                                          |    |
| HAEMOLANCE PLUS HIGH FLOW                                        |     |                                                         |                                  |                                          |    |

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| HUMIRA-PSORIASIS/UVEIT<br>STARTER AJKT ..... 4                                                                         | hydrocodone-acetaminophen TABS<br>300 MG-7.5 MG .....10                               | 35 | hydroxyurea ..... 42                                          |
| HUMULIN 70/30 KWIKPEN SUPN 25                                                                                          | hydrocodone-acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....10 |    | hydroxyzine hcl SOLN 50 MG/ML . 12                            |
| HUMULIN 70/30 SUSP .....25                                                                                             |                                                                                       |    | hydroxyzine hcl SYRP ..... 12                                 |
| HUMULIN N KWIKPEN SUPN .... 26                                                                                         | hydrocodone-ibuprofen 10 MG-200<br>MG, 7.5 MG-200 MG .....10                          |    | hydroxyzine hcl TABS ..... 12                                 |
| HUMULIN N SUSP ..... 26                                                                                                |                                                                                       |    | hydroxyzine pamoate CAPS .....12                              |
| HUMULIN R SOLN IJ .....26                                                                                              | hydrocodone-ibuprofen 5 MG-200<br>MG ..... 10                                         |    | hyoscyamine sulfate SUBL 0.125 MG<br>.....121                 |
| HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....26                                                                       | hydrocortisone (intrarectal) .....11                                                  |    | hyoscyamine sulfate TABS 0.125 MG<br>.....121                 |
| HUMULIN R U-500 KWIKPEN SOPN<br>SC .....26                                                                             | hydrocortisone (rectal) EX 2.5 % .. 12                                                |    | hyoscyamine sulfate TB12 0.375 MG<br>121                      |
| HYCAMTIN CAPS ..... 42                                                                                                 | hydrocortisone (topical) CREA 2.5 %<br>66                                             |    | hyoscyamine sulfate TDBP 0.125 MG<br>.....121                 |
| HYCAMTIN SOLR (topotecan hcl) 42                                                                                       | hydrocortisone (topical) LOTN 2 %,<br>2.5 % .....67                                   |    | HYPERSAL NEBU (sodium chloride<br>(inhalant)) ..... 59        |
| HYCODAN SOLN (hydrocodone<br>bitartrate-homatropine<br>methylbromide) .....58                                          | hydrocortisone (topical) OINT 2.5 % .<br>67                                           |    | HYPERSAL NEBU .....59                                         |
| HYCODAN TABS 1.5 MG-5 MG<br>(hydrocodone bitartrate-homatropine<br>methylbromide) .....58                              | hydrocortisone (topical) SOLN 2.5 %<br>67                                             |    | HY-VEE LANCETS .....91                                        |
| hydralazine hcl TABS .....34                                                                                           | hydrocortisone butyrate CREA .... 67                                                  |    | HY-VEE THIN LANCETS .....91                                   |
| HYDREA (hydroxyurea) .....42                                                                                           | hydrocortisone butyrate hydrophilic<br>lipo base .....67                              |    | HYZAAR (losartan potassium &<br>hydrochlorothiazide) ..... 33 |
| hydrochlorothiazide CAPS .....71                                                                                       | hydrocortisone butyrate OINT ..... 67                                                 |    | ibandronate sodium TABS .....71                               |
| hydrochlorothiazide TABS .....71                                                                                       | hydrocortisone butyrate SOLN ....67                                                   |    | IBRANCE CAPS .....40                                          |
| hydrocodone bitartrate-homatropine<br>methylbromide SOLN .....58                                                       | hydrocortisone TABS ..... 57                                                          |    | IBRANCE TABS ..... 40                                         |
| hydrocodone bitartrate-homatropine<br>methylbromide TABS .....58                                                       | hydrocortisone valerate CREA ....67                                                   |    | ibuprofen TABS 400 MG, 600 MG,<br>800 MG .....5               |
| hydrocodone polistirex-<br>chlorpheniramine polistirex SUER .59                                                        | hydrocortisone valerate OINT ..... 67                                                 |    | icatibant acetate SOSY .....79                                |
|                                                                                                                        | hydrocortisone w/acetic acid .....113                                                 |    | ICLUSIG .....40                                               |
| 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 | hydromorphone hcl LIQD ..... 8                                                        |    | icosapent ethyl ..... 29                                      |
| hydrocodone-acetaminophen TABS<br>300 MG-10 MG, 300 MG-5 MG ....10                                                     | hydromorphone hcl TABS .....8                                                         |    | IDHIFA .....40                                                |
|                                                                                                                        | hydromorphone hcl TB24 32 MG ... 8                                                    |    | IHEALTH COVID-19 RAPID TEST<br>KIT .....70                    |
|                                                                                                                        | hydromorphone hcl TB24 8 MG, 12<br>MG, 16 MG .....8                                   |    | ILEVRO ..... 112                                              |
|                                                                                                                        | hydroxychloroquine sulfate 200 MG                                                     |    |                                                               |

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| imatinib mesylate TABS 100 MG ..40                                       | INDERAL LA CP24 (propranolol hcl) . 48     | INTELENCE 25 MG .....46                                     |
| imatinib mesylate TABS 400 MG ..40                                       |                                            | INTELISWAB COVID-19 RAPID TEST KIT .....70                  |
| IMBRUVICA CAPS 140 MG .....40                                            | INDERAL XL .....48                         | INTUNIV (guanfacine hcl (adhd)) ...1                        |
| IMBRUVICA CAPS 70 MG .....40                                             | INDICAID COVID-19 RAPID TEST KIT .....70   | INVEGA 3 MG, 6 MG, 9 MG (paliperidone) .....44              |
| IMBRUVICA SUSP .....40                                                   | INDOCIN SUSP (indomethacin) ....5          | iodoquinol-hydrocortisone in aloe vehicle .....62           |
| IMBRUVICA TABS .....40                                                   | indomethacin CAPS 25 MG, 50 MG 5           | ipratropium bromide (nasal) .....108                        |
| imipramine hcl TABS 10 MG, 25 MG . 24                                    | indomethacin CPCR .....5                   | ipratropium bromide SOLN 0.02 % 14                          |
| imipramine hcl TABS 50 MG .....24                                        | indomethacin SUPP .....5                   | ipratropium-albuterol SOLN .....16                          |
| imipramine pamoate .....24                                               | indomethacin SUSP .....5                   | irbesartan .....32                                          |
| imiquimod 5 % .....68                                                    | INFANRIX .....120                          | irbesartan-hydrochlorothiazide ....33                       |
| IMITREX 20 MG/ACT (sumatriptan) 101                                      | INFLECTRA SOLR .....75                     | IRESSA (gefitinib) .....37                                  |
| IMITREX 5 MG/ACT (sumatriptan) 101                                       | INLYTA .....36                             | IRON FOLATE-F .....80                                       |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML .....101             | INNOPRAN XL .....48                        | ISENTRESS CHEW .....46                                      |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML .....101                         | INQOVI .....39                             | ISENTRESS HD TABS .....46                                   |
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....101 | INSIPRA (eplerenone) .....34               | ISENTRESS PACK .....46                                      |
| IMITREX TABS (sumatriptan succinate) .....101                            | INSTALAX POWD 17 GM/SCOOP 82               | ISENTRESS TABS .....46                                      |
| IMODIUM A-D CAPS (loperamide hcl) .....27                                | INSULIN GLARGINE-YFGN SOLN 26              | isoniazid SYRP .....36                                      |
| IMURAN TABS (azathioprine) ....103                                       | INSULIN GLARGINE-YFGN SOPN 26              | isoniazid TABS .....36                                      |
| IN TOUCH STERILE LANCETS 30G .....91                                     | INSULIN LISPRO (1 UNIT DIAL) SOPN .....26  | ISORDIL TITRADOSE TABS (isosorbide dinitrate) .....12       |
| INBRIJA CAPS .....43                                                     | INSULIN LISPRO JUNIOR KWIKPEN SOPN .....26 | isosorbide dinitrate TABS 40 MG ..12                        |
| INCRELEX .....72                                                         | INSULIN LISPRO PROT & LISPRO SUPN .....26  | isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....12 |
| INCRUSE ELLIPTA .....14                                                  | INSULIN LISPRO SOLN IJ .....26             | isosorbide dinitrate-hydralazine hcl 50                     |
| indapamide TABS 1.25 MG, 2.5 MG . 71                                     | INSULIN SYRINGES AND PEN NEEDLES .....100  | isosorbide mononitrate TABS .....12                         |
|                                                                          | INTEGRA F .....80                          | ISOSORBIDE MONONITRATE TABS .....12                         |
|                                                                          | INTELENCE (etravirine) .....46             | isosorbide mononitrate TB24 .....12                         |

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| isotretinoin 10 MG, 25 MG .....61                      | 46                                                          | KIMONO SENSATION MISC .....84                                   |
| isotretinoin 20 MG .....61                             | KALYDECO PACK ..... 118                                     | KIMONO SENSATION PLUS MISC<br>84                                |
| isotretinoin 30 MG .....61                             | KALYDECO TABS .....118                                      | KIMONO SPECIAL DEVI .....84                                     |
| isotretinoin 35 MG, 40 MG .....61                      | KAMELEON LUBRICATED MISC .84                                | KINNEY LANCETS .....91                                          |
| isradipine CAPS .....49                                | KAPVAY TB12 (clonidine hcl (adhd))<br>1                     | KINNEY THIN LANCETS .....91                                     |
| ISTALOL SOLN (timolol maleate<br>(ophth)) ..... 109    | KCENTRA .....78                                             | KINRIX SUSY .....120                                            |
| ISTODAX SOLR (romidepsin) .....40                      | KENALOG AERS (triamcinolone<br>acetanide (topical)) .....67 | KISQALI (200 MG DOSE) .....40                                   |
| itraconazole CAPS .....28                              | KEPPRA SOLN PO 100 MG/ML<br>(levetiracetam) ..... 19        | KISQALI (400 MG DOSE) .....40                                   |
| itraconazole SOLN .....28                              | KEPPRA TABS (levetiracetam) ....19                          | KISQALI (600 MG DOSE) .....40                                   |
| ivabradine hcl TABS .....51                            | KEPPRA XR TB24 (levetiracetam) 19                           | KISQALI FEMARA (200 MG DOSE) .<br>39                            |
| ivermectin (rosacea) .....69                           | KEPPRA XR TB24 (levetiracetam) 19                           | KISQALI FEMARA (400 MG DOSE) .<br>39                            |
| ivermectin .....12                                     | ketoconazole (topical) CREA .....62                         | KISQALI FEMARA (600 MG DOSE) .<br>39                            |
| IXINITY SOLR .....78                                   | ketoconazole (topical) FOAM .....62                         | KITABIS PAK (W/ NEBULIZER)<br>NEBU 300 MG/5ML (tobramycin) ...3 |
| JADENU SPRINKLE PACK<br>(deferasirox) .....27          | ketoconazole (topical) SHAM 2 % .62                         | KLARITY-A .....110                                              |
| JADENU TABS (deferasirox) .....27                      | ketoconazole .....28                                        | KLARON (sulfacetamide sodium<br>(acne)) .....61                 |
| JAKAFI .....40                                         | ketoprofen CP24 .....5                                      | KLONOPIN TABS (clonazepam) ..18                                 |
| JALYN (dutasteride-tamsulosin hcl) .<br>77             | ketorolac tromethamine (ophth) .112                         | KLOR-CON 10 TBCR 10 MEQ<br>(potassium chloride) .....102        |
| JANUMET TABS .....24                                   | ketorolac tromethamine TABS .....5                          | KLOR-CON TBCR 8 MEQ<br>(potassium chloride) .....102            |
| JANUMET XR TB24 1000 MG-100<br>MG .....24              | KEVZARA SOAJ .....5                                         | KLOXXADO LIQD .....27                                           |
| JANUMET XR TB24 1000 MG-50<br>MG, 500 MG-50 MG .....24 | KEVZARA SOSY .....5                                         | KOATE SOLR .....78                                              |
| JANUVIA .....25                                        | KIMONO COLORS DEVI .....84                                  | KOATE-DVI SOLR 500 UNIT, 1000<br>UNIT .....78                   |
| JARDIANCE .....26                                      | KIMONO MAXX-LARGE FLARE<br>MISC .....84                     | KOMBIGLYZE XR (saxagliptin-<br>metformin hcl) .....24           |
| JULUCA .....46                                         | KIMONO MICRO THIN MISC .....84                              | K-PHOS NO 2 .....77                                             |
| JUXTAPID 5 MG, 10 MG, 20 MG, 30<br>MG .....31          | KIMONO MICRO THIN PLUS MISC .<br>84                         |                                                                 |
| KALETRA SOLN .....46                                   | KIMONO MISC .....84                                         |                                                                 |
| KALETRA TABS (lopinavir-ritonavir) .                   | KIMONO PLUS MISC .....84                                    |                                                                 |
|                                                        | KIMONO PS MISC .....84                                      |                                                                 |
|                                                        | KIMONO PS PLUS MISC .....84                                 |                                                                 |

|                                                                                     |     |                                                           |     |                                               |     |
|-------------------------------------------------------------------------------------|-----|-----------------------------------------------------------|-----|-----------------------------------------------|-----|
| K-PHOS TABS (potassium phosphate monobasic) .....                                   | 102 | KROGER LANCETS THIN .....                                 | 91  | LANCETS THIN .....                            | 92  |
| K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..... | 102 | KROGER LANCETS 26G .....                                  | 91  | LANCETS ULTRA THIN .....                      | 92  |
| KRINTAFEL .....                                                                     | 35  | KROGER LANCETS SUPER THIN 91 .....                        | 91  | LANCETS ULTRA THIN 30G .....                  | 92  |
| KROGER HEALTHPRO LANCET 26G .....                                                   | 91  | KROGER LANCETS THIN .....                                 | 91  | LANOXIN TABS 125 MCG, 250 MCG (digoxin) ..... | 50  |
| KROGER LANCETS .....                                                                | 91  | K-TAB TBCR 20 MEQ (potassium chloride) .....              | 103 | LANOXIN TABS 62.5 MCG (digoxin) 50 .....      |     |
| KROGER LANCETS SUPER THIN 91 .....                                                  | 91  | KUVAN PACK (sapropterin dihydrochloride) .....            | 72  | lansoprazole CPDR 15 MG .....                 | 122 |
| KROGER LANCETS THIN .....                                                           | 91  | KUVAN TABS (sapropterin dihydrochloride) .....            | 72  | lansoprazole CPDR 30 MG .....                 | 122 |
| K-TAB TBCR 20 MEQ (potassium chloride) .....                                        | 103 | K-Y ME & YOU EXTRA LUBRICATED DEVI .....                  | 84  | lansoprazole TBDD 15 MG .....                 | 122 |
| KUVAN PACK (sapropterin dihydrochloride) .....                                      | 72  | K-Y ME & YOU INTENSE DEVI ...                             | 84  | lansoprazole TBDD 30 MG .....                 | 122 |
| KUVAN TABS (sapropterin dihydrochloride) .....                                      | 72  | labetalol hcl TABS 100 MG, 200 MG, 300 MG .....           | 48  | lanthanum carbonate CHEW 1000 MG .....        | 76  |
| K-Y ME & YOU EXTRA LUBRICATED DEVI .....                                            | 84  | lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML ..... | 19  | lanthanum carbonate CHEW 500 MG .....         | 76  |
| K-Y ME & YOU INTENSE DEVI ...                                                       | 84  | lacosamide TABS .....                                     | 19  | lanthanum carbonate CHEW 750 MG .....         | 76  |
| labetalol hcl TABS 100 MG, 200 MG, 300 MG .....                                     | 48  | lactic acid (ammonium lactate) CREA .....                 | 68  | lapatinib ditosylate .....                    | 40  |
| lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....                           | 19  | lactulose (encephalopathy) .....                          | 76  | LASIX TABS (furosemide) .....                 | 71  |
| lacosamide TABS .....                                                               | 19  | lactulose SOLN .....                                      | 82  | LASTACRAFT .....                              | 112 |
| lactic acid (ammonium lactate) CREA .....                                           | 68  | LAGEVRIO .....                                            | 48  | latanoprost SOLN .....                        | 112 |
| lactulose (encephalopathy) .....                                                    | 76  | LAMICTAL CHEW (lamotrigine) ...                           | 19  | LATUDA (lurasidone hcl) .....                 | 44  |
| lactulose SOLN .....                                                                | 82  | LAMICTAL ODT KIT (lamotrigine) .                          | 19  | leflunomide 10 MG .....                       | 6   |
| LAGEVRIO .....                                                                      | 48  | LAMICTAL ODT TBDP (lamotrigine) .                         |     | leflunomide 20 MG .....                       | 6   |
| LAMICTAL CHEW (lamotrigine) ...                                                     | 19  |                                                           |     | lenalidomide .....                            | 103 |
| LAMICTAL ODT KIT (lamotrigine) .                                                    | 19  | LAMPIT .....                                              | 34  | LENVIMA (10 MG DAILY DOSE) .                  | 37  |
| LAMICTAL ODT TBDP (lamotrigine) .                                                   |     | LANCETS .....                                             | 91  | LENVIMA (12 MG DAILY DOSE) .                  | 37  |
|                                                                                     |     | LANCETS 28G THIN .....                                    | 91  | LENVIMA (14 MG DAILY DOSE) .                  | 37  |
|                                                                                     |     | LANCETS 30G .....                                         | 91  | LENVIMA (18 MG DAILY DOSE) .                  | 37  |
|                                                                                     |     | LANCETS 33G .....                                         | 92  | LENVIMA (20 MG DAILY DOSE) .                  | 37  |
|                                                                                     |     | LANCETS MICRO THIN 33G .....                              | 92  | LENVIMA (24 MG DAILY DOSE) .                  | 37  |
|                                                                                     |     | LANCETS SUPER THIN .....                                  | 92  | LENVIMA (4 MG DAILY DOSE) ..                  | 37  |
|                                                                                     |     | LANCETS SUPER THIN 28G .....                              | 92  |                                               |     |

|                                                                |                                                                                                        |                                                                        |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| LENVIMA (8 MG DAILY DOSE) .. 37                                | levonorgestrel (emergency oc) 1.5 MG ..... 56                                                          | lidocaine hcl SOLN ..... 68                                            |
| LESCOL XL TB24 (fluvastatin sodium) ..... 30                   | levonorgestrel-eth estradiol (triphasic) ..... 56                                                      | lidocaine PTCH 5 % ..... 68                                            |
| LETAIRIS (ambrisentan) ..... 51                                | levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG ..... 56                                     | lidocaine-prilocaine CREA ..... 68                                     |
| letrozole ..... 38                                             | levonorgestrel-ethinyl estradiol (continuous) ..... 56                                                 | LIDODERM PTCH (lidocaine) ..... 68                                     |
| leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG ..... 42 | levonorgestrel-ethinyl estradiol-iron 56                                                               | linezolid SUSR ..... 35                                                |
| leucovorin calcium TABS ..... 42                               | levorphanol tartrate TABS 2 MG .... 8                                                                  | linezolid TABS ..... 35                                                |
| LEUKERAN ..... 36                                              | levorphanol tartrate TABS 3 MG .... 8                                                                  | LINZESS ..... 76                                                       |
| leuprolide acetate KIT IJ 1 MG/0.2ML ..... 38                  | levothyroxine sodium CAPS ..... 120                                                                    | LIORESAL SOLN IT (baclofen) .. 107                                     |
| levalbuterol hcl ..... 16                                      | levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ..... 120                                 | LIORESAL SOLN IT ..... 107                                             |
| levalbuterol tartrate ..... 16                                 | levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ..... 120 | liothyronine sodium TABS 25 MCG, 50 MCG ..... 120                      |
| LEVBIID TB12 (hyoscyamine sulfate) 121                         | LEVSIN TABS (hyoscyamine sulfate) ..... 121                                                            | liothyronine sodium TABS 5 MCG 120                                     |
| levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML ..... 20           | LEVSIN/SL SUBL (hyoscyamine sulfate) ..... 121                                                         | LIPITOR TABS (atorvastatin calcium) ..... 30                           |
| levetiracetam TABS ..... 20                                    | LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) ..... 23                                              | LIPOFEN CAPS (fenofibrate) ..... 30                                    |
| levetiracetam TB24 ..... 20                                    | LEXAPRO TABS 5 MG (escitalopram oxalate) ..... 23                                                      | liraglutide ..... 25                                                   |
| levobunolol hcl 0.5 % ..... 109                                | LEXIVA TABS (fosamprenavir calcium) ..... 46                                                           | lisdexamfetamine dimesylate CAPS 1                                     |
| levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML ..... 72 | LIALDA TBEC (mesalamine) ..... 75                                                                      | lisdexamfetamine dimesylate CHEW . 1                                   |
| levocarnitine (metabolic modifiers) TABS ..... 72              | LIBERTY MEDICAL LANCETS ... 92                                                                         | lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG ..... 33 |
| levocetirizine dihydrochloride SOLN 29                         | LIBRAX (chlordiazepoxide hcl-clidinium bromide) ..... 121                                              | lisinopril & hydrochlorothiazide 25 MG-20 MG ..... 33                  |
| levocetirizine dihydrochloride TABS 29                         | lidocaine hcl (mouth-throat) ..... 104                                                                 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ..... 31             |
| levofloxacin (ophth) 1.5 % ..... 110                           |                                                                                                        | lisinopril TABS 40 MG ..... 31                                         |
| levofloxacin SOLN PO ..... 75                                  |                                                                                                        | LITE TOUCH LANCETS ..... 92                                            |
| levofloxacin TABS ..... 75                                     |                                                                                                        | LITETOUCH LANCETS ..... 92                                             |
| levonorgestrel & eth estradiol TABS 55                         |                                                                                                        | lithium ..... 44                                                       |
|                                                                |                                                                                                        | lithium carbonate CAPS 150 MG, 600 MG ..... 44                         |
|                                                                |                                                                                                        | lithium carbonate CAPS 300 MG .. 44                                    |

|                                                |     |                                                                                                |     |                                                                            |     |
|------------------------------------------------|-----|------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------|-----|
| lithium carbonate TABS .....                   | 44  | LOTEMAX SUSP (loteprednol etabonate) .....                                                     | 111 | LUNG PERFORM PEAK FLOW METER .....                                         | 100 |
| lithium carbonate TBCR .....                   | 44  | LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....                                            | 31  | LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG .....                                | 38  |
| LITHOBID TBCR (lithium carbonate) .            | 44  | LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 33   |     | LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG .....                                 | 38  |
| LITHOSTAT .....                                | 77  | loteprednol etabonate GEL .....                                                                | 111 | LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....                                    | 72  |
| LIVALO (pitavastatin calcium) ....             | 30  | loteprednol etabonate SUSP .....                                                               | 111 | lurasidone hcl .....                                                       | 44  |
| LIVE BETTER LANCET SUPER THIN .....            | 92  | LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . | 33  | LURBIPR TABS 100 MG (flurbiprofen) .....                                   | 5   |
| LO LOESTRIN FE TABS .....                      | 56  | LOTRONEX (alosetron hcl) .....                                                                 | 76  | LURBIRO TABS 100 MG (flurbiprofen) .....                                   | 5   |
| LOCOID LIPOCREAM .....                         | 67  | lovastatin TABS .....                                                                          | 30  | LYNPARZA TABS .....                                                        | 40  |
| LODINE TABS (etodolac) .....                   | 5   | LOVAZA (omega-3-acid ethyl esters) .....                                                       | 29  | LYRICA CAPS 225 MG, 300 MG (pregabalin) .....                              | 20  |
| LODOSYN (carbidopa) .....                      | 42  | LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) .....                                           | 17  | LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) ..... | 20  |
| LOKELMA .....                                  | 104 | LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) .....                                    | 17  | LYRICA SOLN (pregabalin) .....                                             | 20  |
| LOMOTIL TABS (diphenoxylate w/ atropine) ..... | 27  | LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) .....                                             | 18  | LYSODREN .....                                                             | 38  |
| lomustine .....                                | 36  | LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) .....                                             | 17  | MACROBID (nitrofurantoin monohyd macro) .....                              | 35  |
| LONSURF .....                                  | 39  | LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) .....                                             | 17  | MACRODANTIN (nitrofurantoin macrocrystal) .....                            | 35  |
| loperamide hcl CAPS .....                      | 27  | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...                                 | 17  | mafenide acetate PACK .....                                                | 65  |
| LOPID TABS (gemfibrozil) .....                 | 30  | loxapine succinate .....                                                                       | 44  | MALARONE (atovaquone-proguanil hcl) .....                                  | 35  |
| lopinavir-ritonavir SOLN .....                 | 46  | lubiprostone .....                                                                             | 75  | malathion .....                                                            | 69  |
| lopinavir-ritonavir TABS .....                 | 46  | LUMAKRAS 120 MG .....                                                                          | 40  | maraviroc TABS .....                                                       | 46  |
| LOPRESSOR TABS (metoprolol tartrate) .....     | 48  | LUMAKRAS 240 MG, 320 MG ....                                                                   | 40  | MARINOL CAPS (dronabinol) ....                                             | 28  |
| lorazepam CONC .....                           | 13  | LUMIGAN SOLN 0.01 % .....                                                                      | 113 | MARPLAN .....                                                              | 22  |
| lorazepam TABS .....                           | 13  | LUNESTA (eszopiclone) .....                                                                    | 81  | MATRONEX TABS .....                                                        | 106 |
| LORBRENA .....                                 | 40  |                                                                                                |     | MATULANE .....                                                             | 42  |
| losartan potassium & hydrochlorothiazide ..... | 33  |                                                                                                |     |                                                                            |     |
| losartan potassium .....                       | 32  |                                                                                                |     |                                                                            |     |
| LOTEMAX GEL (loteprednol etabonate) .....      | 111 |                                                                                                |     |                                                                            |     |
| LOTEMAX OINT .....                             | 111 |                                                                                                |     |                                                                            |     |

|                                                           |     |                                                          |     |                                                                        |     |
|-----------------------------------------------------------|-----|----------------------------------------------------------|-----|------------------------------------------------------------------------|-----|
| MAVYRET TABS .....                                        | 47  | MEDLANCE PLUS UNIVERSAL 21G .....                        | 92  | memantine hcl TABS 5 MG .....                                          | 115 |
| MAXALT TABS 10 MG (rizatriptan benzoate) .....            | 101 | MEDLANCE UNIVERSAL 21G ...                               | 92  | memantine hcl TABS .....                                               | 115 |
| MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....        | 101 | MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone) ..... | 57  | MENEST 2.5 MG .....                                                    | 74  |
| MAXIDEX SUSP OP .....                                     | 111 | MEDROL TABS .....                                        | 57  | MENOSTAR PTWK .....                                                    | 74  |
| MAXITROL OINT (neomycin-polymyx-dexameth) .....           | 111 | MEDROL TBPK (methylprednisolone) .....                   | 57  | MENQUADFI 0.5 ML .....                                                 | 123 |
| MAXITROL SUSP (neomycin-polymyx-dexameth) .....           | 111 | medroxyprogesterone acetate 10 MG .....                  | 114 | MENVEO SOLR .....                                                      | 123 |
| MAXX MISC .....                                           | 84  | medroxyprogesterone acetate 2.5 MG, 5 MG .....           | 114 | meperidine hcl SOLN PO 50 MG/5ML .....                                 | 8   |
| MAXX PLUS MISC .....                                      | 84  | mefenamic acid CAPS .....                                | 5   | meperidine hcl TABS 50 MG .....                                        | 8   |
| MAXZIDE TABS (triamterene & hydrochlorothiazide) .....    | 70  | mefloquine hcl .....                                     | 35  | MEPRON (atovaquone) .....                                              | 34  |
| MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) ..... | 70  | megestrol acetate (appetite) ....                        | 114 | mercaptopurine SUSP 2000 MG/100ML .....                                | 36  |
| meclizine hcl CHEW .....                                  | 28  | megestrol acetate SUSP .....                             | 38  | mercaptopurine TABS .....                                              | 36  |
| meclizine hcl TABS 50 MG .....                            | 28  | megestrol acetate TABS .....                             | 38  | mesalamine CP24 .....                                                  | 75  |
| meclofenamate sodium CAPS .....                           | 5   | MEIJER LANCETS .....                                     | 92  | mesalamine CPR .....                                                   | 75  |
| MEDICHOICE SAFETY LANCET ..                               | 92  | MEIJER LANCETS UNIVERSAL 21G .....                       | 93  | mesalamine CPDR .....                                                  | 75  |
| MEDICHOICE SAFETY LANCET EXTRA .....                      | 92  | MEIJER LANCETS UNIVERSAL 30G .....                       | 93  | mesalamine ENEM .....                                                  | 75  |
| MEDICHOICE SAFETY LANCET NORM .....                       | 92  | MEIJER LANCETS UNIVERSAL 33G .....                       | 93  | mesalamine SUPP .....                                                  | 75  |
| MEDLANCE EXTRA 21G .....                                  | 92  | MEKINIST SOLR .....                                      | 40  | mesalamine TBEC 1.2 GM .....                                           | 75  |
| MEDLANCE LITE 25G .....                                   | 92  | MEKINIST TABS .....                                      | 40  | mesalamine TBEC 800 MG .....                                           | 75  |
| MEDLANCE PLUS EXTRA 21G ..                                | 92  | meloxicam TABS 15 MG .....                               | 5   | mesna TABS .....                                                       | 42  |
| MEDLANCE PLUS LANCETS ....                                | 92  | meloxicam TABS 7.5 MG .....                              | 5   | MESNEX TABS .....                                                      | 42  |
| MEDLANCE PLUS LITE 25G ....                               | 92  | melphalan .....                                          | 36  | MESTINON SOLN PO (pyridostigmine bromide) .....                        | 35  |
| MEDLANCE PLUS SPECIAL 0.8MM .....                         | 92  | melphalan hcl IV .....                                   | 36  | MESTINON TABS (pyridostigmine bromide) .....                           | 35  |
| MEDLANCE PLUS SUPERLITE 30G .....                         | 92  | memantine hcl CP24 .....                                 | 115 | MESTINON TBCR (pyridostigmine bromide) .....                           | 35  |
|                                                           |     | memantine hcl SOLN .....                                 | 115 | METADATE CD CPR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) ..... | 2   |
|                                                           |     | memantine hcl TABS 10 MG .....                           | 115 | METADATE CD CPR 20 MG, 30 MG (methylphenidate hcl) .....               | 2   |

|                                                                                      |     |                                                             |    |                                                          |     |
|--------------------------------------------------------------------------------------|-----|-------------------------------------------------------------|----|----------------------------------------------------------|-----|
| metaxalone 400 MG .....                                                              | 107 | METHYLIN SOLN (methylphenidate hcl) .....                   | 2  | metoprolol succinate TB24 .....                          | 48  |
| metaxalone 800 MG .....                                                              | 107 | methylphenidate hcl CHEW .....                              | 2  | metoprolol tartrate TABS .....                           | 48  |
| metformin hcl SOLN .....                                                             | 24  | methylphenidate hcl CP24 60 MG ..                           | 2  | METROCREAM CREA<br>(metronidazole (topical)) .....       | 69  |
| metformin hcl TABS 500 MG, 850<br>MG, 1000 MG .....                                  | 24  | methylphenidate hcl CP24 .....                              | 2  | METROGEL GEL 1 %<br>(metronidazole (topical)) .....      | 69  |
| metformin hcl TB24 500 MG, 750 MG<br>.....                                           | 25  | methylphenidate hcl CPR 10 MG,<br>40 MG, 50 MG, 60 MG ..... | 2  | metronidazole (topical) CREA .....                       | 69  |
| methadone hcl CONC .....                                                             | 8   | methylphenidate hcl CPR 20 MG,<br>30 MG .....               | 2  | metronidazole (topical) GEL 0.75 %<br>69                 |     |
| methadone hcl SOLN PO .....                                                          | 8   | methylphenidate hcl SOLN .....                              | 2  | metronidazole (topical) GEL 1 % ..                       | 69  |
| methadone hcl TABS .....                                                             | 8   | methylphenidate hcl TABS 20 MG ..                           | 2  | metronidazole (topical) LOTN .....                       | 69  |
| methadone hcl TBSO .....                                                             | 8   | methylphenidate hcl TABS 5 MG, 10<br>MG .....               | 2  | metronidazole CAPS .....                                 | 34  |
| METHADOSE CONC (methadone<br>hcl) .....                                              | 9   | methylphenidate hcl TB24 18 MG, 27<br>MG, 54 MG .....       | 2  | metronidazole TABS 250 MG, 500<br>MG .....               | 34  |
| METHADOSE SUGAR-FREE CONC<br>(methadone hcl) .....                                   | 8   | methylphenidate hcl TB24 36 MG ..                           | 2  | metronidazole vaginal .....                              | 126 |
| methamphetamine hcl .....                                                            | 1   | methylphenidate hcl TBCR 10 MG,<br>20 MG .....              | 2  | metyrosine .....                                         | 31  |
| methazolamide TABS .....                                                             | 70  | methylphenidate hcl TBCR 18 MG,<br>27 MG, 36 MG .....       | 2  | mexiletine hcl .....                                     | 13  |
| methenamine hippurate .....                                                          | 35  | methylphenidate hcl TBCR 54 MG ..                           | 2  | MG217 PSORIASIS MULTI-<br>SYMPTOM OINT .....             | 68  |
| methenamine mandelate 1 GM ....                                                      | 35  | methylphenidate PTCH .....                                  | 2  | MIACALCIN IJ (calcitonin (salmon))<br>71                 |     |
| methimazole TABS .....                                                               | 119 | methylprednisolone TABS .....                               | 57 | MICARDIS 20 MG, 40 MG<br>(telmisartan) .....             | 32  |
| methocarbamol TABS 500 MG, 750<br>MG .....                                           | 108 | methylprednisolone TBPk .....                               | 57 | MICARDIS 80 MG (telmisartan) ...                         | 32  |
| methotrexate sodium SOLN 1<br>GM/40ML, 50 MG/2ML, 250<br>MG/10ML, 1000 MG/40ML ..... | 36  | methyltestosterone CAPS .....                               | 11 | MICARDIS HCT (telmisartan-<br>hydrochlorothiazide) ..... | 33  |
| methotrexate sodium SOLR .....                                                       | 36  | metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....    | 75 | MICROLET LANCETS .....                                   | 93  |
| methotrexate sodium TABS 2.5 MG<br>36                                                |     | metoclopramide hcl TABS .....                               | 75 | MICROLIFE DIGITAL PEAK FLOW .<br>100                     |     |
| methoxsalen rapid .....                                                              | 64  | metoclopramide hcl TBDP .....                               | 75 | midazolam hcl SYRP .....                                 | 81  |
| methscopolamine bromide .....                                                        | 121 | metolazone .....                                            | 71 | midodrine hcl .....                                      | 127 |
| methsuximide .....                                                                   | 21  | METOPIRONE .....                                            | 69 | MIFEPREX (mifepristone) .....                            | 73  |
| methyl dopa TABS .....                                                               | 32  | metoprolol & hydrochlorothiazide<br>TABS .....              | 33 | mifepristone .....                                       | 73  |
| methylergonovine maleate TABS                                                        | 113 |                                                             |    |                                                          |     |

|                                     |     |                                 |                                   |
|-------------------------------------|-----|---------------------------------|-----------------------------------|
| miglitol .....                      | 24  | MNEXSPIKE SUSY 10 MCG/0.2ML .   | morphine sulfate SOLN PO 20       |
| miglustat .....                     | 79  | 125                             | MG/ML, 100 MG/5ML .....           |
| MIGRANAL SOLN NA                    |     | MOBILE LANCETS 30G .....        | 93                                |
| (dihydroergotamine mesylate) ....   | 101 | modafinil .....                 | 2                                 |
| MINASTRIN 24 FE CHEW (norethin      |     | MODERNA COVID-19 BIVALENT       | morphine sulfate SUPP .....       |
| acet & estrad-fe) .....             | 56  | 125                             | morphine sulfate TABS 15 MG ..... |
| MINI WRIGHT PEAK FLOW METER         |     | MODERNA COVID-19 VAC 6M-11Y     | morphine sulfate TABS 30 MG ..... |
| .....                               | 100 | SUSP .....                      | 125                               |
| MINIPRESS CAPS (prazosin hcl) .     | 32  | MODERNA COVID-19 VAC 6M-11Y     | MOTEGRITY (prucalopride           |
| MINIVELLE PTTW (estradiol) .....    | 74  | SUSY .....                      | succinate) .....                  |
| minocycline hcl CAPS .....          | 119 | MODERNA COVID-19 VACCINE        | MOVANTIK .....                    |
| minocycline hcl CP24 .....          | 119 | SUSP .....                      | 125                               |
| minocycline hcl TABS 50 MG, 100     |     | moexipril hcl .....             | 31                                |
| MG .....                            | 119 | molindone hcl .....             | 45                                |
| minocycline hcl TABS 75 MG ....     | 119 | MOLNUPIRAVIR (MOLNUPIRAVIR      | MPD SAFETY LANCET 21G .....       |
| minoxidil 2.5 MG, 10 MG .....       | 34  | CAPS 200MG) .....               | 93                                |
| MIRALAX POWD (polyethylene          |     | mometasone furoate (nasal) SUSP | MPD SAFETY LANCET 28G .....       |
| glycol 3350) .....                  | 82  | 109                             | 93                                |
| MIRAPEX ER TB24 0.375 MG, 0.75      |     | mometasone furoate CREA .....   | 125                               |
| MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5   |     | mometasone furoate OINT .....   | 67                                |
| MG (pramipexole dihydrochloride) .  | 43  | mometasone furoate SOLN .....   | 67                                |
| MIRAPEX ER TB24 3 MG                |     | MONOLET LANCETS .....           | 93                                |
| (pramipexole dihydrochloride) ..... | 43  | MONOLET OPD LANCETS .....       | 93                                |
| mirtazapine TABS .....              | 22  | MONOLETTOR SAFETY LANCETS       |                                   |
| mirtazapine TBDP .....              | 22  | 93                              |                                   |
| MIRVASO (brimonidine tartrate       |     | montelukast sodium CHEW .....   | 14                                |
| (topical)) .....                    | 69  | montelukast sodium PACK .....   | 14                                |
| misoprostol .....                   | 123 | montelukast sodium TABS .....   | 14                                |
| MITIGARE CAPS (colchicine) .....    | 78  | morphine sulfate beads .....    | 9                                 |
| mitoxantrone hcl 25 MG/12.5ML ..    | 39  | morphine sulfate CP24 10 MG, 20 |                                   |
| MM TWIST LANCETS .....              | 93  | MG, 30 MG, 50 MG, 60 MG, 80 MG, |                                   |
| M-M-R II SOLR .....                 | 125 | 100 MG .....                    | 9                                 |
| M-NATAL PLUS TABS .....             | 106 | morphine sulfate SOLN PO 10     |                                   |
|                                     |     | MG/5ML, 20 MG/5ML .....         | 9                                 |

|                                                 |     |                                                                                                       |     |                                                                                                                                                           |     |
|-------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| MYALEPT .....                                   | 72  | NAMENDA TABS 10 MG<br>(memantine hcl) .....                                                           | 115 | NEBUSAL NEBU .....                                                                                                                                        | 59  |
| MYAMBUTOL TABS 400 MG<br>(ethambutol hcl) ..... | 36  | NAMENDA TABS 5 MG (memantine<br>hcl) .....                                                            | 115 | NEEVO DHA 85 MG-25 MG-15 MG-<br>5 MCG-1.4 MG-18 MG-27 MG-110<br>MG-1.4 MG-60 MG-220 MCG-60<br>MCG-1 MG-1.13 MG .....                                      | 106 |
| MYCOBUTIN (rifabutin) .....                     | 36  | NAMENDA TITRATION PAK TABS<br>(memantine hcl) .....                                                   | 115 | nefazodone hcl .....                                                                                                                                      | 23  |
| mycophenolate mofetil CAPS .....                | 103 | NAMENDA XR CP24 14 MG, 21 MG,<br>28 MG (memantine hcl) .....                                          | 115 | neomycin sulfate TABS .....                                                                                                                               | 3   |
| mycophenolate mofetil SUSR .....                | 103 | NAMZARIC C4PK .....                                                                                   | 115 | neomycin-bacitracin zn-polymyxin<br>110                                                                                                                   |     |
| mycophenolate mofetil TABS .....                | 103 | NAPROSYN SUSP (naproxen) .....                                                                        | 6   | neomycin-polymy-dexameth OINT<br>111                                                                                                                      |     |
| mycophenolate sodium .....                      | 103 | NAPROSYN TABS 500 MG<br>(naproxen) .....                                                              | 6   | neomycin-polymy-dexameth SUSP<br>0.1 %-3.5 MG/ML-10000 UNIT/ML,<br>0.1 % .....                                                                            | 111 |
| MYDRIACYL SOLN (tropicamide)<br>110             |     | naproxen sodium TABS 275 MG, 550<br>MG .....                                                          | 6   | neomycin-polymyxin-gramicidin .                                                                                                                           | 110 |
| MYFORTIC (mycophenolate<br>sodium) .....        | 103 | naproxen SUSP .....                                                                                   | 6   | neomycin-polymyxin-hc (ophth) .                                                                                                                           | 111 |
| MYGLUCOHEALTH LANCETS 30G<br>93                 |     | naproxen TABS .....                                                                                   | 6   | neomycin-polymyxin-hc (otic) SOLN .                                                                                                                       | 113 |
| MYHIBBIN SUSP .....                             | 103 | naratriptan hcl .....                                                                                 | 101 | neomycin-polymyxin-hc (otic) SUSP .                                                                                                                       | 113 |
| MYLERAN TABS .....                              | 36  | NARCAN LIQD (naloxone hcl) .....                                                                      | 27  | NEONATAL 19 .....                                                                                                                                         | 106 |
| MYSOLINE (primidone) .....                      | 20  | NARDIL (phenelzine sulfate) .....                                                                     | 22  | NEONATAL COMPLETE TABS 120<br>MG-10 MG-9.2 MG-1000 MCG-10<br>MCG-12 MCG-3 MG-5 MG-20 MG-<br>27 MG-200 MG-1.84 MG-25 MG-2<br>MG-1200 MCG-2 MG-0.2 MG ..... | 106 |
| MYTESI .....                                    | 26  | NASACORT ALLERGY 24HR AERO<br>(triamcinolone acetonide (nasal))                                       | 109 | NEONATAL PLUS TABS .....                                                                                                                                  | 106 |
| nabumetone 500 MG .....                         | 5   | NASONEX 24HR SUSP<br>(mometasone furoate (nasal)) .....                                               | 109 | NEORAL CAPS (cyclosporine<br>modified (for microemulsion)) .....                                                                                          | 103 |
| nabumetone 750 MG .....                         | 5   | NATACHEW CHEW 120 MG-10 MG-<br>20 UNIT-1 MG-400 UNIT-12 MCG-3<br>MG-20 MG-2 MG-2700 UNIT-28 MG<br>106 |     | NEORAL SOLN (cyclosporine<br>modified (for microemulsion)) .....                                                                                          | 103 |
| nadolol TABS 20 MG, 40 MG, 80 MG<br>.....       | 49  | NATACYN .....                                                                                         | 110 | NEOSTIGMINE METHYLSULFATE<br>RFID SOSY (neostigmine<br>methylsulfate) .....                                                                               | 36  |
| NAFCILLIN SODIUM IN DEXTROSE<br>1 GM/50ML ..... | 114 | NATAZIA .....                                                                                         | 56  | NEOSTIGMINE METHYLSULFATE<br>SOSY 3 MG/3ML .....                                                                                                          | 36  |
| nafticillin sodium IV 10 GM .....               | 114 | nateglinide .....                                                                                     | 26  |                                                                                                                                                           |     |
| naftifine hcl CREA .....                        | 62  | NAYZILAM .....                                                                                        | 18  |                                                                                                                                                           |     |
| naftifine hcl GEL 2 % .....                     | 62  | nebivolol hcl .....                                                                                   | 48  |                                                                                                                                                           |     |
| NAFTIN GEL (naftifine hcl) .....                | 62  | NEBUPENT IN (pentamidine<br>isethionate) .....                                                        | 34  |                                                                                                                                                           |     |
| NALOCET TABS .....                              | 10  |                                                                                                       |     |                                                                                                                                                           |     |
| naloxone hcl LIQD .....                         | 27  |                                                                                                       |     |                                                                                                                                                           |     |
| naloxone hcl SOSY 2 MG/2ML .....                | 27  |                                                                                                       |     |                                                                                                                                                           |     |
| naltrexone hcl .....                            | 27  |                                                                                                       |     |                                                                                                                                                           |     |

|                                                                |                                                    |                                                                                      |
|----------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|
| neostigmine methylsulfate SOSY ..36                            | (nicotine polacrilex) .....118                     | nitroglycerin SOLN TL 0.4<br>MG/SPRAY ..... 12                                       |
| NEOTUSS PLUS LIQD .....59                                      | NICOTINE KIT .....118                              | nitroglycerin SUBL ..... 12                                                          |
| NERLYNX .....40                                                | nicotine polacrilex GUM ..... 118                  | NITROLINGUAL SOLN TL<br>(nitroglycerin) .....12                                      |
| NESINA (alogliptin benzoate) .....25                           | nicotine polacrilex LOZG ..... 118                 | NITROSTAT SUBL (nitroglycerin) . 12                                                  |
| NESTABS .....106                                               | nicotine PT24 TD 21 MG/24HR .. 118                 | NITYR TABS .....72                                                                   |
| NESTABS DHA .....106                                           | nicotine PT24 TD 7 MG/24HR, 14<br>MG/24HR .....118 | NIVA THYROID TABS .....120                                                           |
| NESTABS ONE .....106                                           | NICOTROL INHA .....118                             | NIVA-PLUS TABS .....106                                                              |
| NEUPRO .....43                                                 | NICOTROL NS SOLN .....118                          | nizatidine CAPS ..... 121                                                            |
| NEURONTIN CAPS (gabapentin) .20                                | nifedipine CAPS .....49                            | NORDITROPIN FLEXPPO SOPN 15<br>MG/1.5ML, 30 MG/3ML .....72                           |
| NEURONTIN SOLN (gabapentin) .20                                | nifedipine TB24 30 MG, 60 MG ...49                 | NORDITROPIN FLEXPPO SOPN 5<br>MG/1.5ML, 10 MG/1.5ML .....72                          |
| NEURONTIN TABS (gabapentin) . 20                               | nifedipine TB24 ..... 49                           | norelgestromin-ethinyl estradiol ...56                                               |
| NEVANAC .....112                                               | NILANDRON (nilutamide) .....38                     | norethin acet & estrad-fe CAPS ... 56                                                |
| nevirapine SUSP .....46                                        | nilotinib hcl 150 MG, 200 MG .....40               | norethin acet & estrad-fe CHEW .. 56                                                 |
| nevirapine TABS .....46                                        | nilotinib hcl 50 MG ..... 40                       | norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG ..... 56 |
| nevirapine TB24 400 MG .....46                                 | nilutamide .....38                                 | norethindrone & ethinyl estradiol-fe<br>56                                           |
| NEXAVAR (sorafenib tosylate) ...40                             | nimodipine CAPS .....49                            | norethindrone (contraceptive) .....57                                                |
| NEXTSTELLIS ..... 56                                           | nimodipine SOLN .....49                            | norethindrone acet & eth estra TABS<br>56                                            |
| niacin (antihyperlipidemic) TABS ..31                          | NINLARO .....41                                    | norethindrone acetate TABS ..... 114                                                 |
| niacin (antihyperlipidemic) TBCR ..31                          | nisoldipine .....49                                | norethindrone acetate-ethinyl<br>estradiol ..... 74                                  |
| nicardipine hcl CAPS ..... 49                                  | nitazoxanide TABS .....34                          | norethindrone acetate-ethinyl<br>estradiol-fe .....56                                |
| NICODERM CQ PT24 TD 21<br>MG/24HR (nicotine) ..... 118         | nitisinone CAPS .....72                            | norgestimate-ethinyl estradiol<br>(triphasic) .....56                                |
| NICODERM CQ PT24 TD 7<br>MG/24HR, 14 MG/24HR (nicotine)<br>118 | NITRO-BID OINT ..... 12                            | norgestimate-ethinyl estradiol .....56                                               |
| NICORETTE GUM (nicotine<br>polacrilex) .....118                | NITRO-DUR PT24 (nitroglycerin) ..12                | NORITATE CREA ..... 69                                                               |
| NICORETTE LOZG (nicotine<br>polacrilex) .....118               | NITRO-DUR PT24 .....12                             |                                                                                      |
| NICORETTE MINI LOZG (nicotine<br>polacrilex) .....118          | nitrofurantoin ..... 35                            |                                                                                      |
| NICORETTE STARTER KIT GUM                                      | nitrofurantoin macrocrystal .....35                |                                                                                      |
|                                                                | nitrofurantoin monohyd macro ....35                |                                                                                      |
|                                                                | nitroglycerin (intra-anal) .....12                 |                                                                                      |
|                                                                | nitroglycerin PT24 .....12                         |                                                                                      |

|                                                      |     |                                                                                            |     |                                                                           |     |
|------------------------------------------------------|-----|--------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------|-----|
| NORPACE CAPS (disopyramide phosphate) .....          | 13  | estradiol) .....                                                                           | 56  | ODEFSEY .....                                                             | 46  |
| NORPACE CR CP12 .....                                | 13  | NUVAXOVID COVID-19 VACCINE                                                                 |     | ODOMZO .....                                                              | 38  |
| NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) .....  | 24  | SUSY 5 MCG/0.5ML .....                                                                     | 125 | OFEV .....                                                                | 118 |
| NORTHERA (droxidopa) .....                           | 126 | NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil) .....                                         | 2   | ofloxacin (ophth) .....                                                   | 110 |
| nortriptyline hcl CAPS .....                         | 24  | NUVIGIL 50 MG (armodafinil) .....                                                          | 2   | ofloxacin (otic) .....                                                    | 113 |
| nortriptyline hcl SOLN .....                         | 24  | NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT .....                                   | 78  | ofloxacin 300 MG .....                                                    | 75  |
| NORVASC TABS 2.5 MG (amlodipine besylate) .....      | 49  | NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT .....                                            | 78  | ofloxacin 400 MG .....                                                    | 75  |
| NORVASC TABS 5 MG, 10 MG (amlodipine besylate) ..... | 49  | NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT ..... | 78  | OHC COVID-19 ANTIGEN SELF TEST KIT .....                                  | 70  |
| NORVIR PACK .....                                    | 46  | NYSTATIN (nystatin (mouth-throat)) . 104                                                   |     | olanzapine TABS 15 MG, 20 MG ..                                           | 44  |
| NORVIR TABS (ritonavir) .....                        | 46  | nystatin (mouth-throat) .....                                                              | 104 | olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....                         | 44  |
| NOVA SAFETY LANCETS 23G ..                           | 93  | nystatin (topical) CREA .....                                                              | 62  | olanzapine TBDP .....                                                     | 44  |
| NOVA SAFETY LANCETS 28G ..                           | 93  | nystatin (topical) OINT .....                                                              | 62  | olanzapine-fluoxetine hcl .....                                           | 115 |
| NOVA SUREFLEX LANCETS ....                           | 93  | nystatin (topical) POWD EX .....                                                           | 62  | olmesartan medoxomil 40 MG ....                                           | 32  |
| NOVAVAX COVID-19 VACCINE SUSP .....                  | 125 | nystatin TABS .....                                                                        | 28  | olmesartan medoxomil 5 MG, 20 MG 32                                       |     |
| NOVAVAX COVID-19 VACCINE SUSY .....                  | 125 | nystatin-triamcinolone CREA .....                                                          | 62  | olmesartan medoxomil-amlodipine-hydrochlorothiazide .....                 | 33  |
| NOVOPEN ECHO DEVI .....                              | 100 | nystatin-triamcinolone OINT .....                                                          | 62  | olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG .                  | 33  |
| NOVOSEVEN RT .....                                   | 78  | NYVEPRIA .....                                                                             | 80  | olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG ..... | 33  |
| NOXAFIL SUSP (posaconazole) ..                       | 28  | OB COMPLETE ONE .....                                                                      | 106 | olopatadine hcl (nasal) .....                                             | 108 |
| NOXAFIL TBEC (posaconazole) ..                       | 28  | OB COMPLETE PETITE .....                                                                   | 106 | olopatadine hcl 0.1 % .....                                               | 112 |
| NP THYROID TABS .....                                | 120 | OB COMPLETE PREMIER .....                                                                  | 106 | olopatadine hcl 0.2 % .....                                               | 112 |
| NUBEQA .....                                         | 38  | OB COMPLETE/DHA .....                                                                      | 106 | omega-3-acid ethyl esters .....                                           | 29  |
| NUCORT LOTN .....                                    | 67  | OBIZUR .....                                                                               | 79  | omeprazole CPDR 10 MG .....                                               | 122 |
| NUEDEXTA .....                                       | 116 | OCALIVA .....                                                                              | 75  | omeprazole CPDR 20 MG, 40 MG 122                                          |     |
| NUPLAZID CAPS .....                                  | 44  | octreotide acetate SOLN .....                                                              | 73  | omeprazole magnesium CPDR ..                                              | 122 |
| NUPLAZID TABS 10 MG .....                            | 44  | octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML .....                                        | 73  |                                                                           |     |
| NUVARING (etonogestrel-ethinyl                       |     | OCUFLOX (ofloxacin (ophth)) ...                                                            | 110 |                                                                           |     |

|                                                        |     |                                                                                                       |     |                                                       |     |
|--------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------|-----|
| OMNIFLEX DIAPHRAGM .....                               | 84  | ORAPRED ODT TBDP .....                                                                                | 57  | OVACE PLUS SHAM (sulfacetamide sodium) .....          | 64  |
| ON/GO COVID-19 ANTIGEN TEST KIT .....                  | 70  | ORAVIG .....                                                                                          | 104 | OVACE PLUS WASH LIQD (sulfacetamide sodium) .....     | 64  |
| ON/GO ONE COVID-19 HOME TEST KIT .....                 | 70  | ORENITRAM MONTH 1 TEPK ....                                                                           | 50  | OVACE WASH LIQD (sulfacetamide sodium) .....          | 64  |
| ondansetron hcl SOLN PO 4 MG/5ML .....                 | 27  | ORENITRAM MONTH 2 TEPK ....                                                                           | 50  | OVIDE (malathion) .....                               | 69  |
| ondansetron hcl TABS 4 MG, 8 MG 27                     |     | ORENITRAM MONTH 3 TEPK ....                                                                           | 50  | oxacillin sodium IV 10 GM .....                       | 114 |
| ondansetron TBDP 4 MG, 8 MG ..                         | 27  | ORENITRAM TBCR .....                                                                                  | 50  | oxaprozin TABS .....                                  | 6   |
| ONE VITE WOMENS PLUS TABS 106                          |     | ORFADIN CAPS (nitisinone) .....                                                                       | 73  | OXAYDO TABS 5 MG .....                                | 9   |
| ONETOUCH DELICA PLUS LANCET30G .....                   | 93  | ORFADIN SUSP .....                                                                                    | 73  | OXAYDO TABS 7.5 MG .....                              | 9   |
| ONETOUCH DELICA PLUS LANCET33G .....                   | 93  | ORGOVYX .....                                                                                         | 38  | oxazepam CAPS 10 MG, 15 MG ..                         | 13  |
| ONETOUCH DELICA SAFETY LANCING .....                   | 93  | ORIAHNN .....                                                                                         | 74  | oxazepam CAPS 30 MG .....                             | 13  |
| ONETOUCH ULTRASOFT 2 LANCETS .....                     | 93  | ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....                                                       | 118 | oxcarbazepine SUSP .....                              | 20  |
| ONFI SUSP (clobazam) .....                             | 18  | ORKAMBI PACK 94 MG-75 MG ..                                                                           | 118 | oxcarbazepine TABS 150 MG .....                       | 20  |
| ONFI TABS 10 MG (clobazam) ....                        | 18  | ORKAMBI TABS .....                                                                                    | 118 | oxcarbazepine TABS 300 MG .....                       | 20  |
| ONFI TABS 20 MG (clobazam) ....                        | 18  | ORLADEYO .....                                                                                        | 79  | oxcarbazepine TABS 600 MG .....                       | 20  |
| ONGLYZA (saxagliptin hcl) .....                        | 25  | orphenadrine citrate TB12 .....                                                                       | 108 | oxcarbazepine TB24 150 MG, 300 MG .....               | 20  |
| ONUREG TABS .....                                      | 36  | oseltamivir phosphate CAPS 30 MG, 45 MG .....                                                         | 48  | oxcarbazepine TB24 600 MG .....                       | 20  |
| OPILL .....                                            | 57  | oseltamivir phosphate CAPS 75 MG . 48                                                                 |     | oxiconazole nitrate CREA .....                        | 62  |
| OPSUMIT .....                                          | 51  | oseltamivir phosphate SUSR .....                                                                      | 48  | OXISTAT CREA (oxiconazole nitrate) .....              | 62  |
| OPTIONS GYNOL II CONTRACEPTIVE GEL .....               | 126 | OSPHERA .....                                                                                         | 72  | OXISTAT LOTN .....                                    | 62  |
| ORACEA (doxycycline (rosacea)) 69                      |     | OTEZLA TABS .....                                                                                     | 6   | OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine) ..... | 20  |
| ORACIT .....                                           | 77  | OTEZLA TBPK .....                                                                                     | 6   | OXTELLAR XR TB24 600 MG (oxcarbazepine) .....         | 20  |
| ORAL CITRATE .....                                     | 77  | OTEZLA XR TB24 PO 75 MG .....                                                                         | 6   | oxybutynin chloride TABS 5 MG .                       | 123 |
| ORAPRED ODT TBDP (prednisolone sodium phosphate) ..... | 57  | OTEZLA/OTEZLA XR INITIATION PK TBPK .....                                                             | 6   | oxybutynin chloride TB24 .....                        | 123 |
|                                                        |     | OTREXUP SOAJ 10 MG/0.4ML ....                                                                         | 3   | oxycodone hcl CAPS .....                              | 9   |
|                                                        |     | OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ..... | 3   | oxycodone hcl CONC 100 MG/5ML                         | 9   |

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|-----------------------------------------------------------------------------|-----|-------------------------------------------------------|-----|-----------------------------------------------------------------|-----|
| oxycodone hcl SOLN .....                                                    | 9   | PARLODEL TABS (bromocriptine mesylate) .....          | 43  | peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....   | 81  |
| oxycodone hcl TABS 30 MG .....                                              | 9   | PARNATE (tranylcypromine sulfate) 22                  |     | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 81 |     |
| oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....                          | 9   | paroxetine hcl SUSP .....                             | 23  | peg 3350-potassium chloride-sod bicarbonate-sod chloride .....  | 81  |
| oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..              | 10  | paroxetine hcl TABS .....                             | 23  | PEGASYS SOLN .....                                              | 47  |
| oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....                         | 10  | paroxetine hcl TB24 .....                             | 23  | PEG-PREP .....                                                  | 81  |
| oxycodone w/ acetaminophen TABS 325 MG-5 MG .....                           | 10  | PATADAY 0.1 % (olopatadine hcl) 112                   |     | penicillamine CAPS .....                                        | 103 |
| OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... | 10  | PATADAY 0.2 % (olopatadine hcl) 112                   |     | penicillamine TABS .....                                        | 103 |
| OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG .....                            | 10  | PAXIL CR TB24 (paroxetine hcl) ..                     | 23  | PENICILLIN G POT IN DEXTROSE .                                  | 114 |
| oxymorphone hcl TABS 10 MG .....                                            | 9   | PAXIL SUSP (paroxetine hcl) .....                     | 23  | penicillin g potassium 5000000 UNIT, 20000000 UNIT .....        | 114 |
| oxymorphone hcl TABS 5 MG .....                                             | 9   | PAXIL TABS (paroxetine hcl) .....                     | 23  | penicillin g sodium .....                                       | 114 |
| oxymorphone hcl TB12 .....                                                  | 9   | PAXLOVID (150/100) .....                              | 47  | penicillin v potassium SOLR .....                               | 114 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....                                    | 25  | PAXLOVID (300/100) .....                              | 47  | penicillin v potassium TABS .....                               | 114 |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....                                     | 25  | PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK | 47  | PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) .....        | 63  |
| OZEMPIC (2 MG/DOSE) SOPN ..                                                 | 25  | pazopanib hcl .....                                   | 41  | PENTACEL .....                                                  | 120 |
| OZOBAX SOLN PO (baclofen) ...                                               | 108 | PEAK A-I-R FLOW METER .....                           | 100 | pentamidine isethionate IN .....                                | 34  |
| paliperidone .....                                                          | 44  | PEAK AIR PEAK FLOW METER 100                          |     | PENTASA CPCR (mesalamine) ...                                   | 75  |
| PALYNZIQ .....                                                              | 73  | PEAK FLOW METER UNIVERSAL RANG .....                  | 100 | PENTASA CPCR 250 MG .....                                       | 75  |
| PAMELOR CAPS (nortriptyline hcl) 24                                         |     | ped multivitamins w/fl & iron SOLN 104                |     | pentazocine w/ naloxone hcl .....                               | 11  |
| PANRETIN .....                                                              | 63  | PEDIAPRED SOLN (prednisolone sodium phosphate) .....  | 57  | pentoxifylline .....                                            | 79  |
| pantoprazole sodium PACK .....                                              | 122 | PEDIARIX SUSY .....                                   | 120 | PEPCID AC MAXIMUM STRENGTH TABS (famotidine) .....              | 121 |
| pantoprazole sodium TBEC .....                                              | 122 | pediatric multivitamins w/fl CHEW 105                 |     | PEPCID TABS 20 MG (famotidine) 121                              |     |
| paricalcitol CAPS .....                                                     | 73  | pediatric multivitamins w/fl SOLN 105                 |     | PEPCID TABS 40 MG (famotidine) 122                              |     |
| PARLODEL CAPS (bromocriptine mesylate) .....                                | 43  | PEDVAX HIB SUSP .....                                 | 123 | perampanel SUSP 0.5 MG/ML ....                                  | 18  |

|                                                                                      |                                                                   |                                                             |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|
| perampanel TABS 2 MG .....18                                                         | VACC SUSP .....125                                                | pioglitazone hcl-metformin hcl TABS .<br>24                 |
| perampanel TABS 4 MG .....18                                                         | PHARMACIST CHOICE LANCETS .<br>94                                 | PIP LANCETS 28G ..... 94                                    |
| perampanel TABS 6 MG .....18                                                         | phenelzine sulfate .....22                                        | PIP LANCETS 30G ..... 94                                    |
| perampanel TABS 8 MG, 10 MG, 12<br>MG ..... 18                                       | phenobarbital ELIX .....80                                        | PIQRAY (200 MG DAILY DOSE) .41                              |
| PERCOCET TABS 325 MG-10 MG,<br>325 MG-7.5 MG (oxycodone w/<br>acetaminophen) .....10 | phenobarbital TABS .....80                                        | PIQRAY (250 MG DAILY DOSE) .41                              |
| PERCOCET TABS 325 MG-2.5 MG<br>(oxycodone w/ acetaminophen) ... 10                   | phenoxybenzamine hcl .....31                                      | PIQRAY (300 MG DAILY DOSE) .41                              |
| PERCOCET TABS 325 MG-5 MG<br>(oxycodone w/ acetaminophen) ... 10                     | phenylephrine hcl (mydriatic) SOLN<br>110                         | pirfenidone CAPS .....118                                   |
| PERFECT LANCETS 28G .....93                                                          | PHENYLEPHRINE HCL SOLN<br>(phenylephrine hcl (mydriatic)) ... 110 | pirfenidone TABS 267 MG, 801 MG<br>119                      |
| PERFECT LANCETS 30G .....93                                                          | phenytoin CHEW .....21                                            | pirfenidone TABS 534 MG .....119                            |
| PERFECT POINT SAFETY<br>LANCETS ..... 93                                             | phenytoin sodium extended 100 MG,<br>200 MG, 300 MG .....21       | piroxicam CAPS 10 MG .....6                                 |
| PERIDEX (chlorhexidine gluconate<br>(mouth-throat)) .....104                         | phenytoin SUSP ..... 21                                           | piroxicam CAPS 20 MG .....6                                 |
| perindopril erbumine ..... 31                                                        | PHEXX .....126                                                    | pitavastatin calcium ..... 30                               |
| permethrin CREA .....69                                                              | PHEXXI ..... 126                                                  | PLAN B ONE-STEP (levonorgestrel<br>(emergency oc)) ..... 56 |
| perphenazine TABS .....45                                                            | phytonadione TABS 5 MG .....127                                   | PLAQUENIL (hydroxychloroquine<br>sulfate) ..... 35          |
| perphenazine-amitriptyline .....115                                                  | PIFELTRO .....46                                                  | PLAVIX 75 MG (clopidogrel bisulfate)<br>.....79             |
| PERSERIS PRSY .....44                                                                | PIKO 1 ..... 100                                                  | PLEGRIDY SOAJ .....116                                      |
| PERSONAL BEST FULL RANGE<br>100                                                      | pilocarpine hcl (oral) 5 MG ..... 104                             | PLEGRIDY SOSY SC ..... 116                                  |
| PFIZER COVID-19 VAC BIVALENT .<br>125                                                | pilocarpine hcl (oral) 7.5 MG ..... 104                           | PLEGRIDY STARTER PACK SOAJ .<br>116                         |
| PFIZER COVID-19 VAC-TRIS 5-11Y<br>SUSP ..... 125                                     | pilocarpine hcl SOLN 1 %, 2 %, 4 % .<br>110                       | PLEGRIDY STARTER PACK SOSY<br>SC .....116                   |
| PFIZER COVID-19 VAC-TRIS 6M-4Y<br>SUSP ..... 125                                     | PILOT COVID-19 AT-HOME TEST<br>KIT .....70                        | PLEXION CREA (sulfacetamide<br>sodium w/ sulfur) .....61    |
| PFIZER-BIONT COVID-19 VAC-<br>TRIS SUSP .....125                                     | pimecrolimus ..... 68                                             | PLEXION LOTN (sulfacetamide<br>sodium w/ sulfur) .....61    |
| PFIZER-BIONTECH COVID-19                                                             | pimozide .....116                                                 |                                                             |
|                                                                                      | pindolol TABS .....49                                             |                                                             |
|                                                                                      | pioglitazone hcl 15 MG ..... 26                                   | PNEUMOVAX 23 SOLN .....123                                  |
|                                                                                      | pioglitazone hcl 30 MG, 45 MG ...26                               | PNEUMOVAX 23 SOSY .....123                                  |
|                                                                                      | pioglitazone hcl-glimepiride ..... 24                             | PNV 27-CA/FE/FA TABS .....106                               |

|                                     |     |                                        |     |                                   |     |
|-------------------------------------|-----|----------------------------------------|-----|-----------------------------------|-----|
| PNV-DHA+DOCUSATE .....              | 106 | potassium citrate (alkalinizer) TBCR . | 77  | PRECISION THINS GP LANCETS        | 94  |
| PNV-OMEGA .....                     | 106 |                                        |     |                                   |     |
| POCKET PEAK FLOW METER .            | 100 | potassium citrate-citric acid SOLN .   | 77  | PRECISION XTRA BLOOD              |     |
| POCKETPEAK PEAK FLOW METER          |     | potassium iodide (expectorant) SOLN    |     | GLUCOSE STRP .....                | 70  |
| .....                               | 100 | .....                                  | 59  | PRECISION XTRA KETONE .....       | 70  |
| PODOCON-25 SOLN .....               | 68  | POVIDONE-IODINE .....                  | 110 | PRECISION XTRA-                   |     |
| podofilox GEL .....                 | 68  | PRADAXA CAPS 110 MG                    |     | GLUCOSE/KETONE DEVI .....         | 94  |
| podofilox SOLN .....                | 68  | (dabigatran etexilate mesylate) ....   | 18  | PRED FORTE (prednisolone acetate  |     |
| POLY HUB NEEDLE .....               | 100 | PRADAXA CAPS 150 MG                    |     | (ophth)) .....                    | 111 |
|                                     |     | (dabigatran etexilate mesylate) ....   | 18  | PRED MILD .....                   | 111 |
| polyethylene glycol 3350 POWD ..    | 82  | PRADAXA CAPS 75 MG (dabigatran         |     | prednisolone acetate (ophth) .... | 111 |
| polymyxin b-trimethoprim .....      | 110 | etexilate mesylate) .....              | 18  | PREDNISOLONE SODIUM               |     |
| POLY-VI-FLOR CHEW 0.25 MG .         | 105 | PRALUENT SOAJ .....                    | 31  | PHOSPHATE .....                   | 111 |
| POLY-VI-FLOR CHEW 0.5 MG, 1         |     |                                        |     |                                   |     |
| MG .....                            | 105 | pramipexole dihydrochloride TABS       |     | prednisolone sodium phosphate     |     |
|                                     |     | 0.125 MG, 0.25 MG, 0.5 MG, 0.75        |     | SOLN 5 MG/5ML, 10 MG/5ML, 15      |     |
| POLY-VI-FLOR SUSP .....             | 105 | MG .....                               | 43  | MG/5ML, 20 MG/5ML, 25 MG/5ML      |     |
|                                     |     | pramipexole dihydrochloride TABS 1     |     | 57                                |     |
| POLY-VI-FLOR/IRON CHEW ....         | 104 | MG .....                               | 43  | PREDNISOLONE SODIUM               |     |
| POLY-VI-FLOR/IRON SUSP .....        | 104 | pramipexole dihydrochloride TABS       |     | PHOSPHATE TBDP 10 MG, 15 MG,      |     |
| POMALYST .....                      | 39  | 1.5 MG .....                           | 43  | 30 MG .....                       | 57  |
| posaconazole SUSP .....             | 28  | pramipexole dihydrochloride TB24       |     | prednisolone sodium phosphate     |     |
| posaconazole TBEC .....             | 28  | 0.375 MG, 0.75 MG, 1.5 MG, 2.25        |     | TBDP .....                        | 57  |
|                                     |     | MG, 4.5 MG .....                       | 43  | prednisolone SOLN .....           | 57  |
| pot & sod citrates w/citric ac SOLN |     | pramipexole dihydrochloride TB24 3     |     | prednisolone TABS .....           | 57  |
| 77                                  |     | MG .....                               | 43  | PREDNISOLONE-MOXIFLOXACIN         |     |
| pot phosphate monobasic w/ sod      |     | pramipexole dihydrochloride TB24       |     | SOLN .....                        | 111 |
| phosphate dibasic & monobasic .     | 102 | 3.75 MG .....                          | 43  | PREDNISONE INTENSOL CONC .        | 57  |
| potassium chloride CPCR .....       | 103 | PRAMOSONE LOTN .....                   | 67  | prednisone SOLN .....             | 57  |
| potassium chloride                  |     | PRAMOSONE OINT .....                   | 67  | prednisone TABS .....             | 57  |
| microencapsulated crystals er ...   | 103 | PRAMOTIC .....                         | 113 | prednisone TBPB .....             | 57  |
| potassium chloride PACK PO 20       |     | prasugrel hcl .....                    | 79  | pregabalin CAPS 225 MG, 300 MG    |     |
| MEQ .....                           | 103 | pravastatin sodium .....               | 31  | 20                                |     |
| potassium chloride SOLN PO 10 %,    |     | praziquantel .....                     | 12  | pregabalin CAPS 25 MG, 50 MG, 75  |     |
| 20 %, 10 % .....                    | 103 | prazosin hcl CAPS .....                | 32  | MG, 100 MG, 150 MG, 200 MG ...    | 20  |
| potassium chloride TBCR 8 MEQ, 10   |     |                                        |     | pregabalin SOLN .....             | 20  |
| MEQ, 20 MEQ .....                   | 103 |                                        |     |                                   |     |

|                                                                                                                                                    |                                                                                                                       |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| PREMARIN ..... 126                                                                                                                                 | PRENATE ESSENTIAL 90 MG-26                                                                                            | PRISTIQ (desvenlafaxine succinate)            |
| PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG (estrogens, conjugated) .....74                                                                   | 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 .....106                   | 23                                            |
| PREMARIN TABS 0.9 MG (estrogens, conjugated) .....74                                                                                               | 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 .107 | PRO COMFORT LANCETS 30G .94                   |
| PREMIUM SCAR .....68                                                                                                                               | PRENATE PIXIE .....107                                                                                                | PRO COMFORT LANCETS 31G .94                   |
| PREMPHASE ..... 74                                                                                                                                 | PRENATE RESTORE ..... 107                                                                                             | PRO COMFORT SAFETY LANCETS 30G .....94        |
| PREMPRO ..... 74                                                                                                                                   | PRENATRIX TABS .....107                                                                                               | PROAIR RESPICLICK AEPB .....16                |
| PRENA 1 TRUE .....106                                                                                                                              | PRENATRYL TABS ..... 107                                                                                              | probenecid .....78                            |
| PRENA1 .....106                                                                                                                                    | PREPIDIL GEL ..... 113                                                                                                | PROCARDIA XL TB24 (nifedipine) 49             |
| PRENA1 PEARL .....106                                                                                                                              | PREVACID 24HR CPDR (lansoprazole) .....122                                                                            | prochlorperazine ..... 45                     |
| PRENAISSANCE ..... 106                                                                                                                             | PREVACID CPDR 30 MG (lansoprazole) .....123                                                                           | prochlorperazine maleate TABS ...45           |
| PRENAISSANCE PLUS CAPS ...106                                                                                                                      | PREVACID SOLUTAB TBDD 15 MG (lansoprazole) .....123                                                                   | PROCTOFOAM HC FOAM EX ....12                  |
| PRENATAL 19 CHEW .....106                                                                                                                          | PREVACID SOLUTAB TBDD 30 MG (lansoprazole) .....123                                                                   | PROCYSBI CPDR .....77                         |
| PRENATAL 19 TABS .....106                                                                                                                          | PREVNAR 13 ..... 123                                                                                                  | PROCYSBI PACK ..... 77                        |
| PRENATAL PLUS TABS .....106                                                                                                                        | PREZCOBIX .....46                                                                                                     | PRODIGY LANCETS 28G .....94                   |
| PRENATAL PLUS VITAMIN/MINERAL TABS .....106                                                                                                        | PREZISTA SUSP .....46                                                                                                 | PRODIGY SAFETY LANCETS 26G .94                |
| 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 .....106                                   | PREZISTA TABS (darunavir) .....46                                                                                     | PRODIGY TWIST TOP LANCETS 28G .....94         |
| PRENATAL-U CAPS ..... 106                                                                                                                          | PREZISTA TABS 75 MG, 150 MG 46                                                                                        | PROFILNINE .....79                            |
| PRENATE .....106                                                                                                                                   | PRIFTIN .....36                                                                                                       | progesterone (vaginal) INST 100 MG 126        |
| PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....106                                                 | PRILOSEC PACK ..... 123                                                                                               | progesterone CAPS ..... 114                   |
| 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 .106 | PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) .....35                                                              | progesterone OIL ..... 114                    |
| PRENATE ENHANCE ..... 106                                                                                                                          | primaquine phosphate TABS .....35                                                                                     | PROGLYCEM (diazoxide) ..... 25                |
|                                                                                                                                                    | primidone 50 MG, 250 MG .....20                                                                                       | PROGRAF CAPS (tacrolimus) ... 103             |
|                                                                                                                                                    | PRIORIX SUSR .....125                                                                                                 | PROGRAF PACK .....103                         |
|                                                                                                                                                    |                                                                                                                       | PROLATE TABS .....10                          |
|                                                                                                                                                    |                                                                                                                       | PROLENSA (bromfenac sodium (ophth)) ..... 112 |
|                                                                                                                                                    |                                                                                                                       | PROLIA SOSY .....71                           |

|                                                                        |     |                                                              |     |                                                          |     |
|------------------------------------------------------------------------|-----|--------------------------------------------------------------|-----|----------------------------------------------------------|-----|
| PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine) .....               | 80  | PROVENTIL HFA AERS (albuterol sulfate) .....                 | 16  | (mercaptopurine) .....                                   | 36  |
| PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine) ..... | 80  | PROVERA 10 MG (medroxyprogesterone acetate) ..               | 114 | PX LANCETS MICROTHIN 33G ..                              | 94  |
| promethazine hcl SUPP 12.5 MG, 25 MG .....                             | 29  | PROVERA 5 MG (medroxyprogesterone acetate) ..                | 114 | PX LANCETS ULTRA THIN 28G ..                             | 94  |
| promethazine hcl TABS 12.5 MG ..                                       | 29  | PROVIGIL (modafinil) .....                                   | 2   | pyrazinamide .....                                       | 36  |
| promethazine hcl TABS 25 MG ...                                        | 29  | PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) .....              | 23  | pyridostigmine bromide SOLN PO ..                        | 36  |
| promethazine hcl TABS 50 MG ...                                        | 29  | PROZAC CAPS 40 MG (fluoxetine hcl) .....                     | 23  | pyridostigmine bromide TABS 60 MG .....                  | 36  |
| promethazine w/codeine SOLN ...                                        | 59  | prucalopride succinate .....                                 | 75  | pyridostigmine bromide TBCR ....                         | 36  |
| promethazine-dm SYRP .....                                             | 59  | PRUDOXIN (doxepin hcl (antipruritic)) .....                  | 63  | PYZCHIVA 45 MG/0.5ML .....                               | 64  |
| PROMETRIUM CAPS (progesterone) .....                                   | 114 | pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML .. | 59  | PYZCHIVA 90 MG/ML .....                                  | 64  |
| propafenone hcl CP12 .....                                             | 13  | PSS SELECT GP LANCETS .....                                  | 94  | PYZCHIVA SC 45 MG/0.5ML .....                            | 64  |
| propafenone hcl TABS 150 MG ...                                        | 13  | PSS SELECT SAFETY LANCETS ..                                 | 94  | QBRELIS SOLN .....                                       | 31  |
| propafenone hcl TABS 225 MG, 300 MG .....                              | 13  | PULMICORT FLEXHALER AEPB ..                                  | 15  | QC LANCETS SUPER THIN 30G ..                             | 94  |
| proparacaine hcl .....                                                 | 111 | PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) .....   | 15  | QC LANCETS ULTRA THIN .....                              | 94  |
| propranolol hcl CP24 .....                                             | 49  | PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) .....    | 15  | QC UNILET LANCETS 28G .....                              | 94  |
| propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....                     | 49  | PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....      | 15  | QC UNILET LANCETS MICRO THIN .....                       | 94  |
| propranolol hcl TABS .....                                             | 49  | PULMOZYME .....                                              | 118 | QUADRACEL SUSP .....                                     | 120 |
| propylthiouracil .....                                                 | 119 | PURE COMFORT FLOW METER ADULT .....                          | 100 | QUADRACEL SUSY .....                                     | 120 |
| PROQUAD SUSR .....                                                     | 125 | PURE COMFORT FLOW METER CHILD .....                          | 100 | QUALAQUIN CAPS (quinine sulfate) ..                      | 35  |
| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....                       | 59  | PURE COMFORT LANCETS 30G ..                                  | 94  | quazepam .....                                           | 81  |
| PROSCAR (finasteride) .....                                            | 77  | PURIXAN SUSP 2000 MG/100ML                                   |     | QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate) ..... | 20  |
| PROTONIX PACK (pantoprazole sodium) .....                              | 123 |                                                              |     | QUDEXY XR CS24 25 MG, 50 MG (topiramate) .....           | 20  |
| PROTONIX TBEC (pantoprazole sodium) .....                              | 123 |                                                              |     | QUESTRAN LIGHT POWD (cholestyramine light) .....         | 30  |
| protriptyline hcl .....                                                | 24  |                                                              |     | QUESTRAN PACK (cholestyramine) ..                        | 30  |
|                                                                        |     |                                                              |     | QUESTRAN POWD (cholestyramine) .....                     | 30  |
|                                                                        |     |                                                              |     | quetiapine fumarate TABS 200 MG                          |     |

|                                                                     |                                                                                                                                       |                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 44                                                                  | ramelteon .....81                                                                                                                     | RECOMBIVAX HB SUSP ..... 125                             |
| quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG ..... 44      | ramipril CAPS .....31                                                                                                                 | RECOMBIVAX HB SUSY ..... 125                             |
| quetiapine fumarate TABS 300 MG, 400 MG ..... 44                    | ranolazine TB12 1000 MG .....12                                                                                                       | RECTIV (nitroglycerin (intra-anal)) 12                   |
| quetiapine fumarate TB24 ..... 44                                   | ranolazine TB12 500 MG ..... 12                                                                                                       | REGLAN TABS (metoclopramide hcl) .....75                 |
| QUFLORA FE PEDIATRIC LIQD 104                                       | RAPAFLO 4 MG (silodosin) .....77                                                                                                      | RELENZA DISKHALER .....48                                |
| QUFLORA PEDIATRIC CHEW 0.25 MG .....105                             | RAPAFLO 8 MG (silodosin) .....77                                                                                                      | RELEXXII TBCR 18 MG (methylphenidate hcl) ..... 3        |
| QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG .....105                        | RAPAMUNE SOLN (sirolimus) ...103                                                                                                      | RELEXXII TBCR 27 MG, 36 MG (methylphenidate hcl) ..... 3 |
| QUFLORA PEDIATRIC SOLN ...105                                       | RAPAMUNE TABS (sirolimus) ...103                                                                                                      | RELEXXII TBCR 54 MG (methylphenidate hcl) ..... 2        |
| QUICKVUE AT-HOME COVID-19 TEST KIT .....70                          | RAPIDGO FLU A/B COVID-19 HOME ..... 70                                                                                                | RELION INSULIN SYRINGE .... 100                          |
| QUILLICHEW ER CHER 20 MG, 40 MG .....2                              | rasagiline mesylate .....43                                                                                                           | RELION LANCET DEVICES 30G .95                            |
| QUILLICHEW ER CHER 30 MG ....2                                      | RASUVO SOAJ 20 MG/0.4ML .....3                                                                                                        | RELION LANCETS .....95                                   |
| QUILLIVANT XR SRER .....2                                           | 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, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML ..... 3 | RELION LANCETS MICRO-THIN 33G .....95                    |
| quinapril hcl .....31                                               | READYLANCE SAFETY LANCETS . 94                                                                                                        | RELION LANCETS THIN 26G ....95                           |
| quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG ..... 33 | REALITY LANCETS .....94                                                                                                               | RELION LANCETS ULTRA-THIN 30G .....95                    |
| quinapril-hydrochlorothiazide 25 MG-20 MG .....33                   | REALITY LATEX CONDOMS MISC . 85                                                                                                       | RELION ULTRA THIN LANCETS 30G .....95                    |
| quinidine gluconate TBCR .....13                                    | REALITY LATEX/ULTRA TEXTURED DEVI .....85                                                                                             | RELNATE DHA CAPS .....107                                |
| quinine sulfate CAPS 324 MG .....35                                 | REALITY LATEX/ULTRA THIN DEVI 85                                                                                                      | RELPAK (eletriptan hydrobromide) 101                     |
| QVAR REDHALER 40 MCG/ACT .15                                        | REALITY TRIGGER LANCETS ...94                                                                                                         | RELYVRIO .....109                                        |
| QVAR REDHALER 80 MCG/ACT .15                                        | REBIF REBIDOSE SOAJ ..... 116                                                                                                         | REMERON SOLTAB TBDP (mirtazapine) .....22                |
| RABEPRAZOLE SODIUM CPSP 123                                         | REBIF REBIDOSE TITRATION PACK SOAJ ..... 116                                                                                          | REMERON TABS 15 MG, 30 MG (mirtazapine) .....22          |
| rabeprazole sodium TBEC ..... 123                                   | REBIF SOSY ..... 116                                                                                                                  | RENFLEXIS .....76                                        |
| RADICAVA ORS STARTER KIT SUSP ..... 109                             | REBIF TITRATION PACK SOSY .116                                                                                                        | RENEVELA PACK 0.8 GM (sevelamer carbonate) .....76       |
| RADICAVA ORS SUSP ..... 109                                         | RECOMBINATE SOLR .....79                                                                                                              |                                                          |
| raloxifene hcl .....72                                              |                                                                                                                                       |                                                          |

|                                                                  |     |                                                             |     |                                                            |     |
|------------------------------------------------------------------|-----|-------------------------------------------------------------|-----|------------------------------------------------------------|-----|
| REVELA PACK 2.4 GM (sevelamer carbonate) .....                   | 76  | ribavirin (hepatitis c) CAPS .....                          | 47  | rivaroxaban SUSR 1 MG/ML .....                             | 16  |
| REVELA TABS (sevelamer carbonate) .....                          | 76  | ribavirin .....                                             | 48  | rivaroxaban TABS 2.5 MG .....                              | 16  |
| repaglinide .....                                                | 26  | RIDAURA .....                                               | 4   | rivastigmine .....                                         | 115 |
| RESTASIS EMUL (cyclosporine (ophth)) .....                       | 111 | rifabutin .....                                             | 36  | rivastigmine tartrate CAPS .....                           | 115 |
| RESTORIL 15 MG (temazepam) ..                                    | 81  | rifampin CAPS .....                                         | 36  | RIXUBIS SOLR .....                                         | 79  |
| RESTORIL 22.5 MG, 30 MG (temazepam) .....                        | 81  | RIGHTEST GL300 LANCETS ....                                 | 95  | rizatriptan benzoate TABS .....                            | 101 |
| RESTORIL 7.5 MG (temazepam) .                                    | 81  | RILUTEK TABS (riluzole) .....                               | 109 | rizatriptan benzoate TBDP .....                            | 101 |
| RETACRIT .....                                                   | 80  | riluzole TABS .....                                         | 109 | ROBINUL TABS (glycopyrrolate) .                            | 121 |
| RETIN-A CREA (tretinoin) .....                                   | 61  | rimantadine hydrochloride TABS ..                           | 48  | ROBINUL-FORTE TABS (glycopyrrolate) .....                  | 121 |
| RETIN-A GEL (tretinoin) .....                                    | 61  | RINVOQ LQ SOLN .....                                        | 3   | ROCALTROL CAPS 0.25 MCG (calcitriol) .....                 | 73  |
| RETIN-A MICRO 0.04 % (tretinoin microsphere) .....               | 61  | RINVOQ TB24 .....                                           | 3   | ROCALTROL CAPS 0.5 MCG (calcitriol) .....                  | 73  |
| RETIN-A MICRO 0.1 % (tretinoin microsphere) .....                | 61  | RIOMET SOLN (metformin hcl) ...                             | 25  | ROCALTROL SOLN PO (calcitriol) 73                          |     |
| RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere) .....          | 61  | risedronate sodium TABS 150 MG                              | 72  | roflumilast .....                                          | 14  |
| RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere) .....           | 61  | risedronate sodium TABS 5 MG, 30 MG, 35 MG .....            | 72  | romidepsin SOLR .....                                      | 41  |
| RETROVIR CAPS (zidovudine) ...                                   | 46  | RISPERDAL SOLN (risperidone) ..                             | 44  | ropinirole hydrochloride TABS ....                         | 43  |
| RETROVIR SYRP (zidovudine) ...                                   | 46  | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) ..... | 44  | ropinirole hydrochloride TB24 12 MG 43                     |     |
| REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) ..... | 51  | RISPERDAL TABS 3 MG (risperidone) .....                     | 44  | ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG ..... | 43  |
| REVATIO TABS (sildenafil citrate (pulmonary hypertension)) ..... | 51  | risperidone SOLN .....                                      | 44  | rosuvastatin calcium TABS .....                            | 31  |
| REVLIMID .....                                                   | 103 | risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....    | 44  | ROTARIX SUSP .....                                         | 125 |
| REXULTI .....                                                    | 45  | risperidone TABS 3 MG .....                                 | 44  | ROTATEQ SOLN .....                                         | 125 |
| REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) .....           | 46  | risperidone TBDP .....                                      | 44  | ROXICODONE TABS 15 MG (oxycodone hcl) .....                | 9   |
| REYATAZ PACK .....                                               | 46  | RITALIN LA CP24 (methylphenidate hcl) .....                 | 3   | ROXICODONE TABS 30 MG (oxycodone hcl) .....                | 9   |
| RHOFADE .....                                                    | 69  | RITALIN TABS 20 MG (methylphenidate hcl) .....              | 3   | ROZEREM (ramelteon) .....                                  | 81  |
|                                                                  |     | RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) .....        | 3   | ROZLYTREK CAPS .....                                       | 41  |
|                                                                  |     | ritonavir TABS .....                                        | 46  | RUBRACA .....                                              | 41  |

|                                                                      |     |                                                                                                                                   |                                                                  |     |
|----------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----|
| rufinamide SUSP .....                                                | 20  | 104                                                                                                                               | SELECT-OB+DHA MISC .....                                         | 107 |
| rufinamide TABS 200 MG .....                                         | 20  | SANDIMMUNE SOLN PO 100                                                                                                            | selegiline hcl CAPS .....                                        | 43  |
| rufinamide TABS 400 MG .....                                         | 20  | MG/ML .....                                                                                                                       | selegiline hcl TABS .....                                        | 44  |
| RUKOBIA .....                                                        | 46  | SANDOSTATIN SOLN 50 MCG/ML,<br>100 MCG/ML (octreotide acetate) .                                                                  | selenium sulfide LOTN 2.5 % .....                                | 64  |
| RYBELSUS TABS .....                                                  | 25  | 73                                                                                                                                | SELZENTRY SOLN .....                                             | 46  |
| RYDAPT .....                                                         | 41  | SANDOSTATIN SOLN 500 MCG/ML<br>(octreotide acetate) .....                                                                         | SELZENTRY TABS (maraviroc) ...                                   | 46  |
| RYTARY CPCR .....                                                    | 43  | 73                                                                                                                                | SE-NATAL 19 CHEW .....                                           | 107 |
| RYTHMOL SR CP12 (propafenone<br>hcl) .....                           | 13  | SANTYL OINT .....                                                                                                                 | SE-NATAL 19 TABS .....                                           | 107 |
| SABRIL PACK (vigabatrin) .....                                       | 21  | 68                                                                                                                                | SENSIPAR (cinacalcet hcl) .....                                  | 73  |
| SABRIL TABS (vigabatrin) .....                                       | 21  | SAPHRIS (asenapine maleate) ...                                                                                                   | SEREVENT DISKUS .....                                            | 16  |
| sacubitril-valsartan TABS .....                                      | 50  | 44                                                                                                                                | SEROQUEL TABS 200 MG<br>(quetiapine fumarate) .....              | 45  |
| SAFE-T-LANCE .....                                                   | 95  | sapropterin dihydrochloride PACK .                                                                                                | SEROQUEL TABS 25 MG, 50 MG,<br>100 MG (quetiapine fumarate) .... | 45  |
| SAFE-T-LANCE PLUS .....                                              | 95  | 73                                                                                                                                | SEROQUEL TABS 300 MG, 400 MG<br>(quetiapine fumarate) .....      | 45  |
| SAFETY LANCET 30G/PRESSURE<br>ACT .....                              | 95  | sapropterin dihydrochloride TABS .                                                                                                | SEROQUEL XR TB24 (quetiapine<br>fumarate) .....                  | 45  |
| SAFETY LANCETS .....                                                 | 95  | 73                                                                                                                                | SEROSTIM SC 4 MG, 5 MG, 6 MG<br>72                               |     |
| SAFETY LANCETS 21G .....                                             | 95  | SAPS HEALTH PLUS LANCETS .                                                                                                        | sertraline hcl CONC .....                                        | 23  |
| SAFETY LANCETS 23G .....                                             | 95  | 95                                                                                                                                | sertraline hcl TABS .....                                        | 23  |
| SAFETY LANCETS 28G .....                                             | 95  | SAPS HEALTH TWIST TOP<br>LANCETS .....                                                                                            | sevelamer carbonate PACK 0.8 GM .                                | 76  |
| SAFYRAL (drospirenone-ethinyl<br>estradiol-levomefolate calcium) ... | 56  | 95                                                                                                                                | sevelamer carbonate PACK 2.4 GM .                                | 76  |
| SALAGEN 5 MG (pilocarpine hcl<br>(oral)) .....                       | 104 | SAPS TWIST TOP LANCETS ....                                                                                                       | sevelamer carbonate TABS .....                                   | 76  |
| SALAGEN 7.5 MG (pilocarpine hcl<br>(oral)) .....                     | 104 | 95                                                                                                                                | sevelamer hcl 400 MG .....                                       | 76  |
| SALICYLIC ACID OINT .....                                            | 68  | SAPSCARE TWIST TOP LANCETS<br>95                                                                                                  | sevelamer hcl 800 MG .....                                       | 76  |
| salicylic acid SHAM 6 % .....                                        | 68  | SAVELLA TABS .....                                                                                                                | SHINGRIX .....                                                   | 125 |
| SALIMEZ CREA .....                                                   | 68  | 115                                                                                                                               | SIGNIFOR .....                                                   | 73  |
| salsalate .....                                                      | 8   | SAVELLA TITRATION PACK MISC<br>115                                                                                                | SIKLOS TABS .....                                                | 79  |
| SALYCIM CREA .....                                                   | 68  | saxagliptin hcl .....                                                                                                             |                                                                  |     |
| SANDIMMUNE CAPS (cyclosporine)                                       |     | 25                                                                                                                                |                                                                  |     |
|                                                                      |     | saxagliptin-metformin hcl .....                                                                                                   |                                                                  |     |
|                                                                      |     | 24                                                                                                                                |                                                                  |     |
|                                                                      |     | SB LANCETS THIN .....                                                                                                             |                                                                  |     |
|                                                                      |     | 95                                                                                                                                |                                                                  |     |
|                                                                      |     | SB LANCETS ULTRA THIN .....                                                                                                       |                                                                  |     |
|                                                                      |     | 95                                                                                                                                |                                                                  |     |
|                                                                      |     | scopolamine .....                                                                                                                 |                                                                  |     |
|                                                                      |     | 28                                                                                                                                |                                                                  |     |
|                                                                      |     | SECUADO .....                                                                                                                     |                                                                  |     |
|                                                                      |     | 45                                                                                                                                |                                                                  |     |
|                                                                      |     | SELECT-OB CHEW 60 MG-2.5 MG-<br>0.4 MG-1.6 MG-400 UNIT-5 MCG-<br>1.8 MG-15 MG-1700 UNIT-25 MG-15<br>MG-30 UNIT-29 MG-0.6 MG ..... |                                                                  |     |
|                                                                      |     | 107                                                                                                                               |                                                                  |     |
|                                                                      |     | SELECT-OB CHEW 60 MG-2.5 MG-<br>1 MG-400 UNIT-5 MCG-1.8 MG-15<br>MG-1.6 MG-25 MG-15 MG-30 UNIT-<br>29 MG-1700 UNIT .....          |                                                                  |     |
|                                                                      |     | 107                                                                                                                               |                                                                  |     |

|                                                                    |     |                                                          |     |                                                       |     |
|--------------------------------------------------------------------|-----|----------------------------------------------------------|-----|-------------------------------------------------------|-----|
| sildenafil citrate (pulmonary hypertension) SUSR .....             | 51  | SOAANZ TABS 20 MG .....                                  | 71  | SOMA TABS (carisoprodol) .....                        | 108 |
| sildenafil citrate (pulmonary hypertension) TABS .....             | 51  | sodium chloride (inhalant) NEBU 0.9 %, 3 % .....         | 59  | SOMAVERT .....                                        | 72  |
| sildenafil citrate .....                                           | 50  | sodium chloride (inhalant) NEBU 7 % .....                | 59  | SOOLANTRA (ivermectin (rosacea)) .....                | 69  |
| silodosin 4 MG .....                                               | 77  | sodium citrate & citric acid .....                       | 77  | sorafenib tosylate .....                              | 41  |
| silodosin 8 MG .....                                               | 77  | sodium fluoride CHEW 0.25 MG, 0.5 MG .....               | 102 | SORILUX FOAM .....                                    | 64  |
| SILVADENE (silver sulfadiazine) .                                  | 65  | sodium fluoride CHEW 1 MG .....                          | 102 | sotalol hcl (afib/afib) .....                         | 49  |
| silver sulfadiazine .....                                          | 65  | sodium fluoride SOLN 0.5 MG/ML 102                       |     | sotalol hcl TABS .....                                | 49  |
| SIMLANDI (1 PEN) AJKT .....                                        | 4   | sodium fluoride TABS .....                               | 102 | SOTYLIZE SOLN PO .....                                | 49  |
| SIMLANDI (1 SYRINGE) PSKT .....                                    | 4   | SODIUM OXYBATE SOLN .....                                | 114 | SPEEDY SWAB COVID-19 ANTIGEN KIT .....                | 70  |
| SIMLANDI (2 PEN) AJKT .....                                        | 4   | sodium phenylbutyrate POWD ....                          | 73  | SPEEDY SWAB COVID-19/FLU HOME .....                   | 70  |
| SIMLANDI (2 SYRINGE) PSKT .....                                    | 4   | sodium phenylbutyrate TABS .....                         | 73  | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML .....              | 125 |
| simvastatin TABS .....                                             | 31  | sodium polystyrene sulfonate POWD 104                    |     | SPIKEVAX SUSP .....                                   | 125 |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) ..... | 43  | SODIUM SULFACETAMIDE-BAKUCHIOL LIQD .....                | 64  | SPIKEVAX SUSY .....                                   | 125 |
| SINGLE-LET .....                                                   | 95  | sodium sulfate-potassium sulfate-magnesium sulfate ..... | 81  | SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) ..... | 14  |
| SINGULAIR CHEW (montelukast sodium) .....                          | 14  | solifenacin succinate TABS 10 MG 123                     |     | SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT .....           | 14  |
| SINGULAIR PACK (montelukast sodium) .....                          | 14  | solifenacin succinate TABS 5 MG 123                      |     | SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT .....            | 14  |
| SINGULAIR TABS (montelukast sodium) .....                          | 14  | SOLTAMOX SOLN .....                                      | 38  | spironolactone & hydrochlorothiazide .....            | 71  |
| sirolimus SOLN .....                                               | 104 | SOLUS V2 LANCETS 28G .....                               | 95  | spironolactone TABS .....                             | 71  |
| sirolimus TABS .....                                               | 104 | SOLUS V2 TWIST LANCETS 30G 95                            |     | SPORANOX CAPS (itraconazole) .                        | 28  |
| SKYRIZI PEN SOAJ .....                                             | 64  | SOLUVITA ACID WITH FLUORIDE SOLN .....                   | 105 | SPORANOX SOLN (itraconazole) .                        | 28  |
| SKYRIZI SOCT 180 MG/1.2ML ....                                     | 76  | SOLUVITA SOLN .....                                      | 102 | SPRAVATO (56 MG DOSE) .....                           | 22  |
| SKYRIZI SOCT 360 MG/2.4ML ....                                     | 76  | SOLUVITA WITH FLUORIDE SOLN .                            | 105 | SPRAVATO (84 MG DOSE) .....                           | 22  |
| SKYRIZI SOSY .....                                                 | 64  |                                                          |     | SPRYCEL (dasatinib) .....                             | 41  |
| SLYND .....                                                        | 57  |                                                          |     | SSKI SOLN (potassium iodide (expectorant)) .....      | 59  |
| SMARTTEST LANCETS 28G .....                                        | 95  |                                                          |     |                                                       |     |

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|------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------|-----|
| STALEVO 100 (carbidopa-levodopa-entacapone) .....                                  | 43  | dihydrate) .....                                                             | 11  | SULFAMYLON CREA .....                                                            | 65  |
| STALEVO 125 (carbidopa-levodopa-entacapone) .....                                  | 43  | SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) ..... | 11  | SULFAMYLON PACK 5 % (mafenide acetate) .....                                     | 65  |
| STALEVO 150 (carbidopa-levodopa-entacapone) .....                                  | 43  | sucralfate SUSP .....                                                        | 122 | sulfasalazine TABS .....                                                         | 76  |
| STALEVO 200 (carbidopa-levodopa-entacapone) .....                                  | 43  | sucralfate TABS .....                                                        | 122 | sulfasalazine TBEC .....                                                         | 76  |
| STALEVO 50 (carbidopa-levodopa-entacapone) .....                                   | 43  | SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) .....                               | 49  | sulindac TABS 150 MG .....                                                       | 6   |
| STALEVO 75 (carbidopa-levodopa-entacapone) .....                                   | 43  | sulconazole nitrate CREA .....                                               | 62  | sulindac TABS 200 MG .....                                                       | 6   |
| STELARA SOLN 45 MG/0.5ML ...                                                       | 64  | sulconazole nitrate SOLN .....                                               | 62  | sumatriptan 20 MG/ACT .....                                                      | 101 |
| STELARA SOSY 45 MG/0.5ML ...                                                       | 64  | sulfacetamide sodium (acne) .....                                            | 61  | sumatriptan 5 MG/ACT .....                                                       | 101 |
| STELARA SOSY 90 MG/ML .....                                                        | 64  | sulfacetamide sodium (ophth) OINT 110                                        |     | sumatriptan succinate SOAJ .....                                                 | 101 |
| STEQEYMA 45 MG/0.5ML .....                                                         | 64  | sulfacetamide sodium (ophth) SOLN 110                                        |     | sumatriptan succinate SOCT .....                                                 | 102 |
| STEQEYMA 90 MG/ML .....                                                            | 64  | sulfacetamide sodium LIQD .....                                              | 64  | sumatriptan succinate SOLN 6 MG/0.5ML .....                                      | 102 |
| STERILANCE TL .....                                                                | 96  | sulfacetamide sodium SHAM 10 % 64                                            |     | sumatriptan succinate TABS .....                                                 | 102 |
| STIOLTO RESPIMAT .....                                                             | 16  | sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % .....                        | 61  | sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....                                   | 41  |
| STIVARGA .....                                                                     | 41  | sulfacetamide sodium w/ sulfur EMUL 10 %-1 % .....                           | 61  | sunitinib malate 25 MG .....                                                     | 41  |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl) .....                       | 1   | sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....                           | 61  | SUPER THIN LANCETS .....                                                         | 96  |
| STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl) .....                             | 1   | sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % .....                        | 61  | SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) ..... | 81  |
| streptomycin sulfate SOLR .....                                                    | 3   | sulfacetamide sod-prednisolone SOLN .....                                    | 111 | SURE COMFORT LANCETS 18G 96                                                      |     |
| STRIBILD .....                                                                     | 46  | SULFACETAMIDE-SULFUR IN UREA EMUL .....                                      | 61  | SURE COMFORT LANCETS 21G 96                                                      |     |
| STRIVE DUAL ZONE PEAK FLOW MTR .....                                               | 100 | sulfadiazine TABS .....                                                      | 119 | SURE COMFORT LANCETS 23G 96                                                      |     |
| STRIVERDI RESPIMAT .....                                                           | 16  | sulfamethoxazole-trimethoprim SUSP .....                                     | 34  | SURE COMFORT LANCETS 28G 96                                                      |     |
| STROMECTOL (ivermectin) .....                                                      | 12  | sulfamethoxazole-trimethoprim TABS .....                                     | 34  | SURE COMFORT LANCETS 30G 96                                                      |     |
| SUBLOCADE SOSY .....                                                               | 11  |                                                                              |     | SURELITE LANCETS .....                                                           | 96  |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl |     |                                                                              |     | SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....                          | 41  |

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|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|
| SUTENT 25 MG (sunitinib malate) 41                                                                                          | TACLONEX SUSP (calcipotriene-<br>betamethasone dipropionate) .....67 | hcl) ..... 41                                           |
| SYMBICORT (budesonide-<br>formoterol fumarate dihydrate) .....16                                                            | tacrolimus (topical) OINT 0.03 % ..68                                | TASIGNA 50 MG (nilotinib hcl) .... 41                   |
| SYMBYAX 25 MG-3 MG, 25 MG-6<br>MG (olanzapine-fluoxetine hcl) ...115                                                        | tacrolimus (topical) OINT 0.1 % ... 68                               | TASMAR (tolcapone) ..... 42                             |
| SYMDEKO .....118                                                                                                            | tacrolimus CAPS .....104                                             | TAYTULLA CAPS (norethin acet &<br>estradiol-fe) .....56 |
| SYMFI (efavirenz-lamivudine-<br>tenofovir disoproxil fumarate) .....47                                                      | tadalafil (pulmonary hypertension)<br>TABS .....51                   | tazarotene CREA ..... 64                                |
| SYMFI LO (efavirenz-lamivudine-<br>tenofovir disoproxil fumarate) .....47                                                   | tadalafil 2.5 MG .....50                                             | TAZAROTENE FOAM ..... 62                                |
| SYMTUZA .....47                                                                                                             | tadalafil 5 MG, 10 MG, 20 MG .....50                                 | tazarotene GEL ..... 64                                 |
| SYNALAR CREA (fluocinolone<br>acetone) .....67                                                                              | TAFINLAR CAPS .....41                                                | TAZORAC CREA (tazarotene) .... 64                       |
| SYNALAR OINT (fluocinolone<br>acetone) .....67                                                                              | TAFINLAR TBSO .....41                                                | TAZORAC GEL (tazarotene) ..... 64                       |
| SYNALAR SOLN (fluocinolone<br>acetone) .....67                                                                              | tafluprost .....113                                                  | TAZVERIK .....41                                        |
| SYNAREL .....72                                                                                                             | TAGRISSO .....37                                                     | TDVAX SUSP .....120                                     |
| SYNDROS SOLN .....28                                                                                                        | TAKHZYRO SOLN .....79                                                | TECFIDERA CDPK (dimethyl<br>fumarate) .....116          |
| SYNJARDY TABS .....24                                                                                                       | TAKHZYRO SOSY .....79                                                | TECFIDERA CPDR (dimethyl<br>fumarate) .....116          |
| SYNJARDY XR TB24 1000 MG-10<br>MG, 1000 MG-25 MG .....24                                                                    | TALZENNA 0.25 MG, 1 MG .....41                                       | TECHLITE AST LANCETS .....96                            |
| SYNJARDY XR TB24 1000 MG-12.5<br>MG, 1000 MG-5 MG .....24                                                                   | TAMIFLU CAPS 30 MG, 45 MG<br>(oseltamivir phosphate) .....48         | TECHLITE INSULIN SYRINGE ..100                          |
| SYNTHROID TABS 112 MCG, 125<br>MCG, 175 MCG, 200 MCG<br>(levothyroxine sodium) ..... 120                                    | TAMIFLU CAPS 75 MG (oseltamivir<br>phosphate) .....48                | TECHLITE LANCETS .....96                                |
| SYNTHROID TABS 25 MCG, 50<br>MCG, 75 MCG, 88 MCG, 100 MCG,<br>137 MCG, 150 MCG, 300 MCG<br>(levothyroxine sodium) ..... 120 | TAMIFLU SUSR (oseltamivir<br>phosphate) .....48                      | TECHLITE LANCETS 26G .....96                            |
| SYPRINE (trientine hcl) .....103                                                                                            | tamoxifen citrate TABS .....38                                       | TECHLITE LANCETS 30G .....96                            |
| TABLOID .....36                                                                                                             | tamsulosin hcl .....77                                               | TEGRETOL SUSP (carbamazepine) .<br>20                   |
| TACLONEX OINT (calcipotriene-<br>betamethasone dipropionate) .....67                                                        | TARCEVA 100 MG, 150 MG<br>(erlotinib hcl) .....37                    | TEGRETOL TABS (carbamazepine) .<br>20                   |
|                                                                                                                             | TARCEVA 25 MG (erlotinib hcl) ...37                                  | TEGRETOL-XR TB12 100 MG<br>(carbamazepine) .....20      |
|                                                                                                                             | TARGADOX TABS (doxycycline<br>hydrate) .....119                      | TEGRETOL-XR TB12 200 MG<br>(carbamazepine) .....20      |
|                                                                                                                             | TARGRETIN (bexarotene (topical))<br>63                               | TEGRETOL-XR TB12 400 MG<br>(carbamazepine) .....20      |
|                                                                                                                             | TARGRETIN (bexarotene) .....42                                       | TEGSEDI .....118                                        |
|                                                                                                                             | TASIGNA 150 MG, 200 MG (nilotinib<br>hcl) .....41                    | TEKTURNA (aliskiren fumarate) ..34                      |

|                                                    |                                                           |                                                                                                                                                      |
|----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| telmisartan 20 MG, 40 MG .....32                   | testosterone SOLN .....11                                 | TIKOSYN (dofetilide) .....13                                                                                                                         |
| telmisartan 80 MG ..... 32                         | TETANUS-DIPHTHERIA TOXOIDS                                | timolol ..... 109                                                                                                                                    |
| telmisartan-amlodipine .....33                     | TD SUSP ..... 120                                         | timolol maleate (ophth) SOLG ....109                                                                                                                 |
| telmisartan-hydrochlorothiazide ...33              | tetrabenazine .....115                                    | timolol maleate (ophth) SOLN ....109                                                                                                                 |
| temazepam 15 MG .....81                            | tetracaine hcl (ophth) ..... 111                          | timolol maleate TABS 10 MG .....49                                                                                                                   |
| temazepam 22.5 MG, 30 MG .....81                   | TETRACAINE HCL 0.5 % (tetracaine hcl (ophth)) .....111    | timolol maleate TABS 5 MG, 20 MG . 49                                                                                                                |
| temazepam 7.5 MG .....81                           | TETRACAINE HCL 0.5 % ..... 111                            | TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) ..... 109                                                                                            |
| temozolomide CAPS .....36                          | tetracycline hcl CAPS .....119                            | tinidazole 250 MG .....34                                                                                                                            |
| temsirolimus .....41                               | THALITONE .....71                                         | tinidazole 500 MG .....34                                                                                                                            |
| TENIVAC SUSP 2 LFU-5 LFU ... 120                   | THALOMID .....103                                         | tiotropium bromide CAPS IN 18 MCG .....14                                                                                                            |
| tenofovir disoproxil fumarate TABS 47              | THEO-24 CP24 ..... 16                                     | TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (levothyroxine sodium) ..... 120 |
| TENORETIC 100 (atenolol & chlorthalidone) ..... 33 | theophylline ELIX ..... 16                                | TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG .....120                                                                                                    |
| TENORETIC 50 (atenolol & chlorthalidone) ..... 33  | theophylline SOLN .....16                                 | TIVICAY PD TBSO ..... 47                                                                                                                             |
| TENORMIN TABS (atenolol) ..... 48                  | theophylline TB12 300 MG ..... 16                         | TIVICAY TABS .....47                                                                                                                                 |
| terazosin hcl 1 MG, 2 MG, 5 MG .. 32               | theophylline TB12 450 MG ..... 16                         | tizanidine hcl CAPS .....108                                                                                                                         |
| terazosin hcl 10 MG .....32                        | theophylline TB24 .....16                                 | tizanidine hcl TABS 2 MG ..... 108                                                                                                                   |
| terbinafine hcl TABS .....28                       | THERANATAL CORE NUTRITION TABS .....107                   | tizanidine hcl TABS 4 MG ..... 108                                                                                                                   |
| terbutaline sulfate TABS ..... 16                  | THINLETS GP LANCETS .....96                               | TOBI NEBU (tobramycin) ..... 3                                                                                                                       |
| terconazole vaginal CREA .....126                  | thioridazine hcl 10 MG, 25 MG, 100 MG ..... 45            | TOBI PODHALER CAPS ..... 3                                                                                                                           |
| terconazole vaginal SUPP .....126                  | thioridazine hcl 50 MG .....45                            | TOBRADEX OINT .....111                                                                                                                               |
| teriflunomide ..... 116                            | thiothixene .....45                                       | TOBRADEX ST SUSP ..... 111                                                                                                                           |
| teriparatide SOPN .....72                          | THRIVITE RX TABS .....107                                 | tobramycin (ophth) SOLN ..... 110                                                                                                                    |
| TESTIM GEL TD (testosterone) ... 11                | THYMOGLOBULIN ..... 104                                   | tobramycin NEBU ..... 3                                                                                                                              |
| testosterone cypionate SOLN IM .. 11               | THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG ..... 120 | tobramycin-dexamethasone SUSP 111                                                                                                                    |
| testosterone enanthate SOLN IM ..11                | tiagabine hcl .....21                                     |                                                                                                                                                      |
| testosterone GEL TD 1 % .....11                    | TIAZAC (diltiazem hcl extended release beads) .....49     |                                                                                                                                                      |
| testosterone GEL TD 10 MG/ACT .11                  | ticagrelor 60 MG, 90 MG .....79                           |                                                                                                                                                      |
| testosterone GEL TD ..... 11                       |                                                           |                                                                                                                                                      |

|                                                 |     |                                                   |     |                                                     |     |
|-------------------------------------------------|-----|---------------------------------------------------|-----|-----------------------------------------------------|-----|
| TOBREX OINT .....                               | 110 | topiramate CS24 25 MG, 50 MG ..                   | 21  | tramadol-acetaminophen .....                        | 10  |
| TODAY SPONGE MISC .....                         | 126 | topiramate TABS 100 MG .....                      | 21  | trandolapril .....                                  | 31  |
| TODAYS HEALTH THIN LANCETS<br>28G .....         | 96  | topiramate TABS 200 MG .....                      | 21  | trandolapril-verapamil hcl .....                    | 33  |
| TODAYS HEALTH THIN LANCETS<br>30G .....         | 96  | topiramate TABS 25 MG .....                       | 21  | tranexamic acid SOLN 1000<br>MG/10ML .....          | 80  |
| tolcapone .....                                 | 42  | topiramate TABS 50 MG .....                       | 21  | tranexamic acid TABS .....                          | 80  |
| TOLSURA CAPS .....                              | 28  | topotecan hcl SOLR .....                          | 42  | TRANSDERM SCOP 1 MG/3DAYS<br>(scopolamine) .....    | 28  |
| tolterodine tartrate CP24 .....                 | 123 | TOPROL XL TB24 (metoprolol<br>succinate) .....    | 48  | TRANSDERM-SCOP (scopolamine)<br>28 .....            |     |
| tolterodine tartrate TABS .....                 | 123 | toremifene citrate .....                          | 38  | tranylcypromine sulfate .....                       | 22  |
| TOPAMAX SPRINKLE CPSP<br>(topiramate) .....     | 20  | TORISEL (temsirolimus) .....                      | 41  | TRAVATAN Z SOLN (travoprost) ..                     | 113 |
| TOPAMAX TABS 100 MG<br>(topiramate) .....       | 20  | torsemide TABS 100 MG .....                       | 71  | TRAVEL LANCETS ADVANCED<br>28G .....                | 96  |
| TOPAMAX TABS 200 MG<br>(topiramate) .....       | 20  | torsemide TABS 5 MG, 10 MG, 20<br>MG .....        | 71  | travoprost SOLN .....                               | 113 |
| TOPAMAX TABS 25 MG<br>(topiramate) .....        | 20  | TOUJEO MAX SOLOSTAR SOPN<br>26 .....              |     | TRAZIMERA 420 MG .....                              | 37  |
| TOPAMAX TABS 50 MG<br>(topiramate) .....        | 20  | TOUJEO SOLOSTAR SOPN .....                        | 26  | trazodone hcl TABS .....                            | 23  |
| TOPICORT CREA (desoximetasone)<br>.....         | 67  | TOVIAZ (fesoterodine fumarate) ..                 | 123 | TRELEGY ELLIPTA .....                               | 16  |
| TOPICORT GEL (desoximetasone)<br>67 .....       |     | TPOXX (TECOVIRIMAT) .....                         | 47  | TREMFYA ONE-PRESS SOPN SC<br>100 MG/ML .....        | 64  |
| TOPICORT OINT (desoximetasone) .<br>67 .....    |     | TPOXX CAPS .....                                  | 48  | TREMFYA PEN SOAJ 100 MG/ML<br>64 .....              |     |
| TOPICORT SPRAY LIQD<br>(desoximetasone) .....   | 67  | TRACLEER TABS 125 MG<br>(bosentan) .....          | 51  | TREMFYA PEN SOAJ SC 200<br>MG/2ML .....             | 76  |
| topiramate CP24 200 MG .....                    | 20  | TRACLEER TABS 62.5 MG<br>(bosentan) .....         | 51  | TREMFYA SOSY 100 MG/ML .....                        | 64  |
| topiramate CP24 25 MG, 50 MG, 100<br>MG .....   | 20  | TRACLEER TBSO 32 MG (bosentan)<br>.....           | 51  | TREMFYA SOSY SC 200 MG/2ML<br>76 .....              |     |
| topiramate CPSP 15 MG, 25 MG ..                 | 20  | tramadol hcl CP24 100 MG, 200 MG,<br>300 MG ..... | 9   | TREMFYA-CD/UC INDUCTION<br>SOAJ SC 200 MG/2ML ..... | 76  |
| topiramate CS24 100 MG, 150 MG,<br>200 MG ..... | 21  | tramadol hcl TABS 100 MG .....                    | 9   | TRESIBA FLEXTOUCH SOPN 100<br>UNIT/ML .....         | 26  |
|                                                 |     | tramadol hcl TABS 50 MG .....                     | 9   | TRESIBA FLEXTOUCH SOPN 200<br>UNIT/ML .....         | 26  |
|                                                 |     | tramadol hcl TB24 100 MG .....                    | 9   | TRESIBA SOLN .....                                  | 26  |
|                                                 |     | tramadol hcl TB24 200 MG .....                    | 9   |                                                     |     |
|                                                 |     | tramadol hcl TB24 .....                           | 9   |                                                     |     |

|                                                                       |     |                                             |     |                                                          |     |
|-----------------------------------------------------------------------|-----|---------------------------------------------|-----|----------------------------------------------------------|-----|
| tretinoin (chemotherapy) .....                                        | 42  | TRICOR TABS 145 MG (fenofibrate) .          | 30  | TRIUMEQ TABS .....                                       | 47  |
| tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....                           | 62  | TRICOR TABS 48 MG (fenofibrate) 30          |     | TRI-VI-FLOR SUSP 0.25 MG/ML                              | 105 |
| tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....                           | 62  | trientine hcl .....                         | 103 | TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML .....          | 105 |
| tretinoin microsphere 0.04 % .....                                    | 62  | trifluoperazine hcl TABS .....              | 45  | TROJAN BARESKIN DEVI .....                               | 85  |
| tretinoin microsphere 0.1 % .....                                     | 62  | trifluridine .....                          | 110 | TROJAN ENZ MISC .....                                    | 85  |
| TRETEN .....                                                          | 79  | trihexyphenidyl hcl SOLN .....              | 42  | TROJAN MAGNUM MISC .....                                 | 85  |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....                         | 36  | trihexyphenidyl hcl TABS .....              | 42  | TROJAN ULTRA THIN MISC .....                             | 85  |
| triamcinolone acetonide (mouth) .....                                 | 104 | TRIJARDY XR .....                           | 24  | TROJAN ULTRA THIN/SPERMICIDAL MISC .....                 | 85  |
| triamcinolone acetonide (nasal) AERO .....                            | 109 | TRIKAFTA TBPK 100 MG-50 MG 118              |     | TROJAN-ENZ LUBRICATED MISC .....                         | 85  |
| triamcinolone acetonide (topical) AERS .....                          | 67  | TRIKAFTA TBPK 50 MG-25 MG .                 | 118 | TROJAN-ENZ/SPERMICIDAL MISC .                            | 85  |
| triamcinolone acetonide (topical) CREA .....                          | 67  | TRIKAFTA THPK .....                         | 118 | TROKENDI XR CP24 200 MG (topiramate) .....               | 21  |
| triamcinolone acetonide (topical) LOTN .....                          | 67  | TRILEPTAL SUSP (oxcarbazepine) 21           |     | TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) ..... | 21  |
| triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....    | 67  | TRILEPTAL TABS 150 MG (oxcarbazepine) ..... | 21  | tropicamide SOLN .....                                   | 110 |
| triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....            | 71  | TRILEPTAL TABS 300 MG (oxcarbazepine) ..... | 21  | trospium chloride CP24 .....                             | 123 |
| triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....            | 71  | TRILEPTAL TABS 600 MG (oxcarbazepine) ..... | 21  | trospium chloride TABS .....                             | 123 |
| triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....              | 71  | TRILIPIX 135 MG (choline fenofibrate) ..... | 30  | TRUE COMFORT SAFETY LANCETS .....                        | 96  |
| triamterene CAPS .....                                                | 71  | TRILIPIX 45 MG (choline fenofibrate) .....  | 30  | TRUE COMFORT TWIST TOP LANCETS .....                     | 96  |
| triazolam 0.125 MG .....                                              | 81  | trimethobenzamide hcl CAPS .....            | 28  | TRUE COVER DEVI .....                                    | 85  |
| triazolam 0.25 MG .....                                               | 81  | trimethoprim TABS .....                     | 34  | TRUEPLUS LANCETS 26G .....                               | 96  |
| TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) ..... | 33  | trimipramine maleate CAPS .....             | 24  | TRUEPLUS LANCETS 28G .....                               | 96  |
| TRICARE TABS .....                                                    | 107 | TRINATAL RX 1 TABS .....                    | 107 | TRUEPLUS LANCETS 30G .....                               | 96  |
|                                                                       |     | TRINTELLIX .....                            | 23  | TRUEPLUS LANCETS 33G .....                               | 96  |
|                                                                       |     | TRISTART DHA .....                          | 107 | TRUEPLUS SAFETY LANCETS 28G .....                        | 96  |
|                                                                       |     | TRIUMEQ PD TBSO .....                       | 47  | TRULANCE .....                                           | 75  |

|                                                                                                                    |                                              |                                      |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| TRULICITY .....25                                                                                                  | TRUZONE PEAK FLOW METER<br>100               | ULTILET SAFETY LANCETS .....97       |
| TRUMENBA 0.5 ML .....123                                                                                           | TUKYSA .....37                               | ULTILET SAFETY LANCETS 23G<br>97     |
| TRUSTEX COLOR CONDOMS +<br>LUBE MISC .....85                                                                       | TUSNEL TABS .....59                          | ULTRA THIN LANCETS 31G .....97       |
| TRUSTEX LUB/RIBBED/STUDED<br>MISC .....85                                                                          | TUSSLIN PEDIATRIC LIQD .....59               | ULTRA-CARE LANCETS 30G ....97        |
| TRUSTEX LUB/SPERMICIDE EX ST<br>MISC .....85                                                                       | TWINRIX SUSY .....125                        | ULTRA-THIN II AUTO LANCET ..97       |
| TRUSTEX LUB/SPERMICIDE XL<br>MISC .....85                                                                          | TWIRLA .....56                               | ULTRA-THIN II LANCETS .....97        |
| TRUSTEX LUB/SPERMICIDE XL<br>MISC .....85                                                                          | TWIST TOP LANCETS 30G .....96                | umeclidinium-vilanterol .....16      |
| TRUSTEX LUBRICATED EX LARGE<br>MISC .....85                                                                        | TYBLUME CHEW .....56                         | UNILET COMFORTOUCH LANCET<br>97      |
| TRUSTEX LUBRICATED EXTRA ST<br>MISC .....85                                                                        | TYBOST .....47                               | UNILET EXCELITE .....97              |
| TRUSTEX LUBRICATED MISC ...85                                                                                      | TYKERB (lapatinib ditosylate) ....41         | UNILET EXCELITE II .....97           |
| TRUSTEX<br>LUBRICATED/SPERMICIDE MISC<br>85                                                                        | TYMLOS .....72                               | UNILET G.P. LANCET .....97           |
| TRUSTEX NATURAL CONDOMS +<br>LUBE MISC .....85                                                                     | TYVASO DPI INSTITUTIONAL KIT<br>POWD .....51 | UNILET G.P. SUPERLITE LANCET .<br>97 |
| TRUSTEX NON-LUBRICATED MISC<br>.....85                                                                             | TYVASO DPI MAINTENANCE KIT<br>POWD .....51   | UNILET GP 28 ULTRA THIN .....97      |
| TRUSTEX RIA LUB/SPERMICIDE<br>MISC .....85                                                                         | TYVASO DPI TITRATION KIT<br>POWD .....51     | UNILET LANCET .....97                |
| TRUSTEX RIA LUBRICATED MISC .<br>85                                                                                | TYVASO REFILL KIT SOLN IN ...51              | UNILET MICRO-THIN 33G .....97        |
| TRUSTEX RIA NON-LUBRICATED<br>MISC .....85                                                                         | TYVASO SOLN IN .....51                       | UNILET SUPERLITE LANCET ...97        |
| TRUSTEX-NONOXYNOL-<br>9/RIB/STUD MISC .....86                                                                      | TYVASO STARTER KIT SOLN IN 51                | UNILET SUPER-THIN 30G .....97        |
| TRUVADA 100 MG-150 MG, 133<br>MG-200 MG, 167 MG-250 MG<br>(emtricitabine-tenofovir disoproxil<br>fumarate) .....47 | UBRELVY .....101                             | UNILET ULTRA-THIN 28G .....97        |
| TRUVADA 200 MG-300 MG<br>(emtricitabine-tenofovir disoproxil<br>fumarate) .....47                                  | UCERIS (budesonide (intrarectal))<br>12      | UNISTIK 1 .....97                    |
|                                                                                                                    | UCERIS TB24 (budesonide) .....57             | UNISTIK 2 .....97                    |
|                                                                                                                    | UDENYCA ONBODY SOSY .....80                  | UNISTIK 2 COMFORT .....97            |
|                                                                                                                    | UDENYCA SOAJ .....80                         | UNISTIK 2 EXTRA .....97              |
|                                                                                                                    | UDENYCA SOSY .....80                         | UNISTIK 2 NEONATAL .....97           |
|                                                                                                                    | ULORIC 40 MG (febuxostat) .....78            | UNISTIK 2 NORMAL .....98             |
|                                                                                                                    | ULORIC 80 MG (febuxostat) .....78            | UNISTIK 2 SUPER .....98              |
|                                                                                                                    | ULTILET CLASSIC LANCETS ....97               | UNISTIK 3 .....98                    |
|                                                                                                                    | ULTILET LANCETS .....97                      | UNISTIK 3 COMFORT .....98            |
|                                                                                                                    |                                              | UNISTIK 3 EXTRA .....98              |

|                                                          |    |                                                                                                 |    |                                                                     |     |
|----------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------|-----|
| UNISTIK 3 GENTLE .....                                   | 98 | VABRINTY SC 22.5 MG, 30 MG, 45 MG .....                                                         | 38 | VALTREX 500 MG (valacyclovir hcl) .                                 | 48  |
| UNISTIK 3 NEONATAL .....                                 | 98 | VAGIFEM TABS (estradiol vaginal) 126                                                            |    | VANCOCIN CAPS (vancomycin hcl) .                                    | 34  |
| UNISTIK 3 NORMAL .....                                   | 98 | valacyclovir hcl 1 GM .....                                                                     | 48 | vancomycin hcl CAPS .....                                           | 34  |
| UNISTIK CZT COMFORT .....                                | 98 | valacyclovir hcl 500 MG .....                                                                   | 48 | VANDAZOLE .....                                                     | 126 |
| UNISTIK CZT NORMAL .....                                 | 98 | VALCHLOR .....                                                                                  | 63 | VANOS CREA (fluocinonide) .....                                     | 67  |
| UNISTIK NORMAL .....                                     | 98 | VALCYTE SOLR (valganciclovir hcl) .                                                             | 47 | VAQTA .....                                                         | 126 |
| UNISTIK PRO SAFETY LANCET .                              | 98 | VALCYTE TABS (valganciclovir hcl) .                                                             | 47 | VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML .....                            | 126 |
| UNISTIK SAFETY LANCETS 28G 98                            |    | valganciclovir hcl SOLR .....                                                                   | 47 | varenicline tartrate TABS .....                                     | 118 |
| UNISTIK SAFETY LANCETS 30G 98                            |    | valganciclovir hcl TABS .....                                                                   | 47 | varenicline tartrate TBPK .....                                     | 118 |
| UNISTIK TOUCH SAFETY LANC 21G .....                      | 98 | VALIUM TABS 10 MG (diazepam) 13                                                                 |    | VARIVAX SUSR .....                                                  | 126 |
| UNISTIK TOUCH SAFETY LANC 23G .....                      | 98 | VALIUM TABS 2 MG, 5 MG (diazepam) .....                                                         | 13 | VASCEPA (icosapent ethyl) .....                                     | 29  |
| UNISTIK TOUCH SAFETY LANC 28G .....                      | 98 | valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML .....                                          | 22 | VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ... | 34  |
| UNISTIK TOUCH SAFETY LANC 30G .....                      | 98 | valproic acid CAPS .....                                                                        | 22 | VASOTEC TABS (enalapril maleate) 31                                 |     |
| UPTRAVI TABS .....                                       | 51 | valsartan TABS 160 MG .....                                                                     | 32 | VCF VAGINAL CONTRACEPTIVE FILM .....                                | 126 |
| UPTRAVI TITRATION TBPK .....                             | 51 | valsartan TABS 40 MG, 80 MG, 320 MG .....                                                       | 32 | VCF VAGINAL CONTRACEPTIVE GEL .....                                 | 126 |
| urea LOTN 40 % .....                                     | 68 | valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ..... | 34 | VECAMYL .....                                                       | 34  |
| UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) ..... | 77 | valsartan-hydrochlorothiazide 25 MG-160 MG .....                                                | 34 | VECTICAL (calcitriol (topical)) ....                                | 64  |
| UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) ..... | 77 | VALTOCO 10 MG DOSE LIQD ....                                                                    | 18 | VELCADE SOLR IJ (bortezomib) .                                      | 41  |
| UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) .....  | 77 | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML .....                                                      | 18 | VELTIN (clindamycin phosphate-tretinoin) .....                      | 62  |
| UROXATRAL (alfuzosin hcl) .....                          | 77 | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML .....                                                       | 18 | VEMLIDY .....                                                       | 47  |
| URSO 250 TABS (ursodiol) .....                           | 75 | VALTOCO 5 MG DOSE LIQD .....                                                                    | 18 | VENCLEXTA STARTING PACK TBPK .....                                  | 37  |
| URSO FORTE TABS (ursodiol) ...                           | 75 | VALTREX 1 GM (valacyclovir hcl) .                                                               | 48 | VENCLEXTA TABS 10 MG .....                                          | 37  |
| ursodiol CAPS .....                                      | 75 |                                                                                                 |    | VENCLEXTA TABS 100 MG .....                                         | 37  |
| ursodiol TABS .....                                      | 75 |                                                                                                 |    | VENCLEXTA TABS 50 MG .....                                          | 37  |

|                                   |    |                                    |                                   |     |
|-----------------------------------|----|------------------------------------|-----------------------------------|-----|
| venlafaxine hcl CP24 .....        | 23 | .....98                            | vilazodone hcl TABS 20 MG .....   | 23  |
| venlafaxine hcl TABS .....        | 23 | VERIFINE UNIVERSAL LANCETS         | VIMPAT SOLN PO 10 MG/ML           |     |
| venlafaxine hcl TB24 225 MG ..... | 23 | 28G .....                          | (lacosamide) .....                | 21  |
| venlafaxine hcl TB24 37.5 MG, 75  |    | VERIFINE UNIVERSAL LANCETS         | VIMPAT TABS (lacosamide) .....    | 21  |
| MG, 150 MG .....                  | 23 | 30G .....                          | VINATE DHA RF .....               | 107 |
| VENTAVIS IN .....                 | 51 | VERIFINE UNIVERSAL LANCETS         | VINATE ONE TABS .....             | 107 |
| VENTOLIN HFA AERS (albuterol      |    | 33G .....                          | VIRACEPT TABS .....               | 47  |
| sulfate) .....                    | 16 | VERSACLOZ SUSP .....               | VIRAZOLE (ribavirin) .....        | 48  |
| verapamil hcl CP24 100 MG, 120    |    | VERZENIO .....                     | VIREAD POWD .....                 | 47  |
| MG, 200 MG, 240 MG, 300 MG ...    | 50 | VESICARE TABS 10 MG (solifenacin   | VIREAD TABS (tenofovir disoproxil |     |
| verapamil hcl CP24 180 MG .....   | 49 | succinate) .....                   | fumarate) .....                   | 47  |
| verapamil hcl CP24 360 MG .....   | 49 | VESICARE TABS 5 MG (solifenacin    | VIREAD TABS 150 MG, 200 MG,       |     |
| VERAPAMIL HCL ER CP24             |    | succinate) .....                   | 250 MG .....                      | 47  |
| (verapamil hcl) .....             | 49 | VFEND SUSR (voriconazole) .....    | VISTARIL CAPS 25 MG (hydroxyzine  |     |
| verapamil hcl TABS .....          | 50 | VFEND TABS 200 MG (voriconazole)   | pamoate) .....                    | 12  |
| verapamil hcl TBCR 120 MG .....   | 50 | .....                              | VISTOGARD .....                   | 27  |
| verapamil hcl TBCR 180 MG, 240    |    | VIAGRA (sildenafil citrate) .....  | VITAFOL GUMMIES .....             | 107 |
| MG .....                          | 50 | VIBERZI .....                      | VITAFOL-NANO .....                | 107 |
| VEREGEN .....                     | 62 | VIBRAMYCIN CAPS (doxycycline       | VITAFOL-ONE CAPS .....            | 107 |
| VERELAN CP24 120 MG, 240 MG       |    | hyclate) .....                     | VITAMEDMD ONE                     |     |
| (verapamil hcl) .....             | 50 | 119                                | RX/QUATREFOLIC .....              | 107 |
| VERELAN CP24 180 MG (verapamil    |    | VIBRAMYCIN SUSR (doxycycline       | VITAMEDMD REDICHEW RX ...         | 107 |
| hcl) .....                        | 50 | (monohydrate)) .....               | VITAMINS ACD-FLUORIDE SOLN        |     |
| VERELAN CP24 360 MG (verapamil    |    | 119                                | 0.25 MG/ML .....                  | 105 |
| hcl) .....                        | 50 | VICTOZA (liraglutide) .....        | VITAMINS ACD-FLUORIDE SOLN        |     |
| VERELAN PM CP24 (verapamil hcl) . |    | 25                                 | 0.5 MG/ML .....                   | 105 |
| 50                                |    | vigabatrin PACK .....              | VITAPEARL .....                   | 107 |
| VERIFINE SAFE LANCET MINI 21G     |    | 21                                 | VITATHELY WITH GINGER TABS        |     |
| .....                             | 98 | vigabatrin TABS .....              | 107                               |     |
| VERIFINE SAFE LANCET MINI 23G     |    | 21                                 | VITATRUE .....                    | 107 |
| .....                             | 98 | VIGAMOX SOLN OP (moxifloxacin      | VITRAKVI CAPS .....               | 41  |
| VERIFINE SAFE LANCET MINI 28G     |    | hcl (ophth)) .....                 | VITRAKVI SOLN .....               | 41  |
| .....                             | 98 | 110                                | VIVA DHA CAPS .....               | 107 |
| VERIFINE SAFE LANCET MINI 30G     |    | VIIBRYD STARTER PACK KIT ...       |                                   |     |
|                                   | 23 | 23                                 |                                   |     |
|                                   |    | VIIBRYD TABS 10 MG, 40 MG          |                                   |     |
|                                   |    | (vilazodone hcl) .....             |                                   |     |
|                                   |    | 23                                 |                                   |     |
|                                   |    | VIIBRYD TABS 20 MG (vilazodone     |                                   |     |
|                                   |    | hcl) .....                         |                                   |     |
|                                   |    | 23                                 |                                   |     |
|                                   |    | vilazodone hcl TABS 10 MG, 40 MG . |                                   |     |
|                                   |    | 23                                 |                                   |     |

|                                                                       |     |                                                                 |     |                                                                                |     |
|-----------------------------------------------------------------------|-----|-----------------------------------------------------------------|-----|--------------------------------------------------------------------------------|-----|
| VIVAGUARD LANCETS .....                                               | 99  | WESTGEL DHA .....                                               | 107 | XIFAXAN 200 MG .....                                                           | 34  |
| VIVAGUARD LANCETS 30G .....                                           | 99  | WIDE-SEAL DIAPHRAGM 60 ....                                     | 86  | XIFAXAN 550 MG .....                                                           | 34  |
| VIVAGUARD SAFETY LANCETS<br>28G .....                                 | 99  | WIDE-SEAL DIAPHRAGM 65 ....                                     | 86  | XIGDUO XR (dapagliflozin<br>propanediol-metformin hcl) .....                   | 24  |
| VIVELLE-DOT PTTW (estradiol) ..                                       | 74  | WIDE-SEAL DIAPHRAGM 70 ....                                     | 86  | XIGDUO XR 1000 MG-10 MG, 500<br>MG-10 MG .....                                 | 24  |
| VIZIMPRO .....                                                        | 38  | WIDE-SEAL DIAPHRAGM 75 ....                                     | 86  | XIGDUO XR 1000 MG-2.5 MG, 1000<br>MG-5 MG, 500 MG-5 MG .....                   | 24  |
| VOGELXO GEL TD (testosterone) 11                                      |     | WIDE-SEAL DIAPHRAGM 80 ....                                     | 86  | XIMINO CP24 (minocycline hcl) ..                                               | 119 |
| VOGELXO PUMP GEL TD<br>(testosterone) .....                           | 11  | WIDE-SEAL DIAPHRAGM 85 ....                                     | 86  | XOPENEX HFA (levalbuterol<br>tartrate) .....                                   | 16  |
| VOLTAREN ARTHRITIS PAIN GEL<br>EX (diclofenac sodium (topical)) ...   | 63  | WIDE-SEAL DIAPHRAGM 90 ....                                     | 86  | XOSPATA .....                                                                  | 42  |
| VONVENDI .....                                                        | 79  | WIDE-SEAL DIAPHRAGM 95 ....                                     | 86  | XTANDI CAPS .....                                                              | 38  |
| voriconazole SUSR .....                                               | 29  | WILATE KIT .....                                                | 79  | XTANDI TABS .....                                                              | 39  |
| voriconazole TABS .....                                               | 29  | XADAGO .....                                                    | 44  | XURIDEN .....                                                                  | 73  |
| VOSEVI .....                                                          | 47  | XALATAN SOLN (latanoprost) ...                                  | 113 | XYZAL ALLERGY 24HR<br>CHILDRENS SOLN (levocetirizine<br>dihydrochloride) ..... | 29  |
| VOTRIENT (pazopanib hcl) .....                                        | 42  | XALKORI CAPS .....                                              | 42  | XYZAL ALLERGY 24HR TABS<br>(levocetirizine dihydrochloride) ....               | 29  |
| VRAYLAR CAPS .....                                                    | 44  | XANAX TABS (alprazolam) .....                                   | 13  | YASMIN 28 (drospirenone-ethinyl<br>estradiol) .....                            | 56  |
| VRAYLAR CPPK .....                                                    | 44  | XANAX XR TB24 (alprazolam) ....                                 | 13  | YAZ (drospirenone-ethinyl estradiol)<br>56                                     |     |
| VYTONE 1.9 %-1 % (iodoquinol-<br>hydrocortisone in aloe vehicle) .... | 63  | XARELTO STARTER PACK TBPK<br>16                                 |     | YESINTEK SOLN 45 MG/0.5ML ..                                                   | 64  |
| VYTORIN (ezetimibe-simvastatin) 29                                    |     | XARELTO SUSR 1 MG/ML<br>(rivaroxaban) .....                     | 16  | YESINTEK SOSY 45 MG/0.5ML ..                                                   | 64  |
| warfarin sodium TABS .....                                            | 16  | XARELTO TABS 2.5 MG, 10 MG, 15<br>MG, 20 MG (rivaroxaban) ..... | 16  | YESINTEK SOSY 90 MG/ML .....                                                   | 64  |
| WELCHOL PACK (colesevelam hcl) .<br>30                                |     | XARELTO TABS .....                                              | 16  | YONSA .....                                                                    | 39  |
| WELCHOL TABS (colesevelam hcl) .<br>30                                |     | XATMEP SOLN PO .....                                            | 36  | YUFLYMA (1 PEN) AJKT .....                                                     | 4   |
| WELLBUTRIN SR TB12 (bupropion<br>hcl) .....                           | 22  | XELJANZ SOLN .....                                              | 3   | YUFLYMA (2 PEN) AJKT .....                                                     | 4   |
| WELLBUTRIN XL TB24 (bupropion<br>hcl) .....                           | 22  | XELJANZ TABS .....                                              | 3   | YUFLYMA (2 SYRINGE) PSKT .....                                                 | 4   |
| WESCAP-C DHA .....                                                    | 107 | XELJANZ XR TB24 .....                                           | 3   | YUFLYMA-CD/UC/HS STARTER<br>AJKT .....                                         | 4   |
| WESNATE DHA CAPS .....                                                | 107 | XELODA (capecitabine) .....                                     | 36  |                                                                                |     |
| WESTAB PLUS TABS .....                                                | 107 | XENAZINE (tetrabenazine) .....                                  | 115 |                                                                                |     |
|                                                                       |     | XERAC AC .....                                                  | 68  |                                                                                |     |
|                                                                       |     | XERMELO .....                                                   | 77  |                                                                                |     |
|                                                                       |     | XHANCE EXHU .....                                               | 109 |                                                                                |     |

|                                                                                                                                                                                                                                                                                                        |                                                      |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| zafirlukast 10 MG ..... 14                                                                                                                                                                                                                                                                             | ZEV RX TWIST TOP LANCETS 30G 99                      | zolpidem tartrate TBCR .....81                                 |
| zafirlukast 20 MG ..... 14                                                                                                                                                                                                                                                                             |                                                      | ZOMACTON SOLR SC 10 MG ....72                                  |
| zaleplon .....81                                                                                                                                                                                                                                                                                       | ZIAGEN SOLN (abacavir sulfate) .47                   | ZOMIG SOLN (zolmitriptan) .....102                             |
| ZANAFLEX CAPS (tizanidine hcl) 108                                                                                                                                                                                                                                                                     | ZIANA (clindamycin phosphate-tretinoin) .....62      | ZONALON (doxepin hcl (antipruritic)) .....63                   |
| ZANAFLEX TABS 4 MG (tizanidine hcl) .....108                                                                                                                                                                                                                                                           | zidovudine CAPS ..... 47                             | ZONEGRAN CAPS 100 MG (zonisamide) ..... 21                     |
| ZARONTIN CAPS (ethosuximide) .21                                                                                                                                                                                                                                                                       | zidovudine SYRP ..... 47                             | ZONEGRAN CAPS 25 MG (zonisamide) ..... 21                      |
| ZARONTIN SOLN (ethosuximide) .22                                                                                                                                                                                                                                                                       | zidovudine TABS .....47                              | zonisamide CAPS 100 MG ..... 21                                |
| ZARXIO .....80                                                                                                                                                                                                                                                                                         | zileuton TB12 ..... 14                               | zonisamide CAPS 25 MG, 50 MG .21                               |
| ZAVESCA (miglustat) .....79                                                                                                                                                                                                                                                                            | ZIOPTAN (tafluprost) ..... 113                       | ZORBTIVE SC .....72                                            |
| ZEJULA TABS .....42                                                                                                                                                                                                                                                                                    | ziprasidone hcl 20 MG, 40 MG .... 44                 | ZORTRESS (everolimus (immunosuppressant)) .....104             |
| ZELAPAR TBDP .....44                                                                                                                                                                                                                                                                                   | ziprasidone hcl 60 MG, 80 MG .... 44                 | ZOVIRAX CREA (acyclovir topical) 65                            |
| ZELBORAF .....42                                                                                                                                                                                                                                                                                       | ZIRGAN GEL ..... 110                                 | ZOVIRAX OINT (acyclovir topical) .65                           |
| ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) .....73                                                                                                                                                                                                                                                       | ZITHROMAX PACK .....83                               | ZYCLARA (imiquimod) .....68                                    |
| 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 ..... 70 | ZITHROMAX SUSR (azithromycin) 83                     | ZYCLARA PUMP (imiquimod) .... 68                               |
|                                                                                                                                                                                                                                                                                                        | ZITHROMAX TABS 250 MG (azithromycin) .....83         | ZYDELIG .....42                                                |
|                                                                                                                                                                                                                                                                                                        | ZITHROMAX TABS 500 MG (azithromycin) .....83         | ZYFLO TABS ..... 14                                            |
|                                                                                                                                                                                                                                                                                                        | ZITHROMAX TRI-PAK TABS (azithromycin) .....83        | ZYKADIA TABS .....42                                           |
|                                                                                                                                                                                                                                                                                                        | ZITHROMAX Z-PAK TABS (azithromycin) .....83          | ZYLET .....111                                                 |
| ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) ..... 34                                                                                                                                                                                                                    | ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) .....31 | ZYMAXID (gatifloxacin (ophth)) ..110                           |
|                                                                                                                                                                                                                                                                                                        | ZOLINZA ..... 42                                     | ZYPREXA TABS 15 MG, 20 MG (olanzapine) .....45                 |
| ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...34                                                                                                                                                                                                                                        | zolmitriptan SOLN .....102                           | ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) ..... 45 |
| ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) .....31                                                                                                                                                                                                                                    | zolmitriptan TABS ..... 102                          | ZYPREXA ZYDIS TBDP (olanzapine) .....45                        |
| ZESTRIL TABS 40 MG (lisinopril) .31                                                                                                                                                                                                                                                                    | zolmitriptan TBDP ..... 102                          |                                                                |
| ZETIA (ezetimibe) .....31                                                                                                                                                                                                                                                                              | ZOLOFT CONC (sertraline hcl) ...23                   | ZYTIGA (abiraterone acetate) .... 39                           |
|                                                                                                                                                                                                                                                                                                        | ZOLOFT TABS (sertraline hcl) ....23                  | ZYVOX SUSR (linezolid) ..... 35                                |
|                                                                                                                                                                                                                                                                                                        | zolpidem tartrate TABS .....81                       | ZYVOX TABS (linezolid) .....35                                 |