

Pharmacy Program

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a practitioner. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Preferred Drug List

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the NH Healthy Families Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the NH Healthy Families Medical Director, NH Healthy Families Pharmacy Director, and several New Hampshire physicians, pharmacists, and other healthcare professionals.

Pharmacy Benefit Manager

NH Healthy Families works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Some drugs on the NH Healthy Families PDL may require PA, and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. Specialty drugs, such as biopharmaceuticals and injectables, may require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for non-controlled-substance PDL drugs except for ophthalmic drugs.

Appropriate Use and Safety Edits

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the practitioner to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy Families will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

Step Therapy

Some medications listed on the NH Healthy Families PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's practitioner may be required to provide additional information. If a authorization is not granted, NH Healthy Families will notify the member and their practitioner and provide information regarding the appeal process.

Quantity Limits

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the practitioner feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Age Limits

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of 'Non-Formulary' corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-formulary drugs varies by therapeutic drug class. To request the approval of a non-formulary drug please submit rationale via prior authorization request form to Envolve Pharmacy Solutions (fax 1-866-399-0929).

Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's practitioner can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request NH Healthy Families requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions will notify the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their practitioner will be notified of alternatives and provide information regarding the appeal process.

72 Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call Envolve Pharmacy Solutions at 1-866-862-8615 for a prescription override to submit the 72-hour medication supply for payment.

Newly Approved Products

New Hampshire Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review

process. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Over-the-Counter Medications

NH Healthy Families covers a variety of OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Drug Efficacy Study and Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by NH Healthy Families.

Filling a Prescription

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
PA:	Prior Authorization
Pkg Size:	Package Size
SP	Specialty Drug
PV	Preventative
QL	Quantity Limit
ST	Step Therapy
AL	Age Limit
RX/OTC	Over-the-Counter Medication (prescription required)

Contact Information

NH Healthy Families

Phone: 1-866-769-3085

Website: www.nhhealthyfamilies.com

Envolve Pharmacy Solutions

PA Phone: 1-866-862-8615

Tier Definitions

0	\$0 Copay
1	Preferred Generic
2	Preferred Brand
CO	Carve-Out Drug - Covered by State Medicaid
NF	Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	NF	QL(90 ea per 30 days retail)
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	NF	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(90 ea per 30 days retail)
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	1	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	1	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	1	ST; AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	1	
guanfacine hcl (adhd) tb24	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	
STRATTERA CAPS (Use Atomoxetine HCl)	NF	ST; AL(At least 6 yrs old)
Stimulants - Misc.		
CONCERTA TBCR (Use Methylphenidate HCl)	NF	AL(At least 6 yrs old)
dexamethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use Dexamethylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
METADATE CD CPR (Use Methylphenidate HCl)	NF	AL(At least 6 yrs old)
methylphenidate hcl cpr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	AL(At least 6 yrs old)
methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg	1	AL(At least 3 yrs old)
methylphenidate hcl tbc or 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24	2	
RITALIN TABS (Use Methylphenidate HCl)	NF	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT SAMPLE KIT SUBL	2	PA; SP
ORALAIR ADULT STARTER PACK SUBL	2	PA; SP
ORALAIR SUBL	2	PA; SP
Biologicals Misc		
ADAGEN SOLN	2	PA; SP
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps 250 mg</i>	1	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs or 3 mg, 5 mg</i>	1	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	2	PA
BETHKIS NEBU	2	PA; SP
KITABIS PAK NEBU	2	PA; SP
<i>neomycin sulfate tabs or</i>	1	
TOBI NEBU (<i>Use Tobramycin</i>)	NF	PA; SP
TOBI PODHALER CAPS	2	PA; SP
TOBRAMYCIN NEBU IN	2	PA; SP
<i>tobramycin nebu in</i>	1	PA; SP
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	2	PA
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate solr ij 1.2 gm</i>	1	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	PA; SP
HUMIRA PEN PNKT	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	2	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	2	PA; SP
HUMIRA PSKT	2	PA; SP
SIMPONI ARIA SOLN	2	PA; SP
SIMPONI SOAJ	2	PA; SP
SIMPONI SOSY	2	PA; SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	2	PA; SP
XELJANZ TABS	2	PA; SP
XELJANZ XR TB24	2	PA; SP
Antirheumatic Antimetabolites		
METHOTREXATE TABS OR	2	
OTREXUP SOAJ	2	PA; SP
RASUVO SOAJ	2	PA; SP
Interleukin-1 Blockers		
ARCALYST SOLR	2	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	2	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN 150 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	2	PA; SP
ACTEMRA SOLN	2	PA; SP
ACTEMRA SOSY	2	PA; SP
KEVZARA SOAJ	2	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (Use Ibuprofen)	NF	
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ALEVE TABS (Use Naproxen Sodium)	NF	QL(2 ea daily)
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
CELEBREX CAPS (Use Celecoxib)	NF	PA; QL(2 ea daily)
celecoxib caps or 50 mg, 100 mg, 200 mg, 400 mg	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use Oxaprozin)	NF	
diclofenac potassium tabs	1	
diclofenac sodium tb24 or 100 mg	1	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	1	
EC-NAPROSYN TBEC (Use Naproxen)	NF	QL(2 ea daily)
EC-NAPROXEN TBEC (Use Naproxen)	NF	QL(2 ea daily)
etodolac caps	1	
etodolac tabs	1	
etodolac tb24	1	
FELDENE CAPS (Use Piroxicam)	NF	

Drug Name	Drug Tier	Requirements/ Limits
flurbiprofen tabs or 50 mg, 100 mg	1	
ibuprofen chew or 100 mg	1	
ibuprofen susp or 100 mg/5ml	1	RX/OTC
ibuprofen susp or 40 mg/ml, 50 mg/1.25ml	1	
ibuprofen tabs or 200 mg, 400 mg, 600 mg, 800 mg	1	
indomethacin caps or 25 mg, 50 mg	1	
indomethacin cpcr or 75 mg	1	
INFANTS ADVIL SUSP (Use Ibuprofen)	NF	
ketoprofen caps or 50 mg, 75 mg	1	
KETOPROFEN CAPS OR 50 MG, 75 MG	2	
KETOPROFEN ER CP24	2	
ketorolac tromethamine tabs or 10 mg	1	QL(20 ea per fill retail); AL(At least 17 yrs old)
LODINE TABS (Use Etodolac)	NF	
meloxicam tabs or 15 mg, 7.5 mg	1	
MOBIC TABS (Use Meloxicam)	NF	
MOTRIN INFANTS DROPS SUSP (Use Ibuprofen)	NF	
nabumetone tabs or 500 mg, 750 mg	1	
NAPROSYN SUSP (Use Naproxen)	NF	
NAPROSYN TABS (Use Naproxen)	NF	
naproxen sodium tabs or 220 mg	1	QL(2 ea daily)
naproxen sodium tabs or 275 mg, 550 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen susp or 125 mg/5ml</i>	1	
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec or 375 mg, 500 mg</i>	1	QL(2 ea daily)
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps or 10 mg, 20 mg</i>	1	
<i>sulindac tabs or 150 mg, 200 mg</i>	1	
TOLMETIN SODIUM CAPS	2	
TOLMETIN SODIUM TABS	2	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	PA; SP
OTEZLA TBPB	2	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	PA; SP
ORENCIA SOLR	2	PA; SP
ORENCIA SOSY	2	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	PA
ENBREL SOLR	2	PA; SP
ENBREL SOSY	2	PA; SP
ENBREL SURECLICK SOAJ	2	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	1	QL(4 ea daily)
BUTALBITAL/ASPIRIN/CAFFEINE TABS	2	QL(4 ea daily)
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	QL(4 ea daily)
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	QL(4 ea daily)
TENCON TABS	2	
Analgesics Other		
<i>acetaminophen chew or 80 mg, 160 mg</i>	1	
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	1	
<i>acetaminophen liqd or 160 mg/5ml</i>	1	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	1	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	1	QL(12 ea per fill retail)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	1	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	1	
NORTEMP INFANTS SUSP	2	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use Acetaminophen</i>)	NF	
TYLENOL CHILDRENS SUSP (<i>Use Acetaminophen</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TYLENOL EXTRA STRENGTH TABS (<i>Use Acetaminophen</i>)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use Acetaminophen</i>)	NF	
TYLENOL INFANTS SUSP (<i>Use Acetaminophen</i>)	NF	
TYLENOL TABS (<i>Use Acetaminophen</i>)	NF	
Analgesics-Peptide Channel Blockers		
PRIALT SOLN	2	PA; SP
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	1	
<i>aspirin chew or 81 mg</i>	1	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	2	QL(12 ea per fill retail)
<i>aspirin supp re 300 mg, 600 mg</i>	1	QL(12 ea per fill retail)
<i>aspirin tabs or 325 mg</i>	1	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg</i>	1	
BUFFERIN TABS (<i>Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)</i>)	NF	
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
ECOTRIN MAXIMUM STRENGTH TBEC (<i>Use Aspirin</i>)	NF	
ECOTRIN REGULAR STRENGTH TBEC (<i>Use Aspirin</i>)	NF	
<i>salsalate tabs or 500 mg, 750 mg</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE TABS 15 MG, 60 MG	2	QL(2 ea daily)
CODEINE SULFATE TABS 30 MG (<i>Use Codeine Sulfate</i>)	NF	QL(2 ea daily)
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	QL(2 ea daily)
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	PA; QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	10 per month; QL(0.34 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	10 per month; QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	2	QL(12 ea per fill retail)
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	QL(8 ea daily)
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	QL(6 ea daily)
<i>methadone hcl tabs or 10 mg</i>	1	PA; QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	PA; QL(4 ea daily)
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	1	QL(16.67 ml daily)
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	1	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	2	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	2	QL(6 ea daily)
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TBCR (<i>Use Morphine Sulfate</i>)	NF	QL(3 ea daily)
<i>oxycodone hcl caps or 5 mg</i>	1	QL(6 ea daily)
<i>oxycodone hcl conc or 100 mg/5ml</i>	1	QL(6 ml daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
<i>oxycodone hcl soln or 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs or 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL(6 ea daily)
OXYCONTIN T12A	2	PA; QL(2 ea daily)
ROXICODONE TABS (<i>Use Oxycodone HCl</i>)	NF	QL(6 ea daily)
<i>tramadol hcl tabs or 50 mg</i>	1	QL(8 ea daily)
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	QL(8 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	QL(30 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS (<i>Use Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	QL(4 ea daily)
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10mg-325mg</i>	1	QL(6 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg</i>	1	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 7.5mg-325mg</i>	1	QL(8 ea daily)
NORCO TABS 10MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(6 ea daily)
NORCO TABS 5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	QL(30 ml daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	NF	QL(6 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(4 ea daily)
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NF	QL(4 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate film 12mg-3mg</i>	1	QL(1.33 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg</i>	1	QL(8 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	1	QL(2 ea daily)
PROBUPHINE IMPLANT KIT IMPL	2	PA; SP
SUBLOCADE SOSY	2	PA; 1 rtl MAX fill,30 rtl day(s) supply,; SP
SUBOXONE FILM 12MG-3MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(1.33 ea daily)
SUBOXONE FILM 2MG-0.5MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(8 ea daily)
SUBOXONE FILM 4MG-1MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	NF	QL(4 ea daily)
SUBOXONE FILM 8MG-2MG (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	2	QL(2 ea daily)

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Androgens

ANDRODERM PT24	2	QL(1 ea daily)
ANDROXY TABS	2	
AVEED SOLN	2	PA; SP
DEPO-TESTOSTERONE SOLN 200 MG/ML (<i>Use Testosterone Cypionate</i>)	NF	QL(4 ml per 30 days retail)
METHITEST TABS	2	
TESTOPEL PLLT	2	PA; SP
<i>testosterone cypionate soln im 200 mg/ml</i>	1	QL(4 ml per 30 days retail)
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(4 ml per 30 days retail)

ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching

Drug Name	Drug Tier	Requirements/ Limits
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	QL(420 ml per fill retail)
<i>hydrocortisone (intrarectal) enem</i>	1	QL(420 ml per fill retail)
Rectal Combinations		
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	1	QL(48 ea per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) foam</i>	1	QL(15 gm per fill retail)
PROCTOFOAM FOAM (<i>Use Pramoxine HCl (Rectal)</i>)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	NF	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) crea 2.5 %</i>	1	QL(30 gm per fill retail)

ANTACIDS

Antacid Combinations

<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	1	QL(16.53 ml daily)
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	1	QL(16.53 ml daily)

Antacids - Aluminum Salts

ALUMINUM HYDROXIDE SUSP OR	2	
----------------------------	---	--

Antacids - Bicarbonate

<i>sodium bicarbonate (antacid) tabs</i>	1	QL(16.53 ea daily)
--	---	--------------------

Antacids - Calcium Salts

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid) chew 500 mg</i>	1	
TUMS CHEW (Use Calcium Carbonate (Antacid))	NF	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs 400 mg</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE TABS	2	PA; SP
EMVERM CHEW	2	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp or</i>	1	QL(60 ml per fill retail)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs or</i>	1	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	
Carbapenems		

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium solr</i>	1	PA; SP
INVANZ SOLR IJ (Use Ertapenem Sodium)	NF	PA; SP
INVANZ SOLR IV	2	PA; SP
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN HCL CAPS 125 MG (Use Vancomycin HCl)	NF	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (Use Vancomycin HCl)	NF	QL(8 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	1	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	1	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	1	QL(0.467 ea daily)
Leprostatics		
<i>dapsone tabs or 25 mg, 100 mg</i>	1	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	QL(100 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	QL(100 ml per fill retail)
Monobactams		
CAYSTON SOLR	2	PA; SP
Oxazolidinones		
SIVEXTRO TABS OR	2	PA; QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
ISOSORBIDE DINITRATE TABS 30 MG	2	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	1	QL(2 ea daily)
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	QL(1 ea daily)
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	1	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs or 5 mg, 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE CAPS OR 100 MG	2	
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	1	QL(3 ea daily)
DIAZEPAM SOLN OR 5 MG/5ML	2	QL(500 ml per fill retail)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	2	QL(4 ea daily)
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	QL(3 ea daily)
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	2	
<i>quinidine gluconate tbcR or 324 mg</i>	1	
QUINIDINE SULFATE TABS OR 200 MG, 300 MG	2	

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	2	
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	1	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 200 mg</i>	1	
<i>dofetilide caps</i>	1	PA; SP
TIKOSYN CAPS (Use <i>Dofetilide</i>)	NF	PA; SP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	2	PA; SP
DUPIXENT SOSY	2	PA
NUCALA SOLR	2	PA; SP
XOLAIR SOLR	2	PA; SP
XOLAIR SOSY	2	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	QL(0.867 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(30 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	2	QL(7 ea per 30 days retail)
<i>ipratropium bromide soln in</i>	1	QL(15 ml daily)
TUDORZA PRESSAIR AEPB	2	QL(1 ea per 30 days retail)
Leukotriene Modulators		

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew or 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack or 4 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs or 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (Use <i>Montelukast Sodium</i>)	NF	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	QL(9 gm per 30 days retail)
<i>budesonide (inhalation) susp</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
FLOVENT HFA AERO 44 MCG/ACT	2	QL(11 gm per 30 days retail)
PULMICORT FLEXHALER AEPB	2	QL(1 ea per 25 days retail)
PULMICORT SUSP (Use <i>Budesonide (Inhalation)</i>)	NF	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
Sympathomimetics		
<i>albuterol sulfate aers in 108 mcg/act</i>	1	
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu in 0.083 %</i>	1	QL(375 ml per 25 days retail)
<i>albuterol sulfate nebu in 0.5 %</i>	1	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(375 ml per 30 days retail)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 days retail)
DULERA AERO	2	QL(13 gm per 30 days retail)
<i>ipratropium-albuterol soln</i>	1	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP OR 10 MG/5ML	2	QL(30 ml daily)
METAPROTERENOL SULFATE TABS OR 10 MG, 20 MG	2	
PROAIR HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	QL(0.57 gm daily)
SEREVENT DISKUS AEPB	2	QL(2 ea daily)
SYMBICORT AERO	2	QL(11 gm per 30 days retail)
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	QL(0.54 gm daily)
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	NF	QL(1.2 gm daily)
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	1	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Anticoagulants - Misc.		
DEFITELIO SOLN	2	PA; SP
Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirements/ Limits
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
XARELTO TABS 10 MG	2	QL(1 ea daily, 35 ea per 180 days retail)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (<i>Use Fondaparinux Sodium</i>)	NF	PA; SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	1	QL(42 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	1	QL(14 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	1	QL(5 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	1	QL(6 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	1	QL(9 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	1	QL(12 ml per 7 days retail); SP
<i>fondaparinux sodium soln</i>	1	PA; SP
FRAGMIN SOLN	2	PA; SP
<i>heparin sodium (porcine) soln</i>	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(5 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(12 ml per 7 days retail); SP

ANTICONVULSANTS - Drugs to Treat Seizures

Anticonvulsants - Benzodiazepines

clonazepam tabs or 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
DIASTAT ACUDIAL GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
diazepam (anticonvulsant) gel	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM GEL RE 20 MG, 2.5 MG	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM RECTAL GEL GEL	2	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS (Use Clonazepam)	NF	QL(4 ea daily)

Anticonvulsants - Misc.

BANZEL SUSP	2	PA; SP
BANZEL TABS	2	PA; SP
BRIVIACT SOLN IV 50 MG/5ML	2	PA; SP
carbamazepine chew or 100 mg	1	
carbamazepine cp12 or 200 mg, 300 mg	1	
carbamazepine susp or 100 mg/5ml	1	
carbamazepine tabs or 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine tb12 or 100 mg, 200 mg, 400 mg	1	
CARBATROL CP12 200 MG, 300 MG (Use Carbamazepine)	NF	
EPIDIOLEX SOLN	2	PA
gabapentin caps or 100 mg	1	QL(9 ea daily)
gabapentin caps or 300 mg, 400 mg	1	
gabapentin soln or 250 mg/5ml, 300 mg/6ml	1	
gabapentin tabs or 600 mg, 800 mg	1	
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 250 MG, 500 MG, 750 MG, 1000 MG (Use Levetiracetam)	NF	
KEPPRA XR TB24 (Use Levetiracetam)	NF	ST
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL TABS (Use Lamotrigine)	NF	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	NF	ST
lamotrigine chew or 5 mg, 25 mg	1	
lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg	1	
lamotrigine tb24 or 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	1	ST
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg	1	
levetiracetam tb24 or 500 mg, 750 mg	1	ST

Drug Name	Drug Tier	Requirements/ Limits
MYSOLINE TABS (<i>Use Primidone</i>)	NF	
NEURONTIN CAPS 100 MG (<i>Use Gabapentin</i>)	NF	QL(9 ea daily)
NEURONTIN CAPS 300 MG, 400 MG (<i>Use Gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	NF	
NEURONTIN TABS 600 MG, 800 MG (<i>Use Gabapentin</i>)	NF	
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
<i>primidone tabs or 50 mg, 250 mg</i>	1	
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	NF	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	NF	
TEGRETOL-XR TB12 (<i>Use Carbamazepine</i>)	NF	
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	NF	
TOPAMAX TABS 25 MG (<i>Use Topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX TABS 50 MG, 100 MG, 200 MG (<i>Use Topiramate</i>)	NF	
<i>topiramate cpsp or 15 mg, 25 mg</i>	1	
<i>topiramate tabs or 25 mg</i>	1	QL(6 ea daily)
<i>topiramate tabs or 50 mg, 100 mg, 200 mg</i>	1	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	NF	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	NF	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	NF	
<i>zonisamide caps or 25 mg, 50 mg, 100 mg</i>	1	
Carbamates		

Drug Name	Drug Tier	Requirements/ Limits
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (<i>Use Felbamate</i>)	NF	
FELBATOL TABS (<i>Use Felbamate</i>)	NF	
GABA Modulators		
GABITRIL TABS (<i>Use Tiagabine HCl</i>)	NF	
SABRIL PACK (<i>Use Vigabatrin</i>)	NF	PA; SP
SABRIL TABS (<i>Use Vigabatrin</i>)	NF	PA; SP
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	1	PA; SP
<i>vigabatrin tabs</i>	1	PA; SP
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	NF	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	NF	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	NF	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	2	
<i>phenytoin chew or 50 mg</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp or 125 mg/5ml</i>	1	
Succinimides		
<i>ethosuximide caps or 250 mg</i>	1	
<i>ethosuximide soln or 250 mg/5ml</i>	1	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	2	
Valproic Acid		
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	2	
DEPAKENE SOLN (<i>Use Valproate Sodium</i>)	2	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	NF	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine tbdp or 15 mg, 30 mg, 45 mg</i>	1	
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	NF	
REMERON TABS (<i>Use Mirtazapine</i>)	NF	
Antidepressants - Misc.		
<i>bupropion hcl tabs or 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 or 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 or 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 or 200 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 or 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 or 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	2	
WELLBUTRIN SR TB12 100 MG (<i>Use Bupropion HCl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use Bupropion HCl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	NF	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	NF	
<i>phenelzine sulfate tabs or</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>Use Citalopram Hydrobromide</i>)	NF	
<i>citalopram hydrobromide soln</i>	1	
<i>citalopram hydrobromide tabs</i>	1	
<i>escitalopram oxalate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps or 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	
<i>fluoxetine hcl tabs or 10 mg</i>	1	AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl tabs or 20 mg</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 25 mg, 50 mg, 100 mg</i>	1	
LEXAPRO TABS 5 MG, 10 MG, 20 MG (Use <i>Escitalopram Oxalate</i>)	NF	
<i>paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PAXIL SUSP 10 MG/5ML	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use <i>Paroxetine HCl</i>)	NF	
PROZAC CAPS (Use <i>Fluoxetine HCl</i>)	NF	
<i>sertraline hcl conc or 20 mg/ml</i>	1	
<i>sertraline hcl tabs or 25 mg, 50 mg, 100 mg</i>	1	
ZOLOFT CONC (Use <i>Sertraline HCl</i>)	NF	
ZOLOFT TABS (Use <i>Sertraline HCl</i>)	NF	
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	2	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	1	
NEFAZODONE HYDROCHLORIDE TABS	2	
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg, 300 mg</i>	1	
VIIBRYD TABS	2	PA
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use <i>Duloxetine HCl</i>)	NF	QL(1 ea daily); AL(At least 7 yrs old)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl cpep or 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(5 ea daily)
PRISTIQ TB24 100 MG (Use <i>Desvenlafaxine Succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use <i>Desvenlafaxine Succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS 75 MG (Use <i>Clomipramine HCl</i>)	NF	
<i>clomipramine hcl caps or 75 mg</i>	1	
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS OR 150 MG	2	
<i>doxepin hcl conc or 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	2	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	NF	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	2	PA; QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NF	QL(2 ea daily)
<i>alogliptin-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>alogliptin-pioglitazone tabs</i>	1	QL(1 ea daily)
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NF	
<i>glyburide-metformin tabs</i>	1	
JENTADUETO TABS	2	PA; QL(2 ea daily); AL(At least 18 yrs old)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SEGLUROMET TABS	2	QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS (<i>Use Metformin HCl</i>)	NF	
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	NF	
<i>metformin hcl tabs or 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 or 500 mg, 750 mg</i>	1	
Diabetic Other		
BD GLUCOSE CHEW	2	QL(1.67 ea daily)
CVS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
GLUCAGEN HYPOKIT SOLR	2	
GLUCAGON EMERGENCY KIT KIT	2	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
KORLYM TABS	2	PA; SP
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
SM GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
TRADJENTA TABS	2	PA; QL(1 ea daily); AL(At least 18 yrs old)
Incretin Mimetic Agents (GLP-1 Receptor		

Drug Name	Drug Tier	Requirements/Limits
BYDUREON PEN PEN	2	PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYDUREON SRER	2	PA; QL(0.143 ea daily); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	2	PA; QL(2 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	2	PA; QL(1 ml per 30 days retail); AL(At least 18 yrs old)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	2	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
ADMELOG SOLN	2	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	2	QL(30 ml per 30 days retail)
BASAGLAR KWIKPEN SOPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 days retail)

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMULIN N SUSP	2	QL(40 ml per 30 days retail)
HUMULIN R SOLN	2	QL(40 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(30 ml per 30 days retail)
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(30 ml per 30 days retail)
NOVOLIN 70/30 RELION SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN N RELION SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN N SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	2	QL(40 ml per 30 days retail)
NOVOLIN R SOLN	2	QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 days retail)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
JARDIANCE TABS	2	PA; QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs or 5 mg, 10 mg</i>	1	
<i>glipizide tb24 or 5 mg, 10 mg, 2.5 mg</i>	1	
GLUCOTROL TABS (Use Glipizide)	NF	
GLUCOTROL XL TB24 (Use Glipizide)	NF	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs or 5 mg, 2.5 mg, 1.25 mg</i>	1	
GLYNASE TABS (Use Glyburide Micronized)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS CAPS	2	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ADVANCED PROBIOTIC 10 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subsalicylate chew or 262 mg</i>	1	
<i>bismuth subsalicylate susp or 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	1	
CHILDRENS PROBIOTIC PEARLS CAPS	2	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC
CULTURELLE GENTLE-GO FORMULA KIDS PACK	2	
CULTURELLE KIDS CHEW	2	
CULTURELLE KIDS PACK	2	
CULTURELLE PRO-WELL CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC
FLORAJEN BIFIDOBLEND CAPS	2	RX/OTC
FLORAJEN3 CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
HM ACIDOPHILUS CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2	
NATRUL PROBIOTIC CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC
PEPTO-BISMOL CHEW (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	NF	

Drug Name	Drug Tier	Requirements/Limits
PEPTO-BISMOL SUSP (Use Bismuth Subsalicylate)	NF	
PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)	NF	
PHILLIPS COLON HEALTH CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC
PRO-BIOTIC BLEND CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BEADS CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	2	RX/OTC
PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIOTIC-10 CAPS	2	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRODIGEN CAPS	2	RX/OTC
PROVAD CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC
SUPER PROBIOTIC CAPS	2	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE HEALTH & WELLNESS CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	2	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	NF	QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
<i>loperamide hcl caps or 2 mg</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd or 1 mg/5ml</i>	1	QL(40 ml daily)
<i>loperamide hcl tabs or 2 mg</i>	1	QL(8 ea daily)
PAREGORIC TINC	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	2	
EXJADE TBSO	2	PA; SP
FERRIPROX SOLN	2	PA; SP
FERRIPROX TABS	2	PA; SP
JADENU SPRINKLE PACK	2	PA
JADENU TABS	2	PA; SP
Antidotes and Specific Antagonists		
BRIDION SOLN	2	PA; SP
<i>deferoxamine mesylate solr</i>	1	PA; SP
DESFERAL SOLR (Use Deferoxamine Mesylate)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SM IPECAC SYRUP SYRP	2	
VISTOGARD PACK	2	
Opioid Antagonists		
NALOXONE HCL SOCT IJ 0.4 MG/ML	2	QL(4 ml per 90 days retail)
<i>naloxone hcl soln ij 0.4 mg/ml</i>	0	QL(2 ml per 90 days retail)
<i>naloxone hcl soln ij 4 mg/10ml</i>	1	QL(4 ml per 90 days retail)
NALOXONE HCL SOSY IJ 2 MG/2ML	2	QL(4 ml per 30 days retail)
<i>naltrexone hcl tabs or</i>	1	
NALTREXONE IMPL SC	2	PA; SP
NARCAN LIQD	2	QL(2 ea per 90 days retail)
VIVITROL SUSR	2	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>ondansetron tbdp</i>	1	QL(2 ea daily)
ZOFRAN ODT TBDP (Use Ondansetron)	NF	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl chew or 25 mg</i>	1	
<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	1	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	NF	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (Use Terbinafine HCl)	NF	QL(1 ea daily, 90 ea per 120 days retail)
<i>nystatin tabs or</i>	1	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	1	QL(1 ea daily, 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use Fluconazole)	NF	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (Use Fluconazole)	NF	QL(1 ea daily)
DIFLUCAN TABS 150 MG (Use Fluconazole)	NF	QL(2 ea daily)
DIFLUCAN TABS 200 MG (Use Fluconazole)	NF	
DIFLUCAN TABS 50 MG (Use Fluconazole)	NF	QL(7 ea per fill retail)
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	1	QL(70 ml per fill retail)
<i>fluconazole tabs or 100 mg</i>	1	QL(1 ea daily)
<i>fluconazole tabs or 150 mg</i>	1	QL(2 ea daily)
<i>fluconazole tabs or 200 mg</i>	1	
<i>fluconazole tabs or 50 mg</i>	1	QL(7 ea per fill retail)
<i>itraconazole caps or 100 mg</i>	1	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
CHLOR-TRIMETON SYRP 2 MG/5ML (<i>Use Chlorpheniramine Maleate</i>)	NF	QL(60 ml daily)
CHLOR-TRIMETON TABS 4 MG (<i>Use Chlorpheniramine Maleate</i>)	NF	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrp or 2 mg/5ml</i>	1	QL(60 ml daily)
<i>chlorpheniramine maleate tabs or 4 mg</i>	1	QL(120 ea per fill retail)
DEXCHLORPHENIRAMIN E MALEATE SYRP OR	2	
RYCLORA SYRP	2	
Antihistamines - Ethanolamines		
ALER-DRYL TABS	2	QL(4 ea daily)
BENADRYL ALLERGY CAPS (<i>Use Diphenhydramine HCl</i>)	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (<i>Use Diphenhydramine HCl</i>)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (<i>Use Diphenhydramine HCl</i>)	NF	QL(4 ea daily)
<i>clemastine fumarate tabs or 1.34 mg</i>	1	QL(2 ea daily)
<i>diphenhydramine hcl caps or 25 mg, 50 mg</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs or 25 mg</i>	1	QL(4 ea daily)
SILPHEN COUGH SYRP	2	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (<i>Use Clemastine Fumarate</i>)	NF	QL(2 ea daily)
Antihistamines - Non-Sedating		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY TABS 180 MG (<i>Use Fexofenadine HCl</i>)	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use Fexofenadine HCl</i>)	NF	QL(2 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use Loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (<i>Use Loratadine</i>)	NF	
CLARITIN SYRP 5 MG/5ML (<i>Use Loratadine</i>)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (<i>Use Loratadine</i>)	NF	
<i>fexofenadine hcl tabs or 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs or 60 mg</i>	1	QL(2 ea daily)
<i>loratadine soln or 5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine syrp or 5 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine tabs or 10 mg</i>	1	
<i>loratadine tbdp or 10 mg</i>	1	
ZYRTEC ALLERGY TABS (<i>Use Cetirizine HCl</i>)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (<i>Use Cetirizine HCl</i>)	NF	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrps or 6.25 mg/5ml</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>ciproheptadine hcl syrps or 2 mg/5ml</i>	1	
<i>ciproheptadine hcl tabs or 4 mg</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	2	PA; SP
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
COLESTID FLAVORED GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	
COLESTID GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	
COLESTID TABS 1 GM (Use <i>Colestipol HCl</i>)	NF	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	NF	
QUESTRAN PACK (Use <i>Cholestyramine</i>)	NF	
QUESTRAN POWD (Use <i>Cholestyramine</i>)	NF	
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	1	QL(2 ea daily)
FENOFIBRATE TABS OR 160 MG	2	QL(1 ea daily)
<i>fenofibrate tabs or 160 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs or 54 mg</i>	1	QL(3 ea daily)
<i>gemfibrozil tabs or</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	QL(2 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	ST; QL(1 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	QL(2 ea daily)
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	ST; QL(1 ea daily)
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (Use <i>Simvastatin</i>)	NF	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIACOR TABS	2	
NIASPAN TBCR (Use Niacin (Antihyperlipidemic))	NF	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	2	PA; SP
REPATHA SOSY	2	PA; SP
REPATHA SURECLICK SOAJ	2	PA; SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	NF	QL(1 ea daily)
ALTACE CAPS (Use Ramipril)	NF	QL(2 ea daily)
<i>benazepril hcl tabs or 40 mg</i>	1	QL(2 ea daily)
<i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i>	1	QL(3 ea daily)
<i>enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	QL(2 ea daily)
EPANED SOLR	2	
<i>fosinopril sodium tabs</i>	1	QL(1 ea daily)
<i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg</i>	1	
LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	NF	QL(2 ea daily)
PRINIVIL TABS (Use Lisinopril)	NF	
<i>quinapril hcl tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	1	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	1	QL(2 ea daily)
VASOTEC TABS (Use Enalapril Maleate)	NF	QL(2 ea daily)
ZESTRIL TABS (Use Lisinopril)	NF	
Agents for Pheochromocytoma		
DEMSEER CAPS	2	PA; SP
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	NF	
AVAPRO TABS (Use Irbesartan)	NF	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NF	ST
<i>candesartan cilexetil tabs</i>	1	
COZAAR TABS (Use Losartan Potassium)	NF	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	NF	QL(1 ea daily)
EDARBI TABS	2	ST; Try losartan, irbesartan, or valsartan first
EPROSARTAN MESYLATE TABS	2	ST; Try losartan, irbesartan, or valsartan first
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (Use Telmisartan)	NF	
<i>olmesartan medoxomil tabs</i>	1	ST
<i>telmisartan tabs</i>	1	
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	ST
ATACAND HCT TABS (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	QL(1 ea daily)
AVALIDE TABS (<i>Use Irbesartan-Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
AZOR TABS (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	NF	ST

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
BENICAR HCT TABS (<i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NF	ST
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	2	QL(2 ea daily)
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
DUTOPROL TB24	2	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
EXFORGE HCT TABS (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NF	ST
EXFORGE TABS (<i>Use Amlodipine Besylate-Valsartan</i>)	NF	ST
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
HYZAAR TABS (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (<i>Use Metoprolol & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTENSIN HCT TABS (<i>Use Benazepril & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
LOTREL CAPS (<i>Use Amlodipine Besylate-Benazepril HCl</i>)	NF	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	2	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	QL(1 ea daily)
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	QL(1 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NF	ST

Drug Name	Drug Tier	Requirements/Limits
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	QL(2 ea daily)
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NF	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	2	PA; SP
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	2	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS OR 250 MG	2	QL(2 ea daily)
<i>chloroquine phosphate tabs or 500 mg</i>	1	QL(8 ea per 56 days retail)
DARAPRIM TABS	2	PA; SP
<i>hydroxychloroquine sulfate tabs or</i>	1	
<i>mefloquine hcl tabs</i>	1	
MEFLOQUINE HCL TABS	2	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE TABS	2	PA; SP
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide tabs or 60 mg</i>	1	
<i>pyridostigmine bromide tbcr or 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	
ISONIAZID SYRP OR 50 MG/5ML	2	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
<i>pyrazinamide tabs or</i>	1	
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	NF	
<i>rifampin caps or 150 mg, 300 mg</i>	1	
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Use Melphalan HCl)	NF	PA; SP
ALKERAN TABS OR 2 MG (Use Melphalan)	NF	
BENDAMUSTINE HYDROCHLORIDE SOLN	2	PA; SP
BENDEKA SOLN	2	PA; SP
<i>carboplatin soln</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
CISPLATIN SOLN 200 MG/200ML	2	PA; SP
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	1	PA; SP
EVOMELA SOLR	2	PA; SP
LEUKERAN TABS	2	
<i>melphalan hcl solr</i>	1	PA; SP
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	2	PA; SP
MYLERAN TABS	2	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	2	PA; SP
<i>temozolomide caps</i>	1	PA; SP
TEPADINA SOLR	2	PA; SP
<i>thiotepa solr ij</i>	1	PA; SP
TREANDA SOLR	2	PA; SP
YONDELIS SOLR	2	PA; SP
Antimetabolites		
ALIMTA SOLR	2	PA; SP
<i>azacitidine susr</i>	1	PA; SP
<i>capecitabine tabs</i>	1	PA; SP
<i>cladribine soln</i>	1	PA; SP
<i>cytarabine soln</i>	1	PA; SP
CYTARABINEAQUEOUS SOLN	2	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>decitabine solr</i>	1	PA; SP
<i>fludarabine phosphate soln</i>	1	PA; SP
<i>fludarabine phosphate solr</i>	1	PA; SP
FOLOTYN SOLN	2	PA; SP
<i>mercaptopurine tabs or</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
PURIXAN SUSP	2	
TABLOID TABS	2	PA; SP
TREXALL TABS	2	
VIDAZA SUSR (Use Azacitidine)	NF	PA; SP
XELODA TABS (Use Capecitabine)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	2	PA; SP
CYRAMZA SOLN	2	PA; SP
ZALTRAP SOLN	2	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	2	PA; SP
ARZERRA CONC	2	PA; SP
BLINCYTO SOLR	2	PA; SP
DARZALEX SOLN	2	PA; SP
EMPLICITI SOLR	2	PA; SP
ERBITUX SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GAZYVA SOLN	2	PA; SP
HERCEPTIN SOLR	2	PA; SP
KADCYLA SOLR	2	PA; SP
KEYTRUDA SOLN	2	PA; SP
LARTRUVO SOLN	2	PA; SP
LIBTAYO SOLN	2	PA
LUMOXITI SOLR	2	PA
OPDIVO SOLN	2	PA; SP
PERJETA SOLN	2	PA; SP
PORTRAZZA SOLN	2	PA; SP
POTELIGEO SOLN	2	PA; SP
RITUXAN SOLN	2	PA; SP
TECENTRIQ SOLN 1200 MG/20ML	2	PA; SP
UNITUXIN SOLN	2	PA; SP
VECTIBIX SOLN	2	PA; SP
YERVOY SOLN	2	PA; SP
ZEVALIN Y-90 KIT	2	PA; SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; SP
VENCLEXTA TABS	2	PA; SP
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	2	PA; SP
ERIVEDGE CAPS	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS	2	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	1	PA; SP
<i>anastrozole tabs or</i>	1	
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	
AROMASIN TABS (<i>Use Exemestane</i>)	NF	PA; ST; Try anastrozole first; SP
<i>bicalutamide tabs</i>	1	QL(1 ea daily)
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	QL(1 ea daily)
ELIGARD KIT	2	PA; SP
EMCYT CAPS	2	PA; SP
ERLEADA TABS	2	PA; SP
<i>exemestane tabs</i>	1	PA; ST; Try anastrozole first; SP
FARESTON TABS (<i>Use Toremifene Citrate</i>)	NF	PA
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	2	PA; SP
<i>flutamide caps</i>	1	
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	2	PA; QL(41.67 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs or</i>	1	
<i>leuprolide acetate kit ij</i>	1	PA; SP
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	2	PA; SP
LUPRON DEPOT (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT (3-MONTH) KIT	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) KIT	2	PA; SP
LUPRON DEPOT (6-MONTH) KIT	2	PA; SP
LYSODREN TABS	2	PA; SP
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	
<i>toremifene citrate tabs</i>	1	PA
TRELSTAR MIXJECT SUSR	2	PA; SP
TRELSTAR SUSR	2	PA; SP
VANTAS KIT	2	PA; SP
XTANDI CAPS	2	PA; SP
ZOLADEX IMPL	2	PA; SP
ZYTIGA TABS (<i>Use Abiraterone Acetate</i>)	NF	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	2	PA; SP
Antineoplastic Antibiotics		
DAUNORUBICIN HCL SOLN	2	PA
<i>daunorubicin hcl soln</i>	1	PA
DAUNORUBICIN HYDROCHLORIDE SOLN	2	PA
ELLENCE SOLN (<i>Use Epirubicin HCl</i>)	NF	PA; SP
<i>epirubicin hcl soln</i>	1	PA; SP
<i>mitoxantrone hcl conc</i>	1	PA; SP
VALSTAR SOLN	2	PA; SP
Antineoplastic Combinations		
LONSURF TABS	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	2	PA; SP
AFINITOR TABS	2	PA; SP
ALECENSA CAPS	2	PA; SP
BELEODAQ SOLR	2	PA; SP
BORTEZOMIB SOLR	2	PA; SP
BOSULIF TABS	2	PA; SP
BRAFTOVI CAPS	2	PA; SP
CABOMETYX TABS	2	PA; SP
CAPRELSA TABS	2	PA; SP
COMETRIQ KIT	2	PA; SP
COTELLIC TABS	2	PA; SP
FARYDAK CAPS	2	PA; SP
GILOTRIF TABS	2	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; SP
IBRANCE CAPS	2	PA; SP
ICLUSIG TABS	2	PA; SP
<i>imatinib mesylate tabs</i>	1	PA; SP
IMBRUVICA CAPS 140 MG	2	PA; SP
IMBRUVICA CAPS 70 MG	2	PA; QL(1 ea daily); SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	2	PA; QL(1 ea daily); SP
INLYTA TABS	2	PA; SP
IRESSA TABS	2	PA; SP
ISTODAX (<i>OVERFILL</i>) SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
JAKAFI TABS	2	PA; SP
KYPROLIS SOLR	2	PA; SP
LENVIMA 10 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 12MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 14 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 18 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 20 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 24 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 4 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 8 MG DAILY DOSE CPPK	2	PA; SP
LORBRENA TABS	2	PA; SP
LYNPARZA CAPS	2	PA; SP
MEKINIST TABS	2	PA; SP
MEKTOVI TABS	2	PA; SP
NEXAVAR TABS	2	PA; SP
NINLARO CAPS	2	PA; SP
ROMIDEPSIN SOLR	2	PA; SP
RUBRACA TABS	2	PA; SP
SPRYCEL TABS	2	PA; SP
STIVARGA TABS	2	PA; SP
SUTENT CAPS	2	PA; SP
TAFINLAR CAPS	2	PA; SP
TAGRISSO TABS	2	PA; SP
TALZENNA CAPS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
TARCEVA TABS	2	PA; SP
TASIGNA CAPS	2	PA; SP
<i>temsirolimus soln</i>	1	PA; SP
TIBSOVO TABS	2	PA; SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	NF	PA; SP
TYKERB TABS	2	PA; SP
VELCADE SOLR	2	PA; SP
VITRAKVI CAPS	2	PA; SP
VITRAKVI SOLN	2	PA; SP
VIZIMPRO TABS	2	PA
VOTRIENT TABS	2	PA; SP
XALKORI CAPS	2	PA; SP
XOSPATA TABS	2	PA; SP
ZELBORAF TABS	2	PA; SP
ZOLINZA CAPS	2	PA; SP
ZYDELIG TABS	2	PA; SP
ZYKADIA CAPS	2	PA; SP
Antineoplastic Enzymes		
ERWINAZE SOLR	2	PA; SP
ONCASPAR SOLN	2	PA; SP
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC SOLN	2	PA
AZEDRA THERAPEUTIC SOLN	2	PA
LUTATHERA SOLN	2	PA; SP
Antineoplastics Misc.		

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE SOLN	2	PA; SP
ALFERON N SOLN	2	PA; SP
<i>bexarotene caps</i>	1	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps or</i>	1	
INTRON A SOLN	2	PA; SP
INTRON A SOLR	2	PA; SP
INTRON A W/DILUENT SOLR	2	PA; SP
MATULANE CAPS	2	PA; SP
PHOTOFRIN SOLR	2	PA; SP
PROLEUKIN SOLR	2	PA; SP
SYLATRON KIT	2	PA; SP
SYNRIBO SOLR	2	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	PA; SP
TRISENOX SOLN 12 MG/6ML	2	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	2	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane solr</i>	1	PA; SP
FUSILEV SOLR (<i>Use Levoleucovorin Calcium</i>)	NF	PA; SP
KHAPZORY SOLR	2	PA; SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	2	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
<i>levoleucovorin calcium soln</i>	1	PA; SP

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium solr</i>	1	PA; SP
LEVOLEUCOVORIN SOLN 250 MG/25ML (<i>Use Levoleucovorin Calcium</i>)	NF	PA; SP
LEVOLEUCOVORIN SOLR 175 MG	2	PA; SP
<i>mesna soln</i>	1	PA; SP
MESNEX SOLN IV 100 MG/ML (<i>Use Mesna</i>)	NF	PA; SP
MESNEX TABS OR 400 MG	2	PA; SP
TOTECT SOLR	2	PA; SP
VORAXAZE SOLR	2	PA; SP
ZINECARD SOLR (<i>Use Dexrazoxane</i>)	NF	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	2	PA; SP
DOCETAXEL (<i>NON-ALCOHOL FORMULA</i>) SOLN	2	PA; SP
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML, 20 MG/0.5ML	2	PA; SP
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	1	PA; SP
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	1	PA; SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	PA; SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (<i>Use Docetaxel</i>)	NF	PA; SP
ETOPOSIDE CAPS OR 50 MG	2	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	PA; SP
HALAVEN SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT SOLR	2	PA; SP
JEVTANA SOLN	2	PA; SP
MARQIBO SUSP	2	PA; SP
TAXOTERE CONC (<i>Use Docetaxel</i>)	NF	PA; SP
<i>vincristine sulfate soln</i>	1	PA; SP
Oncolytic Viral Agents		
IMLYGIC SUSP	2	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	2	PA; SP
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (<i>Use Irinotecan HCl</i>)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	2	PA; SP
HYCAMTIN SOLR IV 4 MG (<i>Use Topotecan HCl</i>)	NF	PA; SP
<i>irinotecan hcl soln</i>	1	PA; SP
IRINOTECAN SOLN	2	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML	2	PA; SP
<i>topotecan hcl soln 4 mg/4ml</i>	1	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML (<i>Use Topotecan HCl</i>)	NF	PA; SP
<i>topotecan hcl solr 4 mg</i>	1	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	1	
LODOSYN TABS (<i>Use Carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	1	
<i>amantadine hcl syrp or 50 mg/5ml</i>	1	
APOKYN SOCT	2	PA; SP
<i>bromocriptine mesylate caps or 5 mg</i>	1	
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	1	
MIRAPEX TABS (Use <i>Pramipexole Dihydrochloride</i>)	NF	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (Use <i>Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (Use <i>Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
REQUIP TABS 0.25 MG, 3 MG, 4 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	QL(3 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	1	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	QL(3 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	NF	
<i>selegiline hcl caps or</i>	1	
<i>selegiline hcl tabs or</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (Use <i>Lithium Carbonate</i>)	2	
<i>lithium carbonate tabs or 300 mg</i>	1	
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	1	
LITHIUM SOLN	2	
LITHOBID TBCR (Use <i>Lithium Carbonate</i>)	2	
Antipsychotics - Misc.		
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use <i>Ziprasidone HCl</i>)	NF	
NUPLAZID CAPS 34 MG	2	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	2	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	2	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
INVEGA SUSTENNA SUSP	2	QL(1 ml per 28 days retail); AL(At least 18 yrs old); SP
INVEGA TRINZA SUSP	2	PA; 1 rtl MAX fill, 84 rtl day(s) supply.; AL(At least 18 yrs old); SP

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SUSR	2	1 rtl MAX fill,28 rtl day(s) supply,; AL(At least 18 yrs old); SP
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	
RISPERDAL SOLN (Use Risperidone)	NF	
RISPERDAL TABS (Use Risperidone)	NF	
RISPERIDONE ODT TBDP	2	
<i>risperidone soln</i>	1	
<i>risperidone tabs</i>	1	
<i>risperidone tbdp</i>	1	
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	
<i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i>	1	
<i>haloperidol lactate conc or 2 mg/ml</i>	1	
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	
Dibenzapines		
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	0	
CLOZARIL TABS (Use Clozapine)	NF	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs or 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg</i>	1	AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS (Use Quetiapine Fumarate)	NF	
ZYPREXA RELPREVV SUSR	2	PA; SP
ZYPREXA TABS OR 5 MG, 10 MG, 15 MG, 20 MG, 2.5 MG, 7.5 MG (Use Olanzapine)	NF	AL(At least 10 yrs old)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS 10 MG	2	
Phenothiazines		
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>fluphenazine decanoate soln ij</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	1	
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY 300 MG, 400 MG	2	PA; QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER 300 MG	2	PA; QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE TABS	2	PA; SP
ABILIFY TABS (Use Aripiprazole)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole soln 1 mg/ml</i>	1	PA; QL(30 ml daily)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA; QL(2 ea daily)
ARISTADA PRSY	2	PA; QL(1 ml per 28 days retail); AL(At least 18 yrs old); SP
Thioxanthenes		
THIOTHIXENE CAPS 1 MG	2	
<i>thiothixene caps 1 mg, 2 mg, 5 mg, 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10%, 10 %</i>	1	QL(90 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	0	QL(30 ml daily); SP
<i>abacavir sulfate tabs 300 mg</i>	0	QL(2 ea daily); SP
<i>abacavir sulfate-lamivudine tabs</i>	0	QL(1 ea daily); SP
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	0	QL(2 ea daily); SP
APTIVUS CAPS 250 MG	0	QL(4 ea daily); SP
APTIVUS SOLN 100 MG/ML	0	QL(10 ml daily); SP
<i>atazanavir sulfate caps</i>	0	QL(2 ea daily); SP
ATRIPLA TABS	0	ST; QL(1 ea daily); SP
BIKTARVY TABS	0	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TABS	0	ST; QL(1 ea daily); SP
CRIXIVAN CAPS 200 MG	0	QL(9 ea daily); SP
CRIXIVAN CAPS 400 MG	0	QL(6 ea daily); SP
DELSTRIGO TABS	0	ST; QL(1 ea daily)
DESCOVY TABS	0	QL(1 ea daily)
<i>didanosine cpdr</i>	0	QL(1 ea daily); SP
EDURANT TABS	0	QL(1 ea daily); SP
<i>efavirenz caps 200 mg</i>	0	QL(1 ea daily); SP
<i>efavirenz caps 50 mg</i>	0	QL(2 ea daily); SP
<i>efavirenz tabs 600 mg</i>	0	QL(1 ea daily); SP
EMTRIVA CAPS 200 MG	0	QL(1 ea daily); SP
EMTRIVA SOLN 10 MG/ML	0	QL(24 ml daily); SP
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	NF	QL(30 ml daily); SP
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	NF	QL(2 ea daily); SP
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	NF	QL(1 ea daily); SP
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	NF	QL(1 ea daily); SP
EVOTAZ TABS	0	QL(1 ea daily); SP
<i>fosamprenavir calcium tabs</i>	0	QL(4 ea daily); SP
FUZEON SOLR	2	PA; SP
GENVOYA TABS	0	QL(1 ea daily); SP
INTELENCE TABS 200 MG	0	QL(2 ea daily); SP
INTELENCE TABS 25 MG, 100 MG	0	QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
INVIRASE CAPS 200 MG	0	QL(10 ea daily); SP
INVIRASE TABS 500 MG	0	QL(4 ea daily); SP
ISENTRESS CHEW 100 MG	0	QL(6 ea daily); SP
ISENTRESS CHEW 25 MG	0	QL(12 ea daily); SP
ISENTRESS PACK 100 MG	0	QL(2 ea daily); SP
ISENTRESS TABS 400 MG	0	QL(2 ea daily); SP
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NF	QL(160 ml per fill retail); SP
KALETRA TABS 100MG-25MG	0	QL(4 ea daily); SP
KALETRA TABS 200MG-50MG	0	QL(6 ea daily); SP
<i>lamivudine soln 10 mg/ml</i>	0	QL(30 ml daily); SP
<i>lamivudine tabs 150 mg</i>	0	QL(2 ea daily); SP
<i>lamivudine tabs 300 mg</i>	0	QL(1 ea daily); SP
<i>lamivudine-zidovudine tabs</i>	0	QL(2 ea daily); SP
LEXIVA SUSP 50 MG/ML	0	QL(56 ml daily); SP
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	NF	QL(4 ea daily); SP
<i>lopinavir-ritonavir soln</i>	0	QL(160 ml per fill retail); SP
<i>nevirapine susp 50 mg/5ml</i>	0	QL(40 ml daily); SP
<i>nevirapine tabs 200 mg</i>	0	QL(2 ea daily); SP
<i>nevirapine tb24 100 mg</i>	0	QL(3 ea daily); SP
<i>nevirapine tb24 400 mg</i>	0	QL(1 ea daily); SP
NORVIR CAPS 100 MG	0	QL(12 ea daily); SP
NORVIR SOLN 80 MG/ML	0	QL(15 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
NORVIR TABS 100 MG (Use Ritonavir)	NF	QL(12 ea daily); SP
ODEFSEY TABS	2	PA; SP
PREZCOBIX TABS	0	QL(1 ea daily); SP
PREZISTA SUSP 100 MG/ML	0	QL(12 ml daily); SP
PREZISTA TABS 150 MG	0	QL(3 ea daily); SP
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily); SP
RESCRIPTOR TABS 100 MG	0	QL(12 ea daily); SP
RESCRIPTOR TABS 200 MG	0	QL(6 ea daily); SP
RETROVIR CAPS 100 MG (Use Zidovudine)	NF	QL(6 ea daily); SP
RETROVIR IV INFUSION SOLN	2	PA; SP
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily); SP
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily); SP
REYATAZ PACK 50 MG	0	QL(6 ea daily); SP
<i>ritonavir tabs</i>	0	QL(12 ea daily); SP
SELZENTRY SOLN 20 MG/ML	0	QL(35 ml daily)
SELZENTRY TABS 150 MG	0	QL(2 ea daily); SP
SELZENTRY TABS 300 MG	0	QL(4 ea daily); SP
<i>stavudine caps</i>	0	QL(2 ea daily); SP
STRIBILD TABS	0	SP
SUSTIVA CAPS 200 MG (Use Efavirenz)	NF	QL(1 ea daily); SP
SUSTIVA CAPS 50 MG (Use Efavirenz)	NF	QL(2 ea daily); SP
SUSTIVA TABS 600 MG (Use Efavirenz)	NF	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO TABS	0	QL(1 ea daily)
SYMFI TABS	0	QL(1 ea daily)
SYMTUZA TABS	0	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	0	QL(1 ea daily); SP
TIVICAY TABS	0	SP
TRIUMEQ TABS	0	SP
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily); SP
TRUVADA TABS	0	QL(1 ea daily); SP
TYBOST TABS	0	QL(1 ea daily); SP
VIDEX EC CPDR 125 MG	0	QL(1 ea daily); SP
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (<i>Use Didanosine</i>)	NF	QL(1 ea daily); SP
VIDEXPEDIATRIC SOLR	0	QL(20 ml daily); SP
VIRACEPT TABS 250 MG	0	QL(9 ea daily); SP
VIRACEPT TABS 625 MG	0	QL(4 ea daily); SP
VIRAMUNE SUSP 50 MG/5ML (<i>Use Nevirapine</i>)	NF	QL(40 ml daily); SP
VIRAMUNE TABS 200 MG (<i>Use Nevirapine</i>)	NF	QL(2 ea daily); SP
VIRAMUNE XR TB24 100 MG (<i>Use Nevirapine</i>)	NF	QL(3 ea daily); SP
VIRAMUNE XR TB24 400 MG (<i>Use Nevirapine</i>)	NF	QL(1 ea daily); SP
VIREAD POWD 40 MG/GM	0	SP
VIREAD TABS 150 MG, 200 MG, 250 MG	0	QL(1 ea daily); SP
VIREAD TABS 300 MG (<i>Use Tenofovir Disoproxil Fumarate</i>)	NF	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily); SP
ZERIT SOLR 1 MG/ML	0	QL(80 ml daily); SP
ZIAGEN SOLN 20 MG/ML (<i>Use Abacavir Sulfate</i>)	NF	QL(30 ml daily); SP
ZIAGEN TABS 300 MG (<i>Use Abacavir Sulfate</i>)	NF	QL(2 ea daily); SP
<i>zidovudine caps 100 mg</i>	0	QL(6 ea daily); SP
<i>zidovudine syrp 50 mg/5ml</i>	0	QL(60 ml daily); SP
<i>zidovudine tabs 300 mg</i>	0	QL(2 ea daily); SP
CMV Agents		
PREVYMIS SOLN	2	PA; SP
PREVYMIS TABS	2	PA; SP
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	QL(2 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	QL(2 ea daily)
Hepatitis Agents		
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	CO	
DAKLINZA TABS	CO	
EPCLUSA TABS	CO	
HARVONI TABS	CO	
LEDIPASVIR/SOFOSBUVIR TABS	CO	
MAVYRET TABS	CO	
MODERIBA 1200 DOSE PACK TABS	CO	
MODERIBA 800 DOSE PACK TABS	CO	
OLYSIO CAPS	CO	
PEG-INTRON REDIPEN KIT	CO	

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS PROCLICK SOLN	CO	
PEGASYS SOLN	CO	
PEGINTRON KIT	CO	
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	CO	
REBETOL SOLN 40 MG/ML	CO	
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	CO	
RIBASPHERE TABS 400 MG, 600 MG	CO	
<i>ribavirin (hepatitis c) caps</i>	CO	
<i>ribavirin (hepatitis c) tabs</i>	CO	
SOFOSBUVIR/VELPATAS VIR TABS	CO	
SOVALDI TABS	CO	
TECHNIVIE TABS	CO	
VEMLIDY TABS	CO	
VIEKIRA PAK TBPK	CO	
VIEKIRA XR TB24	CO	
ZEPATIER TABS	CO	
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	1	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	1	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 mg</i>	1	QL(3 ea daily)
<i>acyclovir tabs or 800 mg</i>	1	QL(50 ea per 30 days retail)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	1	QL(42 ea per 21 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl tabs or 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NF	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
Influenza Agents		
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(20 ea per fill retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(120 ml per fill retail)
RELENZA DISKHALER AEPB	2	QL(20 ea per fill retail); AL(At least 6 yrs old)
TAMIFLU CAPS 30 MG (Use Osetamivir Phosphate)	NF	QL(20 ea per fill retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Osetamivir Phosphate)	NF	QL(10 ea per fill retail)
TAMIFLU SUSR 6 MG/ML (Use Osetamivir Phosphate)	NF	QL(120 ml per fill retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	QL(1 ea daily)
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	1	QL(3 ea daily)
<i>carvedilol tabs 25 mg</i>	1	QL(4 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)	NF	QL(3 ea daily)
COREG TABS 25 MG (Use Carvedilol)	NF	QL(4 ea daily)
<i>labetalol hcl tabs or 100 mg</i>	1	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	1	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	1	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	NF	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	NF	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	1	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	1	QL(4.5 ea daily)
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	1	QL(4 ea daily)
TENORMIN TABS (Use Atenolol)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	NF	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	NF	QL(4 ea daily)
ZEBETA TABS (Use Bisoprolol Fumarate)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NF	QL(2 ea daily)
BETAPACE TABS (Use Sotalol HCl)	NF	QL(2 ea daily)

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS (Use Nadolol)	NF	
HEMANGEOL SOLN	2	PA
INDERAL LA CP24 (Use Propranolol HCl)	NF	QL(2 ea daily)
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tabs</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
TIMOLOL MALEATE TABS OR 5 MG, 10 MG, 20 MG	2	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	NF	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use Nifedipine)	NF	QL(2 ea daily)
<i>amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	NF	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	NF	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)	NF	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	NF	QL(2 ea daily)

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 360 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	QL(3 ea daily)
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	1	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	1	QL(2 ea daily)
diltiazem hcl coated beads cp24 360 mg	1	
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	QL(2 ea daily)
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	QL(1 ea daily)
diltiazem hcl extended release beads cp24	1	QL(1 ea daily)
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	QL(3 ea daily)
felodipine tb24	1	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	1	
nifedipine caps or 10 mg, 20 mg	1	QL(4 ea daily)
nifedipine tb24 or 30 mg, 90 mg	1	QL(1 ea daily)
nifedipine tb24 or 60 mg	1	QL(2 ea daily)
NORVASC TABS (Use Amlodipine Besylate)	NF	QL(1 ea daily)
PROCARDIA CAPS (Use Nifedipine)	NF	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use Nifedipine)	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use Nifedipine)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	NF	QL(1 ea daily)
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	1	QL(2 ea daily)
verapamil hcl cp24 or 300 mg	1	QL(1 ea daily)
VERAPAMIL HCL SR CP24	2	QL(1 ea daily)
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	QL(3 ea daily)
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	QL(2 ea daily)
VERELAN CP24 360 MG	2	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (Use Verapamil HCl)	NF	QL(2 ea daily)
VERELAN PM CP24 300 MG (Use Verapamil HCl)	NF	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	1	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Impotence Agents		
IFE-BIMIX 30/1 SOLN	2	PA; SP
PAPAVERINE-ALPROSTADIL SOLN	2	PA; SP
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PAPAVERINE-PHENTOLAMINE MESYLATE SOLN	2	PA; SP
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL SOLN	2	PA; SP
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	1	PA; SP
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	NF	PA; SP
ORENITRAM TBCR	2	PA; SP
REMODULIN SOLN	2	PA; SP
<i>treprostinil sodium soln</i>	1	PA; SP
TYVASO REFILL SOLN	2	PA; SP
TYVASO SOLN	2	PA; SP
TYVASO STARTER SOLN	2	PA; SP
VELETRI SOLR	2	PA; SP
VENTAVIS SOLN	2	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	2	PA; SP
OPSUMIT TABS	2	PA; SP
TRACLEER TABS	2	PA; SP
TRACLEER TBSO	2	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO SUSR OR 10 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	1	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	1	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	1	PA; SP
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	2	PA; SP
UPTRAVI TBPB	2	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	2	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
KEFLEX CAPS 250 MG, 500 MG (<i>Use Cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACTOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	1	QL(75 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil tabs 250 mg, 500 mg</i>	1	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CEFTIN SUSR	2	QL(100 ml per fill retail); AL(Up to 12 yrs old)
<i>cefuroxime axetil tabs</i>	1	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir caps 300 mg</i>	1	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	1	QL(60 ml per fill retail)
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	1	QL(3 ea per fill retail)
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ea per fill retail); PV
<i>drospirenone-ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(12 ea per fill retail); PV

Drug Name	Drug Tier	Requirements/ Limits
FALESSA KIT	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rtl pack lmt amt, 365 rtl pack lmt day(s), 4 rtl pack lmt per fill,; PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rtl pack lmt amt, 365 rtl pack lmt day(s), 4 rtl pack lmt per fill,; PV

Drug Name	Drug Tier	Requirements/ Limits
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NECON 1/50-28 TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NECON 10/11-28 TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe chew</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet & eth estra tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestrel & ethinyl estradiol tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
OGESTREL TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 rtl pack lmt amt, 365 rtl pack lmt day(s), 4 rtl pack lmt per fill,; PV
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TAYTULLA CAPS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
XULANE PTWK	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Vaginal		
NUVARING RING	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(12 ea per fill retail); PV
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Emergency Contraceptives		
ELLA TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel (emergency oc) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - IUD		
KYLEENA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV

Drug Name	Drug Tier	Requirements/Limits
LILETTA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
MIRENA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
SKYLA IUD	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NF	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS OR	2	
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN OR 0.5 MG/5ML	2	
<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS OR 1 MG, 2 MG	2	
EMFLAZA SUSP	2	PA; SP
EMFLAZA TABS	2	PA; SP
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	1	
MEDROL DOSEPAK TBP (Use Methylprednisolone)	NF	
MEDROL TABS 4 MG, 8 MG (Use Methylprednisolone)	NF	
<i>methylprednisolone tabs or 4 mg, 8 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
<i>prednisolone sodium phosphate soln or 15 mg/5ml</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	1	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml</i>	1	
PREDNISOLONE SOLN OR	2	
<i>prednisolone soln or</i>	1	
<i>prednisolone syrj or</i>	1	
PREDNISONE INTENSOL CONC	2	
PREDNISONE SOLN OR 5 MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONE TABS OR 50 MG	2	
PREDNISONE TBPk OR 5 MG, 10 MG	2	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	QL(150 ml per fill retail)
ZILRETTA SRER	2	PA; SP
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	AL(At least 10 yrs old)
<i>benzonatate caps 200 mg</i>	1	QL(1 ea daily); AL(At least 10 yrs old)
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	1	
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS (<i>Use Pseudoephedrine-Ibuprofen</i>)	NF	
<i>brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</i>	1	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix</i>	1	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd</i>	1	QL(120 ml per fill retail)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CHERACOL PLUS LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	NF	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CHERACOL-D COUGH LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	NF	QL(240 ml per fill retail)
CLARITIN-D 12 HOUR TB12 (<i>Use Loratadine & Pseudoephedrine</i>)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use Loratadine & Pseudoephedrine</i>)	NF	QL(1 ea daily)
DECON-A ELIX	2	
DECON-A LIQD	2	
<i>dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml-100mg/5ml</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	1	QL(240 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (<i>Use Brompheniramine & Phenyleph</i>)	NF	QL(120 ml per fill retail)
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrp 100mg/5ml-10mg/5ml</i>	1	QL(240 ml per fill retail)
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
<i>phenylephrine-dm liqd</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm soln</i>	1	QL(240 ml per fill retail)
<i>promethazine & phenylephrine soln</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine w/codeine soln</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>promethazine w/codeine syrp</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>promethazine-phenylephrine-codeine syrp</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
PROMETHAZINE/PHENYL EPHRINE SYRP	2	QL(240 ml per fill retail); AL(At least 2 yrs old)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	2	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>pseudoephedrine w/codeine-gg soln</i>	1	QL(240 ml per fill retail)
<i>pseudoephedrine-ibuprofen tabs</i>	1	
SCOT-TUSSIN LIQD 13.3MG/5ML-25MG/5ML- 83.3MG/5ML-4.2MG/5ML- 83.3MG/5ML (Use <i>Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate</i>)	NF	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>Cetirizine- Pseudoephedrine</i>)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use <i>Sodium Chloride (Inhalant)</i>)	NF	
HYPERSAL NEBU 7 % (Use <i>Sodium Chloride (Inhalant)</i>)	NF	
<i>sodium chloride (inhalant) aers 0.9 %</i>	1	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

Drug Name	Drug Tier	Requirements/ Limits
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
BENZAC AC WASH LIQD (Use <i>Benzoyl Peroxide</i>)	NF	RX/OTC
<i>benzoyl peroxide gel ex 10 %</i>	1	RX/OTC
BENZOYL PEROXIDE GEL EX 2.5 %	2	
<i>benzoyl peroxide gel ex 5 %</i>	1	
<i>benzoyl peroxide liqd ex 5 %, 10 %</i>	1	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	2	
CLEOCIN-T GEL (Use <i>Clindamycin Phosphate (Topical)</i>)	NF	QL(75 ml per fill retail)
CLEOCIN-T LOTN (Use <i>Clindamycin Phosphate (Topical)</i>)	NF	QL(60 ml per fill retail)
CLEOCIN-T SOLN (Use <i>Clindamycin Phosphate (Topical)</i>)	NF	
<i>clindamycin phosphate (topical) gel</i>	1	QL(75 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	1	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) soln</i>	1	
DESQUAM-X WASH LIQD (Use <i>Benzoyl Peroxide</i>)	NF	RX/OTC
ERYGEL GEL (Use <i>Erythromycin (Acne Aid)</i>)	NF	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	1	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	1	
<i>isotretinoin caps or 10 mg, 20 mg, 40 mg</i>	1	ST; QL(2 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	QL(120 ml per fill retail)
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (<i>Use Tretinoin</i>)	NF	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.01 % (<i>Use Tretinoin</i>)	NF	QL(15 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL 0.025 % (<i>Use Tretinoin</i>)	NF	AL(Up to 35 yrs old)
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	2	QL(30 gm per fill retail)
<i>sulfacetamide sodium (acne) lotn</i>	1	QL(120 ml per fill retail)
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel ex 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel ex 0.025 %</i>	1	AL(Up to 35 yrs old)
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(6.68 gm daily)
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	NF	QL(6.68 gm daily)
Antibiotics - Topical		
BACIGUENT OINT (<i>Use Bacitracin (Topical)</i>)	NF	QL(453.9 gm per fill retail)
<i>bacitracin (topical) oint</i>	1	QL(453.9 gm per fill retail)
<i>bacitracin zinc oint ex</i>	1	QL(453.6 gm per fill retail)
BACTROBAN CREA (<i>Use Mupirocin Calcium (Topical)</i>)	NF	

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/ Limits
CENTANY OINT	2	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) crea</i>	1	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	1	QL(30 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	1	
MUPIROCIN CREA EX	2	
<i>mupirocin oint ex</i>	1	QL(30 gm per fill retail)
<i>neomycin-bacitracin-polymyxin oint</i>	1	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	1	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT (<i>Use Neomycin-Bacitracin-Polymyxin</i>)	NF	QL(56 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (<i>Use Neomycin-Polymyxin w/ Pramoxine</i>)	NF	QL(28.3 gm per fill retail)
Antifungals - Topical		
<i>clotrimazole (topical) crea</i>	1	QL(60 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	1	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(30 ml per fill retail)
<i>econazole nitrate crea ex</i>	1	QL(85 gm per fill retail)
<i>ketoconazole (topical) crea</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham</i>	1	QL(120 ml per fill retail)
LAMISIL AT CREA (<i>Use Terbinafine HCl (Topical)</i>)	NF	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (<i>Use Terbinafine HCl (Topical)</i>)	NF	QL(42 gm per fill retail)

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	NF	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	QL(60 gm per fill retail); RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	QL(45 gm per fill retail)
MICATIN CREA (Use Miconazole Nitrate (Topical))	NF	QL(92 ml per fill retail)
miconazole nitrate (topical) crea	1	QL(92 ml per fill retail)
NIZORAL A-D SHAM	2	QL(200 ml per fill retail)
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	QL(120 ml per fill retail)
nystatin (topical) crea	1	QL(30 gm per fill retail)
nystatin (topical) oint	1	QL(30 gm per fill retail)
nystatin (topical) powd	1	
nystatin-triamcinolone crea	1	QL(60 gm per fill retail)
nystatin-triamcinolone oint	1	QL(60 gm per fill retail)
terbinafine hcl (topical) crea	1	QL(42 gm per fill retail)
TINACTIN CREA (Use Tolnaftate)	NF	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (Use Tolnaftate)	NF	QL(30 gm per fill retail)
tolnaftate crea ex	1	QL(30 gm per fill retail)
Antihistamines-Topical		
diphenhydramine hcl (topical) crea	1	
ITCH RELIEF CREA	2	
Antineoplastic or Premalignant Lesion Agents -		

Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA	2	QL(30 gm per fill retail)
EFUDEX CREA (Use Fluorouracil (Topical))	NF	QL(40 gm per fill retail)
fluorouracil (topical) crea	1	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	2	QL(30 gm per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	2	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	2	PA; SP
TARGRETIN GEL EX 1 %	2	PA; SP
Antipruritics - Topical		
camphor & menthol lotn 0.5%-0.5%	1	QL(59 ml per fill retail)
SARNA LOTN (Use Camphor & Menthol)	NF	QL(59 ml per fill retail)
Antipsoriatics		
calcipotriene crea ex	1	QL(60 gm per fill retail)
calcipotriene soln ex	1	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	2	PA; SP
COSENTYX SOSY	2	PA; SP
DOVONEX CREA (Use Calcipotriene)	NF	QL(60 gm per fill retail)
ILUMYA SOSY	2	PA; SP
STELARA SOSY	2	PA; SP
TALTZ SOAJ	2	PA; SP
TALTZ SOSY	2	PA; SP
tazarotene crea ex	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.05 %	2	QL(60 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	QL(60 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	2	QL(30 gm per fill retail); AL(Up to 21 yrs old)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	NF	QL(480 ml per fill retail)
OVACE WASH LIQD (Use Sulfacetamide Sodium)	NF	QL(480 ml per fill retail)
selenium sulfide lotn ex 1 %	1	QL(240 ml per fill retail)
selenium sulfide lotn ex 2.5 %	1	QL(120 ml per fill retail)
selenium sulfide sham ex 1 %	1	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NF	QL(240 ml per fill retail)
sulfacetamide sodium liqd ex	1	QL(480 ml per fill retail)
Antivirals - Topical		
acyclovir topical crea	1	QL(1 gm daily)
acyclovir topical oint	1	
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	NF	QL(1 gm daily)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	
Burn Products		
SILVADENE CREA (Use Silver Sulfadiazine)	NF	QL(85 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
silver sulfadiazine crea ex	1	QL(85 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	2	QL(60 gm per fill retail)
betamethasone dipropionate (topical) crea	1	1 rtl pack lmt amt,30 rtl pack lmt day(s),
betamethasone dipropionate augmented crea	1	QL(50 gm per fill retail)
betamethasone valerate crea ex 0.1 %	1	QL(45 gm per fill retail)
betamethasone valerate lotn ex 0.1 %	1	QL(60 ml per fill retail)
betamethasone valerate oint ex 0.1 %	1	QL(45 gm per fill retail)
clobetasol propionate crea ex	1	QL(60 gm per fill retail)
clobetasol propionate emollient base crea	1	QL(60 gm per fill retail)
clobetasol propionate gel ex	1	QL(60 gm per fill retail)
clobetasol propionate oint ex	1	QL(60 gm per fill retail)
clobetasol propionate soln ex	1	QL(50 ml per fill retail)
DERMATOP CREA (Use Prednicarbate)	NF	QL(60 gm per fill retail)
DERMATOP OINT (Use Prednicarbate)	NF	QL(60 gm per fill retail)
desonide crea ex	1	1 rtl pack lmt per fill,
desonide oint ex	1	1 rtl pack lmt per fill,
DESOWEN CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
desoximetasone crea ex 0.05 %	1	QL(60 gm per fill retail)
DIFLORASONE DIACETATE CREA	2	QL(60 gm per fill retail)
diflorasone diacetate oint	1	QL(60 gm per fill retail)
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ELOCON CREA (Use Mometasone Furoate)	NF	QL(50 gm per fill retail)
ELOCON OINT (Use Mometasone Furoate)	NF	QL(45 gm per fill retail)
EPIFOAM FOAM	2	
fluocinonide crea ex 0.05 %	1	QL(60 gm per fill retail)
fluocinonide emulsified base crea	1	QL(60 gm per fill retail)
fluocinonide gel ex 0.05 %	1	QL(60 gm per fill retail)
fluocinonide oint ex 0.05 %	1	QL(60 gm per fill retail)
fluocinonide soln ex 0.05 %	1	QL(60 ml per fill retail)
fluticasone propionate crea ex 0.05 %	1	QL(60 gm per fill retail)
fluticasone propionate oint ex 0.005 %	1	QL(60 gm per fill retail)
hydrocortisone (topical) crea 0.5 %	1	QL(30 gm per fill retail)
hydrocortisone (topical) crea 1%, 1 %	1	QL(85.2 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %	1	QL(453.6 gm per fill retail)
hydrocortisone (topical) lotn 1 %	1	QL(99 ml per fill retail)
hydrocortisone (topical) lotn 2.5 %	1	QL(59 ml per fill retail)
hydrocortisone (topical) oint 1 %	1	QL(2 gm daily, 56 gm per fill retail); RX/OTC
hydrocortisone (topical) oint 2.5 %	1	QL(454 gm per fill retail)
hydrocortisone butyrate soln	1	QL(60 ml per fill retail)
hydrocortisone-aloe vera crea 1%	1	QL(56.8 gm per fill retail)
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	QL(60 ml per fill retail)
mometasone furoate crea ex	1	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate oint ex	1	QL(45 gm per fill retail)
mometasone furoate soln ex	1	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	NF	QL(85.2 gm per fill retail); RX/OTC
prednicarbate crea	1	QL(60 gm per fill retail)
PREDNICARBATE CREA	2	QL(60 gm per fill retail)
PREDNICARBATE OINT	2	QL(60 gm per fill retail)
PSORCON CREA	2	QL(60 gm per fill retail)
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(60 gm per fill retail)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (Use Desoximetasone)	NF	QL(60 gm per fill retail)
triamcinolone acetonide (topical) crea 0.025 %	1	QL(160 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	1	QL(85.2 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	1	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	1	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	1	QL(15 gm per fill retail)
TRIDESILON CREA (Use Desonide)	NF	1 rtl pack lmt per fill,
Emollient/Keratolytic Agents		
urea crea ex 40 %	1	QL(85.05 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>urea lotn ex 40 %</i>	1	QL(325 ml per fill retail)
Emollients		
A + D PERSONAL CARE LOTION LOTN	2	
ALOE AFTERSUN LOTION LOTN	2	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	2	
AQUA LACTEN LOTN	2	
AQUADERM TREATMENT/MOISTURIZER LOTN	2	
AQUAMED LOTN	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	2	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	2	
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	2	
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	2	
AVEENO POSITIVELY RADIANT LOTN	2	
AVEENO STRESS RELIEF MOISTURIZING LOTN	2	
BETA CARE LOTN	2	
CAM LOTN	2	
CERAVE AM SPF 30 LOTN	2	
CERAVE LOTN	2	
CERAVE PM LOTN	2	
CERAVE SA RENEWING LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	2	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	2	
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	2	
CETAPHIL MOISTURIZING LOTN	2	
CETAPHIL RESTORADERM LOTN	2	
CLN FACIAL MOISTURIZER NOURISHING LOTN	2	
COCOA BUTTER HAND & BODYLOTION LOTN	2	
COCOA BUTTER LOTN EX	2	
CVS DAILY ULTRA MOISTURELOTION LOTN	2	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	2	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	2	
DERMAL THERAPY FOOT MASSAGE LOTN	2	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	2	
DERMAL THERAPY HEEL CARE LOTN	2	
DIABETIDERM HAND & BODY LOTN	2	
DIABETIDERM LOTN	2	
EMOLLIA-LOTION LOTN	2	
<i>emollient lotn 1.25 %</i>	1	
EPILYT LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
EQL ADVANCED RECOVERY SKIN CARE LOTN	2	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	2	
EUCERIN BABY LOTN	2	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	2	
EUCERIN INTENSIVE REPAIR LOTN	2	
EUCERIN LOTN	2	
EUCERIN ORIGINAL HEALING SOOTHING REPAIR LOTN	2	
EUCERIN PLUS LOTN 5%-5%	2	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	2	
EUCERIN SMOOTHING REPAIR ADVANCED FORMULA LOTN	2	
FORMULA 405 MOISTURIZING LOTN	2	
GNP ADVANCED RECOVERY LOTN	2	
GOLD BOND MEDICATED BODY LOTION EXTRA STRENGTH LOTN	2	
GOLD BOND MEDICATED BODY LOTION LOTN	2	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	2	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	2	
GOLD BOND ULTIMATE HEALING LOTN	2	
GOLD BOND ULTIMATE LOTN	2	
GOLD BOND ULTIMATE OVERNIGHT LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE PROTECTION LOTN	2	
GOLD BOND ULTIMATE RESTORING LOTN	2	
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	2	
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	2	
GOLD BOND ULTIMATE SOFTENING LOTN	2	
GOLD BOND ULTIMATE SOOTHING LOTN	2	
GRX VITAMIN E LOTN	2	
HYDRAZONE LOTION LOTN	2	
KERI ADVANCED MOISTURE THERAPY LOTN	2	
KERI BASIC ESSENTIALS LOTN	2	
KERI NOURISHING SHEA BUTTER LOTN	2	
KERI ORIGINAL LOTN	2	
KERI OVERNIGHT LOTN	2	
KERI RENEWAL MILK BODY LOTN	2	
KERI RENEWAL SKIN FIRMING LOTN	2	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	2	
KERI SENSITIVE SKIN LOTN	2	
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	QL(57 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	QL(57 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	QL(57 ml per fill retail); RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	2	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	2	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	2	
LUBRIDERM INTENSE SKIN REPAIR LOTN	2	
LUBRIDERM LOTN	2	
LUBRIDERM MENS 3-IN-1 LOTN	2	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	2	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	2	
LUBRISOFT LOTN	2	
MAXAM LOTN	2	
MEDERMA AG HAND & BODY LOTION LOTN	2	
MOTHERS FRIEND LOTN	2	
MSM SKIN LOTION LOTN	2	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	2	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	2	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	2	
NIVEA EXTRA ENRICHED LOTION LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
NIVEA EXTRA ENRICHED LOTN	2	
NIVEA GENTLE BODY EXFOLIATOR LOTN	2	
NIVEA LIGHT LOTN	2	
NIVEA LOTN	2	
NIVEA ORIGINAL LOTN	2	
NIVEA ORIGINAL MOISTURE LOTN	2	
NIVEA VISAGE LOTN	2	
NUTRADERM ADVANCED FORMULA LOTN	2	
NUTRADERM LOTN 2.5%-2.5%-2.5%-2.5%	2	
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	2	
RA RENEWAL DRY SKIN THERAPY LOTN	2	
RADIAGUARD ADVANCED LOTN	2	
RESTA LITE LOTN	2	
ROC DEEP WRINKLE SERUM LOTN	2	
ROSE MILK LOTN	2	
SKIN REPAIR LOTN	2	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	2	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	2	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	2	
THERABETIC SKIN CARE LOTN	2	
THERAPLEX HYDROLOTION LOTN	2	

Drug Name	Drug Tier	Requirements/Limits
VANICREAM LITE LOTN	2	
WIBI LOTN	2	
Glabella Lines (Frown Lines) Agents		
BOTOX COSMETIC SOLR	2	PA; SP
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NF	QL(48 ea per 180 days retail)
<i>imiquimod crea ex</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use Pimecrolimus)	NF	PA; QL(1 gm daily); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; QL(1 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % (Use Tacrolimus (Topical))	NF	PA; QL(1 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	PA; QL(1 gm daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (Use Podofilox)	NF	QL(4 ml per fill retail)
KERALYT GEL 6 % (Use Salicylic Acid)	NF	QL(40 gm per fill retail)
<i>podofilox soln ex</i>	1	QL(4 ml per fill retail)
<i>salicylic acid gel ex 6 %</i>	1	QL(40 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	2	QL(60 gm per fill retail)
CAPSAGEL EXTRA STRENGTH GEL	2	QL(60 gm per fill retail)
CAPSAGEL GEL	2	QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	2	QL(30 gm per fill retail)
<i>capsaicin crea ex 0.025 %</i>	1	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin crea ex 0.1 %</i>	1	QL(56.6 gm per fill retail)
CAPZASIN-HP CREA (Use Capsaicin)	NF	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
<i>dibucaine oint ex</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine crea ex 4 %</i>	1	QL(76.5 gm per fill retail)
<i>lidocaine hcl crea ex 3 %</i>	1	QL(85 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	1	QL(63 ml per fill retail)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(85 ml per fill retail); RX/OTC
<i>lidocaine-prilocaine crea</i>	1	QL(5800 gm per fill retail)
LMX 4 CREA (Use Lidocaine)	NF	QL(76.5 gm per fill retail)
PREDATOR CREA (Use Lidocaine HCl)	NF	QL(63 ml per fill retail)
Misc. Topical		
AMEDA TRIPLE ZERO LANOLIN CREA	2	
DRYSOL SOLN	2	QL(60 ml per fill retail)
<i>lanolin (topical) crea</i>	1	
OFF DEEP WOODS AERO	2	
OFF DEEP WOODS DRY AERO	2	
ULTRATHON INSECT REPELLENT 8 AERO	2	
ULTRATHON INSECT REPELLENT LOTN	2	
<i>zinc oxide (topical) oint 20 %</i>	1	QL(60 gm per fill retail)
Rosacea Agents		

Drug Name	Drug Tier	Requirements/ Limits
METROCREAM CREA (Use Metronidazole (Topical))	NF	QL(45 gm per fill retail)
METROLOTION LOTN (Use Metronidazole (Topical))	NF	
metronidazole (topical) crea 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) gel 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) lotn 0.75 %	1	
Scabicides & Pediculicides		
crotamiton lotn ex	1	QL(60 gm per fill retail)
ELIMITE CREA (Use Permethrin)	NF	QL(60 gm per fill retail)
EURAX CREA	2	QL(60 gm per fill retail)
EURAX LOTN (Use Crotamiton)	NF	QL(60 gm per fill retail)
KLOUT SHAM	2	
LICEMD GEL	2	
LICIDE TREATMENT KIT KIT	2	
malathion lotn	1	QL(59 ml per fill retail)
NATROBA SUSP	2	QL(120 ml per fill retail); AL(At least 2 yrs old)
NIX CREME RINSE LIQD (Use Permethrin)	NF	
OVIDE LOTN (Use Malathion)	NF	QL(59 ml per fill retail)
permethrin aero xx 0.5 %	1	
permethrin crea ex 5 %	1	QL(60 gm per fill retail)
permethrin liqd ex 1 %	1	
permethrin lotn ex 1 %	1	QL(59 ml per fill retail)
pyrethrins-piperonyl butoxide liqd 0.33%-4%	1	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide liqd 1.2%-0.3%- 0.3%-2.4%-3%	1	
pyrethrins-piperonyl butoxide sham 0.3%- 0.33%-4%, 0.33%-4%	1	
pyrethrins-piperonyl butoxide sham 0.33%-4%	1	QL(59 ml per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	1	
RA LICE SOLUTION KIT KIT	2	
RID AERO XX 0.5 % (Use Permethrin)	NF	
RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	NF	
RID ESSENTIAL LICE ELIMINATION KIT KIT	2	
RID LIQD EX 0.33%-4% (Use Pyrethrins-Piperonyl Butoxide)	NF	QL(59 ml per fill retail)
SCHOOLTIME SHAMPOO SHAM	2	
SPINOSAD SUSP	2	QL(120 ml per fill retail); AL(At least 2 yrs old)
Tar Products		
coal tar extract sham 0.5 %	1	
DHS TAR GEL SHAM (Use Coal Tar Extract)	NF	
DHS TAR SHAM (Use Coal Tar Extract)	NF	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	NF	
Wound Care Products		
APLIGRAF DISK	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
DERMAGRAFT SHEE	2	PA; SP
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
CORTROSYN SOLR (<i>Use Cosyntropin</i>)	NF	PA; SP
<i>cosyntropin solr</i>	1	PA; SP
THYROGEN SOLR	2	PA; SP
Diagnostic Tests		
CHEK-STIX CONTROL STRP	2	
CHEMSTRIP-K STRP	2	
KETOCARE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 14200UNIT-4200UNIT- 24600UNIT, 35500UNIT- 10500UNIT-61500UNIT, 54700UNIT-21000UNIT- 83900UNIT, 56800UNIT- 16800UNIT-98400UNIT	2	
SUCRAID SOLN	2	PA; SP
ZENPEP CPEP 47000UNIT-15000UNIT- 63000UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	1	
<i>acetazolamide tabs or 125 mg, 250 mg</i>	1	
DIAMOX CP12 (Use Acetazolamide)	NF	
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	
NEPTAZANE TABS (Use Methazolamide)	NF	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX TABS (Use Bumetanide)	NF	
DEMADEX TABS 10 MG (Use Torsemide)	NF	QL(1 ea daily)
DEMADEX TABS 20 MG (Use Torsemide)	NF	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs 20 mg</i>	1	
<i>torsemide tabs 5 mg, 10 mg, 100 mg</i>	1	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs or</i>	1	QL(4 ea daily)
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	1	QL(4 ea daily)
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs or 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; 4 per 28 days; QL(4 ea per 28 days retail)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	2	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	PA; SP
<i>calcitonin (salmon) soln</i>	1	QL(4 ml per 30 days retail)
FORTEO SOLN	2	PA; SP
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	QL(0.15 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	1	PA; SP
MIACALCIN SOLN IJ 200 UNIT/ML	2	QL(2 ml per 30 days retail)
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	NF	QL(4 ml per 30 days retail)
NATPARA CART	2	PA; SP
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	1	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	2	PA; SP
PROLIA SOLN	2	PA; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 35 mg</i>	1	PA; 4 per 28 days; QL(4 ea per 28 days retail)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 ea daily)
XGEVA SOLN	2	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	1	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	PA; SP
<i>zoledronic acid soln 5 mg/100ml</i>	1	PA; SP
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	2	PA; SP
Corticotropin		
H.P. ACTHAR GEL	2	PA; SP
Fertility Regulators		
BRAVELLE SOLR	2	PA; SP
CHORIONIC GONADOTROPIN SOLR IM	2	PA; SP
FOLLISTIM AQ SOLN	2	PA; SP
GONAL-F RFF REDIJECT SOLN	2	PA; SP
GONAL-F RFF SOLR	2	PA; SP
GONAL-F SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
MENOPUR SOLR	2	PA; SP
NOVAREL SOLR	2	PA; SP
OVIDREL INJ	2	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	2	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	2	PA; SP
<i>ganirelix acetate soln</i>	1	PA; SP
GANIRELIX ACETATE SOLN (<i>Use Ganirelix Acetate</i>)	NF	PA; SP
ORLISSA TABS	2	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	2	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	2	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	2	PA; SP
GENOTROPIN SOLR	2	PA; SP
HUMATROPE COMBO PACK SOLR	2	PA; SP
HUMATROPE SOLR	2	PA; SP
NORDITROPIN FLEXPOR SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 20 SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 5 SOLN	2	PA; SP
OMNITROPE SOLN	2	PA; SP
OMNITROPE SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SAIZEN CLICK.EASY SOLR	2	PA; SP
SAIZEN SOLR	2	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	2	PA; SP
SEROSTIM SOLR	2	PA; SP
ZOMACTON SOLR	2	PA; SP
ZORBTIVE SOLR	2	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	2	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	2	PA; SP
LUPRON DEPOT-PED (1-MONTH) KIT	2	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT	2	PA; SP
SUPPRELIN LA KIT	2	PA; SP
SYNAREL SOLN	2	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	2	PA; SP
BUPHENYL POWD (<i>Use Sodium Phenylbutyrate</i>)	NF	PA; SP
BUPHENYL TABS (<i>Use Sodium Phenylbutyrate</i>)	NF	PA; SP
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
CARBAGLU TABS	CO	
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	NF	QL(30 ml daily)
CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))	NF	QL(3 ea daily); RX/OTC
<i>cinacalcet hcl tabs</i>	1	PA; SP
CRYSVITA SOLN	2	PA; SP
CYSTADANE POWD	2	PA; SP
ELAPRASE SOLN	2	PA; SP
FABRAZYME SOLR	2	PA; SP
GALAFOLD CAPS	2	PA; QL(0.5 ea daily); SP
KANUMA SOLN	2	PA; SP
KUVAN PACK	2	PA; SP
KUVAN TBSO	2	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	1	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	QL(3 ea daily); RX/OTC
LUMIZYME SOLR	2	PA; SP
MYALEPT SOLR	2	PA; SP
NAGLAZYME SOLN	2	PA; SP
ORFADIN CAPS	2	PA; SP
ORFADIN SUSP	2	PA; SP
PALYNZIQU SOSY	2	PA; SP
<i>paricalcitol soln iv 2 mcg/ml, 5 mcg/ml</i>	1	PA; SP
PARSABIV SOLN	2	PA; SP
RAVICTI LIQD	CO	
REVCIVI SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ROCALTRON CAPS 0.25 MCG, 0.5 MCG (Use Calcitriol)	NF	
SENSIPAR TABS (Use Cinacalcet HCl)	NF	PA; SP
<i>sodium phenylbutyrate powd or 3 gm/tsp</i>	1	PA; SP
<i>sodium phenylbutyrate tabs or 500 mg</i>	1	PA; SP
STRENSIQ SOLN	2	PA; SP
VIMIZIM SOLN	2	PA; SP
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (Use Paricalcitol)	NF	PA; SP
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA; SP
DDAVP SOLN NA 0.01 %	2	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	QL(6 ea daily)
STIMATE SOLN	2	PA; SP
Somatostatic Agents		
<i>octreotide acetate soln</i>	1	PA; SP
SANDOSTATIN LAR DEPOT KIT	2	PA; SP
SANDOSTATIN SOLN (Use Octreotide Acetate)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR SRER	2	PA; SP
SIGNIFOR SOLN	2	PA; SP
SOMATULINE DEPOT SOLN	2	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	2	PA
SAMSCA TABS	2	PA; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (Use Estradiol & Norethindrone Acetate)	NF	
COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	0	
PREMPHASE TABS	2	QL(1 ea daily)
PREMPRO TABS	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (Use Estradiol)	NF	QL(4 ea per 30 days retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	QL(4 ea per 30 days retail)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	2	QL(2 ea daily)
MINIVELLE PTTW (Use Estradiol)	NF	QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW (Use Estradiol)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS OR 100 MG	2	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 mg</i>	1	
LEVAQUIN TABS (Use Levofloxacin)	NF	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(1 ea daily, 14 ea per fill retail)
OFLOXACIN TABS 300 MG	2	QL(56 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (Use Simethicone)	NF	
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	NF	QL(45 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MYLICON SUSP (<i>Use Simethicone</i>)	NF	QL(45 ml per fill retail)
<i>simethicone chew or 80 mg</i>	1	
<i>simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml</i>	1	QL(30 ml per fill retail)
<i>simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml</i>	1	QL(45 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	2	PA; QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	2	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	QL(3 ea daily)
CHENODAL TABS	2	PA; SP
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	QL(7 ea daily)
<i>ursodiol caps or 300 mg</i>	1	QL(3 ea daily)
<i>ursodiol tabs or 250 mg</i>	1	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	QL(9 ea daily)
CIMZIA KIT	2	PA; SP
CIMZIA STARTER KIT KIT	2	PA; SP
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	QL(9 ea daily)

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
ENTYVIO SOLR	2	PA; SP
INFLECTRA SOLR	2	PA; SP
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(3 ea daily)
REMICADE SOLR	2	PA; SP
SFROWASA ENEM	2	
<i>sulfasalazine tabs or</i>	1	
<i>sulfasalazine tbec or</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
LINZESS CAPS 145 MCG, 290 MCG	2	PA; SP
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	2	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	QL(16.67 ml daily); RX/OTC
UROKIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	2	PA; SP
PROCYSBI CPDR	2	PA; SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) soln</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>finasteride tabs or</i>	1	QL(1 ea daily)
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	QL(2 ea daily)
PROSCAR TABS (<i>Use Finasteride</i>)	NF	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	NF	
Urinary Stone Agents		
THIOLA TABS	2	PA; SP
Vesicoureteral Reflux (VUR) Agents		
DEFLUX PRSY	2	PA; SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs or 100 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine tabs or</i>	2	1 fill per 30 days;QL(6 ea per fill retail)
COLCRYS TABS	2	1 fill per 30 days;QL(6 ea per fill retail)
KRYSTEXXA SOLN	2	PA; SP
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	CO	
ADYNOVATE SOLR	CO	
AFSTYLA KIT	CO	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	CO	
ALPHANINE SD SOLR	CO	
ALPROLIX SOLR	CO	
BEBULIN SOLR	CO	
BENEFIX KIT	CO	
COAGADEX SOLR	CO	
CORIFACT KIT	CO	
ELOCTATE SOLR	CO	
FEIBA SOLR	CO	
FIBRYGA SOLR	CO	
HELIXATE FS KIT	CO	
HEMLIBRA SOLN	CO	

Drug Name	Drug Tier	Requirements/ Limits
HEMOFIL M SOLR	CO	
HUMATE-P SOLR	CO	
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	CO	
IDELVION SOLR 3500 UNIT	CO	SP
IXINITY SOLR	CO	
KCENTRA KIT	CO	
KOATE SOLR	CO	
KOATE-DVI SOLR	CO	
KOGENATE FS BIO-SET KIT	CO	
KOGENATE FS KIT	CO	
KOVALTRY SOLR	CO	
MONOCLATE-P KIT	CO	
MONONINE SOLR	CO	
NOVOEIGHT SOLR	CO	
NOVOSEVEN RT SOLR	CO	
NUWIQ KIT	CO	
NUWIQ SOLR	CO	
OBIZUR SOLR	CO	
PROFILNINE SD SOLR	CO	
PROFILNINE SOLR	CO	
REBINYN SOLR	CO	SP
RECOMBINATE SOLR	CO	
RIASTAP SOLR	CO	
RIXUBIS SOLR	CO	

Drug Name	Drug Tier	Requirements/ Limits
TRETTEN SOLR	CO	
VONVENDI SOLR	CO	
WILATE KIT	CO	
XYNTHA KIT	CO	
XYNTHA SOLOFUSE KIT	CO	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	2	PA; SP
Complement Inhibitors		
BERINERT KIT	2	PA; SP
CINRYZE SOLR	2	PA; SP
RUCONEST SOLR	2	PA; SP
SOLIRIS SOLN	2	PA; SP
ULTOMIRIS SOLN	2	PA; SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	2	PA
Hematorheologic Agents		
<i>pentoxifylline tbc or</i>	1	
Hemin		
PANHEMATIN SOLR	2	PA; SP
Human Protein C		
CEPROTIN SOLR	2	PA; SP
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	2	PA; SP
TAKHZYRO SOLN	2	PA
Plasma Proteins		
THROMBATE III SOLR	2	PA; SP
THROMBATE III W/10 ML STERILE WATER SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
THROMBATE III W/20 ML STERILE WATER SOLR	2	PA; SP
Platelet Aggregation Inhibitors		
BRILINTA TABS	2	QL(2 ea daily)
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT TABS (Use Prasugrel HCl)	NF	QL(1 ea daily)
PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	2	PA; SP
CEREZYME SOLR	2	PA; SP
ELELYSO SOLR	2	PA; SP
<i>miglustat caps</i>	1	PA; SP
VPRIV SOLR	2	PA; SP
ZAVESCA CAPS (Use Miglustat)	NF	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	2	PA; SP
ARANESP ALBUMIN FREE SOSY	2	PA; SP
DOPTELET TABS	2	PA; SP
EPOGEN SOLN	2	PA; SP
FULPHILA SOSY	2	PA; SP
GRANIX SOLN	2	PA; SP
GRANIX SOSY	2	PA; SP
LEUKINE SOLR	2	PA; SP
MIRCERA SOSY	2	PA; SP
MULPLETA TABS	2	PA; SP
NEULASTA ONPRO KIT PSKT	2	PA; SP
NEULASTA SOSY	2	PA; SP
NEUPOGEN SOLN	2	PA; SP
NEUPOGEN SOSY	2	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	2	PA
NPLATE SOLR	2	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	2	PA; SP
PROMACTA TABS 25 MG, 50 MG, 75 MG, 12.5 MG	2	PA; SP
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	2	PA; SP
UDENYCA SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY	2	PA; SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	QL(3.4 ml daily)
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate tabs or 324 mg</i>	1	QL(2 ea daily)
<i>ferrous gluconate tabs or 27 mg, 240 mg</i>	1	
FERROUS GLUCONATE TABS OR 324 MG	2	
<i>ferrous sulfate dried tbc 160 mg</i>	1	
<i>ferrous sulfate elix or 220 mg/5ml</i>	1	QL(16 ml daily)
<i>ferrous sulfate soln or 15 mg/ml</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate tabs or 28 mg, 65 mg, 325 mg</i>	1	
FERROUS SULFATE TBEC OR 324 MG	2	
<i>ferrous sulfate tbec or 325 mg</i>	1	
HEMOCYTE TABS (<i>Use Ferrous Fumarate</i>)	NF	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	2	
<i>polysaccharide iron complex caps</i>	1	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	2	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	2	PA; SP
AMICAR TABS 1000 MG (<i>Use Aminocaproic Acid</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
AMICAR TABS 500 MG (<i>Use Aminocaproic Acid</i>)	NF	PA; QL(24 ea per fill retail); SP
AMINOCAPROIC ACID SOLN IV 250 MG/ML	2	PA; SP
<i>aminocaproic acid tabs or 1000 mg</i>	1	PA; SP
<i>aminocaproic acid tabs or 500 mg</i>	1	PA; QL(24 ea per fill retail); SP
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	1	QL(30 ea per 5 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	1	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	1	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	1	
<i>doxylamine succinate (sleep) tabs</i>	1	
NYTOL MAXIMUM STRENGTH TABS (<i>Use Diphenhydramine HCl (Sleep)</i>)	NF	
UNISOM SLEEPGELS CAPS (<i>Use Diphenhydramine HCl (Sleep)</i>)	NF	
UNISOM SLEEPTABS TABS (<i>Use Doxylamine Succinate (Sleep)</i>)	NF	
Barbiturate Hypnotics		
<i>phenobarbital elix or 20 mg/5ml</i>	1	
<i>phenobarbital soln or 20 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily)
FLURAZEPAM HCL CAPS	2	QL(1 ea daily)
HALCION TABS (<i>Use Triazolam</i>)	NF	QL(1 ea daily)
<i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 5 mg/5ml, 10 mg/2ml, 25 mg/5ml, 10 mg/10ml, 50 mg/10ml</i>	1	
RESTORIL CAPS 15 MG, 30 MG (<i>Use Temazepam</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
SONATA CAPS (<i>Use Zaleplon</i>)	NF	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam tabs</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	2	PA; SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	QL(10 ea daily)
EVAC POWD (<i>Use Psyllium</i>)	NF	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % (<i>Use Psyllium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
KONSYL ORIGINAL FORMULADAILY FIBER POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL CAPS 0.52 GM (<i>Use Psyllium</i>)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	NF	
METAMUCIL POWD 48.57 % (<i>Use Psyllium</i>)	NF	
<i>psyllium caps 0.52 gm, 520 mg</i>	1	
<i>psyllium powd 30 %, 33 %, 68 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %</i>	1	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	QL(4000 ml per fill retail)
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	NF	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs</i>	1	QL(4 ea daily)
SENOKOT S TABS (<i>Use Sennosides-Docusate Sodium</i>)	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 2 gm</i>	1	
GLYCERIN ADULT SUPP (<i>Use Glycerin (Laxative)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
MIRALAX PACK (Use Polyethylene Glycol 3350)	NF	RX/OTC
MIRALAX POWD (Use Polyethylene Glycol 3350)	NF	QL(34 gm daily); RX/OTC
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC
<i>polyethylene glycol 3350 powd or</i>	1	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	2	
Saline Laxatives		
FLEET ENEMA ENEM (Use Sodium Phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use Sodium Phosphates)	NF	
FLEET PEDIATRIC ENEM (Use Sodium Phosphates)	NF	
<i>magnesium citrate soln or 1.745gm/30ml, 1.745 gm/30ml,</i>	1	
<i>magnesium hydroxide susp or 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	1	QL(33 ml daily)
<i>sodium phosphates enem re 16gm/133ml-6gm/133ml, 19gm/118ml-7gm/118ml, 9.5gm/59ml-3.5gm/59ml, 19gm/118ml-19gm/118ml-7gm/118ml-7gm/118ml</i>	1	
Stimulant Laxatives		
<i>bisacodyl supp re 10 mg</i>	1	QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	1	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (Use Bisacodyl)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NF	QL(1 ea daily)
<i>sennosides tabs 8.6 mg</i>	1	
SENOKOT TABS (Use Sennosides)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	NF	QL(3 ea daily)
COLACE CLEAR CAPS (Use Docusate Sodium)	NF	
<i>docusate sodium caps or 100 mg, 250 mg</i>	1	QL(3 ea daily)
<i>docusate sodium caps or 50 mg</i>	1	
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	1	
<i>docusate sodium syrps or 60 mg/15ml</i>	1	
<i>docusate sodium tabs or 100 mg</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	QL(2 ea daily)
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	1	QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	2	QL(2 ea daily)
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NF	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(8 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN TABS (<i>Use Clarithromycin</i>)	NF	QL(28 ea per fill retail)
<i>clarithromycin susr or 125 mg/5ml, 250 mg/5ml</i>	1	QL(200 ml per fill retail)
CLARITHROMYCIN SUSR OR 125 MG/5ML, 250 MG/5ML	2	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	2	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERYTHROCIN STEARATE TABS	2	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml</i>	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS OR 400 MG	2	
PCE TBEC	2	
MEDICAL DEVICES AND SUPPLIES		

Drug Name	Drug Tier	Requirements/Limits
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G MISC	2	200 per month;QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC	2	200 / month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	2	200 / month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC	2	200 / month;QL(6.67 ea daily)
CAREONE LANCET THIN MISC	2	200 / month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
CLEANLET LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
COMFORT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS ULTRA THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	2	200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASYTEST II LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)

New Hampshire Healthy Families

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
EQL THIN LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
FORA LANCETS MISC	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
GAUZE SPONGES	2	RX/OTC
GENTLE-LET GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GLUCOSOURCE LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	2	200 / month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	2	200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KINNEY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 26G TWIST TOP MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SUPER THIN 28G MISC	2	200 per month;QL(6.67 ea daily)
LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MONOLET LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MONOLET OPD LANCETS MISC	2	200 / month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PC LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC	2	200 / month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
REALITY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)

New Hampshire Healthy Families

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/ Limits
REXALL LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
RIGHTEST GL300 LANCETS MISC	2	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
SB LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	2	200 / month;QL(6.67 ea daily)
STERILANCE TL MISC	2	200 / month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
SURELITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE AST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
THINLETS GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
THINLETS LANCET MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2	
TRUEPLUS LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	2	200 / month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	2	RX/OTC
ALCOHOL PREPS PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS PADS	2	RX/OTC
ALCOHOL SWABSTICK PADS	2	RX/OTC
ALCOHOL WIPES PADS	2	RX/OTC
APLICARE ALCOHOL SWABSTICK PADS	2	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	2	RX/OTC
BD SWABS SINGLE USE PADS	2	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	2	RX/OTC
CURITY ALCOHOL SWABS PADS	2	RX/OTC
CVS PREP PADS PADS	2	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	2	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	2	RX/OTC
GNP ALCOHOL SWABS PADS	2	RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	2	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	2	RX/OTC
PRO COMFORT ALCOHOL PADS PADS	2	RX/OTC
QC ALCOHOL SWABS PADS	2	RX/OTC
RA ALCOHOL SWABS PADS	2	RX/OTC
REALITY SWABS PADS	2	RX/OTC
RELION ALCOHOL SWABS PADS	2	RX/OTC
SB ALCOHOL PREP PADS PADS	2	RX/OTC
SHOPKO ALCOHOL SWABS PADS	2	RX/OTC
SM ALCOHOL PREP PADS PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TGT ALCOHOL SWABS PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	2	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES-MISC	2	QL (5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	2	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/ 16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE W/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER THE BODY GUARDS PACK DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	2	QL(1 ea per 360 days retail); RX/OTC
ELITE DC AUTO ADAPTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT MASKS MISC	2	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	2	QL(3 ea per 180 days retail)
LITEAIRE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 ea per 360 days retail); RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROSPACER MISC	2	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	2	QL(2 ea per 360 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 days retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
Migraine Products - Monoclonal Antibodies		
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	2	
MIGRANAL SOLN	2	
Serotonin Agonists		
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	QL(6 ea per 30 days retail)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.67 ml daily)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.67 ml daily)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	QL(9 ea per 30 days retail)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	NF	QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>sumatriptan soln na 5 mg/act, 20 mg/act</i>	1	QL(6 ea per 30 days retail)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	QL(0.67 ml daily)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(9 ea per 30 days retail)
<i>zolmitriptan tabs or 5 mg, 2.5 mg</i>	1	QL(6 ea per 30 days retail)
<i>zolmitriptan tbdp or 5 mg, 2.5 mg</i>	1	QL(6 ea per 30 days retail)
ZOMIG SOLN NA 5 MG	2	QL(6 ea per 30 days retail)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	QL(6 ea per 30 days retail)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol tabs 500mg-200unit</i>	1	
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit</i>	1	
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oyster shell tabs</i>	1	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 500MG-200UNIT	2	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	2	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	2	
ENFAMIL ENFALYTE SOLN	2	
EQUALYTE SOLN (Use Oral Electrolytes)	NF	
HYDRALYTE FREEZER POPS SOLN	2	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	2	
<i>oral electrolytes soln</i>	1	
PEDIALYTE ADVANCED CARE SOLN (Use Oral Electrolytes)	NF	
PEDIALYTE FREEZER POPS SOLN (Use Oral Electrolytes)	NF	
PEDIALYTE SINGLES SOLN (Use Oral Electrolytes)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE SOLN 20MEQ/L-45MEQ/L- 35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L- 35MEQ/L-30MEQ/L- 25GM/L, 35MEQ/L- 45MEQ/L-7.8MG/L- 20MEQ/L-25GM/L, 4.7MEQ/237ML- 10.6MEQ/237ML- 8.3MEQ/237ML, 2.1MEQ/59ML- 2.7MEQ/59ML- 0.5MG/59ML- 1.2MEQ/59ML- 1.5GM/59ML (Use Oral Electrolytes)	NF	
Fluoride		
FLURA-DROPS SOLN	2	
LURIDE SOLN (Use Sodium Fluoride)	NF	
sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	1	
sodium fluoride soln or 0.125 mg/drop, 0.5 mg/ml	1	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NF	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	1	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
KLOR-CON/25 PACK	2	
potassium bicarbonate tbcf or 25 meq, 2.5gm-2gm	1	

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride cpcr or 10 meq	1	
potassium chloride cpcr or 8 meq	1	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
potassium chloride microencapsulated crystals er tbcf	1	
potassium chloride pack or 20 meq	1	
potassium chloride soln or 10 %, 20 %	1	
potassium chloride tbcf or 8 meq, 10 meq	1	
Zinc		
zinc sulfate caps or 220 mg	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	2	
SYPRINE CAPS (Use Trientine HCl)	NF	PA; SP
trientine hcl caps	1	PA; SP
Enzymes		
XIAFLEX SOLR	2	PA; SP
Fecal Incontinence Bulking Agents		
SOLESTA GEL	2	PA; SP
Immunomodulators		
REVLIMID CAPS	2	PA; SP
THALOMID CAPS	2	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA; SP
ATGAM INJ	2	PA; SP
AZASAN TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS (<i>Use Mycophenolate Mofetil</i>)	NF	PA; SP
CELLCEPT INTRAVENOUS SOLR (<i>Use Mycophenolate Mofetil HCl</i>)	NF	PA; SP
CELLCEPT SUSR (<i>Use Mycophenolate Mofetil</i>)	NF	PA; SP
CELLCEPT TABS (<i>Use Mycophenolate Mofetil</i>)	NF	PA; SP
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	PA; SP
<i>cyclosporine modified (for microemulsion) caps</i>	1	PA; SP
<i>cyclosporine modified (for microemulsion) soln</i>	1	PA; SP
CYCLOSPORINE MODIFIED CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	PA; SP
<i>cyclosporine soln iv 50 mg/ml</i>	1	PA; SP
GAMIFANT SOLN	2	PA; SP
IMURAN TABS (<i>Use Azathioprine</i>)	NF	
<i>mycophenolate mofetil caps</i>	1	PA; SP
<i>mycophenolate mofetil hcl solr</i>	1	PA; SP
<i>mycophenolate mofetil susr</i>	1	PA; SP
<i>mycophenolate mofetil tabs</i>	1	PA; SP
<i>mycophenolate sodium tbec</i>	1	PA; SP
MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>)	NF	PA; SP
NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	PA; SP
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NULOJIX SOLR	2	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	NF	PA; SP
PROGRAF SOLN IV 5 MG/ML	2	PA; SP
RAPAMUNE SOLN (<i>Use Sirolimus</i>)	NF	PA; SP
RAPAMUNE TABS (<i>Use Sirolimus</i>)	NF	PA; SP
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	2	PA; SP
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>)	NF	PA; SP
SANDIMMUNE SOLN OR 100 MG/ML	2	PA; SP
<i>sirolimus soln or 1 mg/ml</i>	1	PA; SP
<i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i>	1	PA; SP
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	1	PA; SP
THYMOGLOBULIN SOLR	2	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	2	PA; SP
ZORTRESS TABS 1 MG	2	PA
Lymphatic Agents		
SYLVANT SOLR	2	PA; SP
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	NF	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate powd or</i>	1	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat) susp</i>	1	QL(100 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN (<i>Use Chlorhexidine Gluconate (Mouth-Throat)</i>)	NF	
Dental Products		
PREVIDENT 5000 DRY MOUTH GEL (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(57 gm per fill retail)
PREVIDENT FLUORIDE GEL (<i>Use Sodium Fluoride (Dental)</i>)	NF	QL(60 ml per fill retail)
PREVIDENT RINSE SOLN (<i>Use Sodium Fluoride (Dental)</i>)	NF	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	1	QL(57 gm per fill retail)
<i>sodium fluoride (dental) gel dt 1.1 %</i>	1	QL(60 ml per fill retail)
<i>sodium fluoride (dental) soln mt 0.2 %</i>	1	
<i>stannous fluoride conc mt 0.63 %</i>	1	RX/OTC
Periodontal Products		
ARESTIN MISC	2	PA; SP
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	2	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (<i>Use Pilocarpine HCl (Oral)</i>)	NF	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg</i>	1	QL(1 ea daily)
B-Complex w/ C		
<i>b complex w/ c caps 10mg-50mg-10mg-15mg-5mg-300mg, 10.2mg-10mg-15mg-50mg-5mg-300mg, 10mg-50mg-10.2mg-15mg-5mg-300mg</i>	1	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg</i>	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid tabs 1.5mg-10mg-20mg-1.7mg-6mcg-1mg-300mcg-10mg-60mg, 30mcg-1.5mg-20mg-1.7mg-1mg-1mg-300mcg-8mg-200mg, 10mg-20mg-1.7mg-6mcg-1.5mg-1mg-300mcg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1mg-300mcg-10mg-100mg, 1.5mg-1.7mg-10mg-0.01mcg-20mg-1mg-300mcg-10mg-60mg, 20mg-1.7mg-10mg-0.006mg-1.5mg-1mg-0.3mg-10mg-100mg, 6mcg-1.5mg-10mg-20mg-1.7mg-1000mcg-300mcg-10mg-100mg</i>	1	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (Use B-Complex w/ C & Folic Acid)	NF	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use B-Complex w/ C & Folic Acid)	NF	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	1	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
<i>multiple vitamins w/ minerals tabs-assorted brand</i>	2	RX/OTC
<i>multiple vitamins w/ minerals tabs-assorted generic</i>	1	RX/OTC
Multivitamins		
<i>multiple vitamins tabs-assorted brand</i>	2	QL(1 ea daily)
<i>multiple vitamins tabs-assorted generic</i>	1	QL(1 ea daily)
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl chew-assorted brand</i>	2	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl chew-assorted generic</i>	1	QL(1 ea daily); AL(Up to 13 yrs old)
<i>pediatric multivitamins w/fl soln-assorted brand</i>	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric multivitamins w/fl soln-assorted generic</i>	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acd w/ fluoride soln</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Ped MV w/ Iron		
<i>pediatric multiple vitamins w/ iron soln 0.6mg/ml- 10mg/ml-5unit/ml-8mg/ml- 1500unit/ml-400unit/ml- 0.5mg/ml-0.4mg/ml- 35mg/ml</i>	1	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN (Use Pediatric Multiple Vitamins w/ Iron)	NF	QL(60 ml per fill retail)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron soln</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN	2	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Ped Multiple Vitamins w/ Minerals		
<i>pediatric multiple vitamin w/ minerals & c liqd 0.6mg/ml- 5751unit/ml-3mg/ml- 5mg/ml-10mcg/ml- 15mg/ml-2mg/ml-3mg/ml- 6mg/ml-400mcg/ml- 400unit/ml-0.6mg/ml- 50unit/ml-15mcg/ml- 0.6mg/ml-45mg/ml</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multiple vitamin w/ minerals & c soln 0.6mg/ml-300mcg/ml- 7.5mg/ml-50unit/ml- 3mg/ml-6mg/ml- 3170unit/ml-4mcg/ml- 400unit/ml-0.5mg/ml- 15mcg/ml-0.6mg/ml- 45mg/ml, 50unit/ml- 5mg/ml-3mg/ml-45mg/ml- 6mg/ml-400mcg/ml- 0.6mg/ml-4627unit/ml- 4mcg/ml-500unit/ml- 0.5mg/ml-15mcg/ml- 0.6mg/ml</i>	1	RX/OTC
Pediatric Multiple Vitamins		
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use Pediatric Multiple Vitamin w/ C & FA)	NF	QL(1 ea daily)
<i>pediatric multiple vitamin w/ c & fa chew</i>	1	QL(1 ea daily)
<i>pediatric multiple vitamin w/ c soln</i>	1	QL(50 ml per fill retail)
POLY-VI-SOL SOLN (Use Pediatric Multiple Vitamin w/ C)	NF	QL(50 ml per fill retail)
Pediatric Vitamins		
<i>pediatric vitamins adc soln 1500unit/ml-400unit/ml- 35mg/ml</i>	1	QL(50 ml per fill retail)
Prenatal Vitamins		
<i>prenatal vitamins-assorted brand</i>	2	QL(30 ea per 30 days retail); RX/OTC
<i>prenatal vitamins-assorted generic</i>	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit</i>	1	QL(1 ea daily)

MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms

Articular Cartilage Repair Therapy

MACI SHEE	2	PA; SP
-----------	---	--------

Central Muscle Relaxants

<i>baclofen soln it 40 mg/20ml, 500 mcg/ml, 20000 mcg/20ml</i>	1	PA; SP
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
CHLORZOAZONE TABS 500 MG	2	
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg</i>	1	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs or 7.5 mg</i>	1	QL(4 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NF	QL(4 ea daily)
GABLOFEN SOLN 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	2	PA; SP
GABLOFEN SOLN 20000 MCG/20ML (Use Baclofen)	NF	PA; SP
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML, 10 MG/20ML, 40 MG/20ML, 2000 MCG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
LIORESAL INTRATHECAL SOLN 40 MG/20ML, 500 MCG/ML (Use Baclofen)	NF	PA; SP
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
<i>tizanidine hcl tabs or 2 mg, 4 mg</i>	1	
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	NF	
Viscosupplements		
EUFLEXXA SOSY	2	PA; SP
GEL-ONE PRSY	2	PA; SP
GELSYN-3 SOSY	2	PA; SP
GENVISC 850 SOSY	2	PA; SP
HYALGAN SOLN	2	PA; SP
HYALGAN SOSY	2	PA; SP
HYMOVIS SOSY	2	PA; SP
MONOVISC SOSY	2	PA; SP
ORTHOVISC SOSY	2	PA; SP
SUPARTZ FX SOSY	2	PA; SP
SUPARTZ SOSY	2	PA; SP
SYNVISC ONE SOSY	2	PA; SP
SYNVISC SOSY	2	PA; SP
TRIVISC SOSY	2	PA; SP
VISCO-3 SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (Use Saline)	NF	QL(90 ml per fill retail)
saline soln na 0.65%-0.002%, 0.65 %	1	QL(90 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	QL(30 ml per fill retail)
azelastine hcl soln na 0.15 %, 0.1 %, 137 mcg/spray	1	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	1	QL(26 ml per fill retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	1	QL(30 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	1	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	2	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	1	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp	1	QL(17 gm per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO	2	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	QL(17 gm per fill retail); AL(At least 2 yrs old)
triamcinolone acetonide (nasal) aero	1	PA; QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
triamcinolone acetonide (nasal) aero	1	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	2	
NASAL DECONGESTANT LIQD	2	
NASAL DECONGESTANT SYRP	2	
phenylephrine hcl (oral) tabs	1	QL(24 ea per fill retail)
pseudoephedrine hcl liqd or 15 mg/5ml	1	
pseudoephedrine hcl tabs or 30 mg, 60 mg	1	
pseudoephedrine hcl tb12 or 120 mg	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)	NF	
SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	NF	QL(24 ea per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
TIGLUTIK SUSP	2	PA
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	2	PA; SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	2	PA; SP
DYSPORE SOLR	2	PA; SP
MYOBLOC SOLN	2	PA; SP
XEOMIN SOLR	2	PA; SP
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA SOLN	2	PA; SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	2	QL(124 ml per fill retail)
POLYCOSE POWD	2	QL(350 gm per fill retail)
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids caps 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 360mg-360mg-12mg-1200mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 100mg-300mg-1000mg-200mg, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg</i>	1	QL(6 ea daily)

OPHTHALMIC AGENTS - Drugs to Treat the Eye

Drug Name	Drug Tier	Requirements/ Limits
Artificial Tears and Lubricants		
<i>artificial tear ointment oint</i>	1	QL(4 gm per fill retail)
HYPOTEARs SOLN	2	QL(30 ml per fill retail)
<i>polyvinyl alcohol soln op</i>	1	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	NF	QL(5 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	1	QL(5 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	QL(5 ml per fill retail)
<i>betaxolol hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
BETOPTIC-S SUSP	2	QL(15 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	1	
CARTEOLOL HCL SOLN	2	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	QL(10 ml per fill retail)
<i>levobunolol hcl soln</i>	1	QL(5 ml per fill retail)
METIPRANOLOL SOLN	2	
<i>timolol maleate (ophth) solg 0.5 %</i>	1	QL(5 ml per fill retail)
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	QL(5 ml per fill retail)
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5 %	2	QL(5 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	2	QL(60 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 %	2	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	2	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	2	QL(5 ml per fill retail)
CYCLOGYL SOLN 0.5 % (Use Cyclopentolate HCl)	NF	QL(15 ml per fill retail)
CYCLOGYL SOLN 1 % (Use Cyclopentolate HCl)	NF	QL(5 ml per fill retail)
<i>cyclopentolate hcl soln op 0.5 %</i>	1	QL(15 ml per fill retail)
<i>cyclopentolate hcl soln op 1 %</i>	1	QL(5 ml per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
MYDRIACYL SOLN (Use Tropicamide)	NF	QL(3 ml per fill retail)
<i>tropicamide soln op 0.5 %</i>	1	QL(15 ml per fill retail)
<i>tropicamide soln op 1 %</i>	1	QL(3 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	2	PA; SP
EYLEA SOLN	2	PA; SP
LUCENTIS SOLN	2	PA; SP
LUCENTIS SOSY	2	PA; SP
MACUGEN SOLN	2	PA; SP
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln op 0.2 %</i>	1	QL(5 ml per fill retail)
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	
IOPIDINE SOLN 1 %	2	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth) oint</i>	1	QL(4 gm per fill retail)
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	QL(15 ml per fill retail)
CILOXAN OINT	2	QL(4 gm per fill retail)
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NF	QL(5 ml per fill retail)
<i>ciprofloxacin hcl (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>erythromycin (ophth) oint</i>	1	QL(4 gm per fill retail)
GENTAK OINT	2	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) oint</i>	1	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	QL(4 gm per fill retail)
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	2	QL(10 ml per fill retail)
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	1	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin (ophth) soln</i>	1	QL(5 ml per fill retail)
TOBREX OINT	2	QL(4 gm per fill retail)
TOBREX SOLN (Use Tobramycin (Ophth))	NF	QL(5 ml per fill retail)
<i>trifluridine soln op</i>	1	QL(8 ml per fill retail)
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine soln 0.025%-0.3%</i>	1	
<i>naphazoline w/ pheniramine soln 0.027%-0.315%</i>	1	QL(0.5 ml daily)
NAPHCON-A SOLN (Use Naphazoline w/ Pheniramine)	NF	
OPCON-A SOLN (Use Naphazoline w/ Pheniramine)	NF	QL(0.5 ml daily)
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	1	QL(5 ml per fill retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	1	QL(30 ml per fill retail)
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	NF	QL(30 ml per fill retail)
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	2	PA; SP
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE SOLR	2	PA; SP
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE SUSP	2	QL(5 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	QL(5 ml per fill retail)
<i>fluorometholone (ophth) susp</i>	1	QL(5 ml per fill retail)
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN IMPL	2	PA; SP
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use Neomycin-Polymy-Dexameth)	NF	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use Neomycin-Polymy-Dexameth)	NF	QL(5 ml per fill retail)
<i>neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	1	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	2	QL(8 ml per fill retail)
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	QL(5 ml per fill retail)
OZURDEX IMPL	2	PA; SP
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	NF	QL(5 ml per fill retail)
PRED MILD SUSP	2	QL(10 ml per fill retail)
PRED-G SUSP	2	QL(5 ml per fill retail)
<i>prednisolone acetate (ophth) susp</i>	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE ACETATE P-F SUSP	2	QL(5 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	QL(10 ml per fill retail)
RETISERT IMPL	2	PA; SP
<i>sulfacetamide sod-prednisolone soln</i>	1	QL(5 ml per fill retail)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	2	QL(5 ml per fill retail)
TOBRADEX OINT	2	QL(4 gm per fill retail)
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
YUTIQ IMPL	2	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	NF	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	NF	QL(5 ml per fill retail)
ALOCRIAL SOLN	2	ST; Try ketotifen ophth. first
ALOMIDE SOLN	2	ST; Try ketotifen ophth. first
<i>azelastine hcl (ophth) soln</i>	1	QL(6 ml per fill retail)
AZOPT SUSP	2	QL(15 ml per fill retail)
<i>cromolyn sodium (ophth) soln</i>	1	QL(10 ml per fill retail)
CYSTARAN SOLN	2	PA; SP
<i>diclofenac sodium (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>dorzolamide hcl soln</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DORZOLAMIDE HCL SOLN	2	QL(10 ml per fill retail)
<i>flurbiprofen sodium soln</i>	1	QL(3 ml per fill retail)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	1	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	1	QL(5 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	1	QL(5 ml per fill retail)
NEVANAC SUSP	2	QL(3 ml per fill retail)
TRUSOPT SOLN (Use Dorzolamide HCl)	NF	QL(10 ml per fill retail)
ZADITOR SOLN (Use Ketotifen Fumarate (Ophth))	NF	QL(5 ml per fill retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln op</i>	1	QL(3 ml per fill retail)
LATANOPROST SOLN OP	2	QL(3 ml per fill retail)
XALATAN SOLN (Use Latanoprost)	NF	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) soln</i>	1	QL(0.5 ml daily)
DEBROX SOLN (Use Carbamide Peroxide (Otic))	NF	QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (Use Ofloxacin (Otic))	NF	QL(5 ml per fill retail)
<i>ofloxacin (otic) soln</i>	1	QL(5 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP	2	QL(7.5 ml per fill retail)1 rti MAX fill,30 rti day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
CORTANE-B-OTIC SOLN (Use Pramoxine-HC-Chloroxylenol)	NF	QL(15 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	1	QL(10 ml per fill retail)
OTICIN HC NR SOLN (Use Pramoxine-HC-Chloroxylenol)	NF	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	1	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	NF	QL(20 ml per fill retail)
<i>fluocinolone acetonide (otic) oil</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid soln</i>	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	PA; SP
CARIMUNE NANOFILTERED SOLR	2	PA; SP
CUVITRU SOLN	2	PA; SP
CYTOGAM INJ	2	PA; SP
FLEBOGAMMA DIF SOLN	2	PA; SP
GAMASTAN INJ	2	PA; SP
GAMASTAN S/D INJ	2	PA; SP
GAMMAGARD LIQUID SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	PA; SP
GAMMAKED SOLN	2	PA; SP
GAMMAPLEX SOLN	2	PA; SP
GAMUNEX-C SOLN	2	PA; SP
HEPAGAM B SOLN	2	PA; SP
HIZENTRA SOLN	2	PA; SP
HYPERHEP B S/D SOLN	2	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	2	PA; SP
HYPERRHO S/D SOSY	2	PA; SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	2	PA; SP
NABI-HB SOLN	2	PA; SP
OCTAGAM SOLN	2	PA; SP
PANZYGA SOLN	2	PA
PRIVIGEN SOLN	2	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	2	PA; SP
RHOPHYLAC SOSY	2	PA; SP
WINRHO SDF SOLN	2	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	2	PA; SP
ZINPLAVA SOLN	2	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	2	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml</i>	1	QL(75 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml</i>	1	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	1	QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 250mg-125mg</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 500mg-125mg, 875mg-125mg</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	1	QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	QL(400 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	QL(75 ml per fill retail)
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	2	QL(1816 ml per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK GEL	2	QL(1816 ml per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent soln</i>	1	PA; SP
PH 12 STERILE DILUENT FORFLOLAN SOLN (Use Glycine Diluent)	NF	PA; SP
STERILE DILUENT FOR FLOLAN SOLN (Use Glycine Diluent)	NF	PA; SP
STERILE DILUENT FOR REMODOULIN SOLN	2	PA; SP
Semi Solid Vehicles		
<i>lanolin oint ex</i>	1	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>hydroxyprogesterone caproate oil im 250 mg/ml</i>	1	PA; SP

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	NF	PA; SP
MAKENA SOAJ SC 275 MG/1.1ML	2	PA
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	
<i>norethindrone acetate tabs or</i>	1	
<i>progesterone micronized caps or 100 mg</i>	1	QL(1 ea daily)
<i>progesterone micronized caps or 200 mg</i>	1	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (Use Progesterone Micronized)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)	NF	QL(20 ea per 30 days retail)
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (Use Disulfiram)	NF	
<i>disulfiram tabs or 250 mg</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	2	PA; SP
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (Use Rivastigmine)	NF	PA; QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</i>	1	QL(10 ml daily)
<i>memantine hcl tabs</i>	1	QL(1 ea per 28 days retail)
<i>memantine hcl tabs 5 mg, 10 mg</i>	1	QL(2 ea daily)
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	NF	QL(10 ml daily)
NAMENDA TABS 5 MG, 10 MG (Use Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NF	QL(1 ea per 28 days retail)
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)
<i>rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr</i>	1	PA; QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1	PA; QL(2 ea daily)
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	2	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
INGREZZA CAPS	2	PA; SP
<i>tetrabenazine tabs</i>	1	PA; SP
XENAZINE TABS (Use Tetrabenazine)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	NF	PA; SP
AUBAGIO TABS	2	PA; SP
AVONEX KIT	2	PA; SP
AVONEX PEN AJKT	2	PA; SP
AVONEX PSKT	2	PA; SP
BETASERON KIT	2	PA; SP
COPAXONE SOSY (Use Glatiramer Acetate)	NF	PA; SP
<i>dalfampridine tb12</i>	1	PA; SP
EXTAVIA KIT	2	PA; SP
GILENYA CAPS	2	PA; SP
<i>glatiramer acetate sosy</i>	1	PA; SP
LEMTRADA SOLN	2	PA; SP
PLEGRIDY SOPN	2	PA; SP
PLEGRIDY SOSY	2	PA; SP
PLEGRIDY STARTER PACK SOPN	2	PA; SP
PLEGRIDY STARTER PACK SOSY	2	PA; SP
REBIF REBIDOSE SOAJ	2	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	2	PA; SP
REBIF SOSY	2	PA; SP
REBIF TITRATION PACK SOSY	2	PA; SP
TECFIDERA CPDR	2	PA; SP
TECFIDERA STARTER PACK MISC	2	PA; SP
TYSABRI CONC	2	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZINBRYTA SOSY	2	PA; SP
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS OR	2	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	2	AL(At least 18 yrs old)
CHANTIX TABS	2	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 (<i>Use Nicotine</i>)	NF	AL(At least 18 yrs old)
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	NF	AL(At least 18 yrs old)
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	NF	AL(At least 18 yrs old)
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	NF	AL(At least 18 yrs old)
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	NF	AL(At least 18 yrs old)
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	1	AL(At least 18 yrs old)
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	1	AL(At least 18 yrs old)
<i>nicotine pt24</i>	1	AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	2	AL(At least 18 yrs old)
NICOTROL INHALER INHA	2	AL(At least 18 yrs old)
NICOTROL NS SOLN	2	AL(At least 18 yrs old)
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	NF	AL(At least 18 yrs old)
Tranthyretin Amyloidosis Agents		
ONPATTRO SOLN	2	PA

New Hampshire Healthy Families

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI SOSY	2	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	2	PA; SP
GLASSIA SOLN	2	PA; SP
PROLASTIN-C SOLR	2	PA; SP
ZEMAIRA SOLR	2	PA; SP
Cystic Fibrosis Agents		
KALYDECO PACK	2	PA; SP
KALYDECO TABS	2	PA; SP
ORKAMBI PACK	2	PA; SP
ORKAMBI TABS	2	PA; SP
PULMOZYME SOLN	2	PA; SP
SYMDEKO TBPk	2	PA; SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS	2	PA; SP
OFEV CAPS	2	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	
ADOXA TABS 50 MG, 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	

Updated April 1, 2019

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg</i>	1	
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (<i>Use Minocycline HCl</i>)	NF	
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	1	
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	
<i>propylthiouracil tabs or</i>	1	
TAPAZOLE TABS (<i>Use Methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS (<i>Use Liothyronine Sodium</i>)	NF	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	
NATURE-THROID TABS 65 MG, 130 MG	2	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>thyroid tabs or 15 mg, 30 mg, 60 mg, 90 mg, 120 mg</i>	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	
THYROLAR-2 TABS	2	
THYROLAR-3 TABS	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
WESTHROID TABS 65 MG, 130 MG	2	
WP THYROID TABS 65 MG, 130 MG	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
BOOSTRIX SUSP	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<i>Use Hyoscyamine Sulfate</i>)	NF	
BENTYL CAPS OR 10 MG (<i>Use Dicyclomine HCl</i>)	NF	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	QL(40 ml daily)
<i>dicyclomine hcl tabs or 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	1	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	1	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	1	
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	1	
LEVBIID TB12 (Use Hyoscyamine Sulfate)	NF	
LEVSIN TABS OR 0.125 MG (Use Hyoscyamine Sulfate)	NF	
LEVSIN/SL SUBL (Use Hyoscyamine Sulfate)	NF	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	QL(4 ea daily)
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	QL(4 ea daily)
SYMAX DUOTAB TBCR	2	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	QL(27 ml daily)
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC
<i>cimetidine tabs or 300 mg, 400 mg</i>	1	
<i>cimetidine tabs or 800 mg</i>	1	QL(500 ea per fill retail)
<i>famotidine tabs or 10 mg, 40 mg</i>	1	
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID AC TABS (Use Famotidine)	NF	

Drug Name	Drug Tier	Requirements/Limits
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	
<i>ranitidine hcl caps or 150 mg</i>	1	QL(2 ea daily)
<i>ranitidine hcl caps or 300 mg</i>	1	QL(1 ea daily)
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	QL(2 ea daily); RX/OTC
<i>ranitidine hcl tabs or 75 mg, 300 mg</i>	1	QL(2 ea daily)
TAGAMET HB TABS (Use Cimetidine)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (Use Ranitidine HCl)	NF	QL(2 ea daily)
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs or</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
CVS OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQ OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	2	QL(1 ea daily)
GNP OMEPRAZOLE TBEC	2	QL(1 ea daily)
HM OMEPRAZOLE TBEC	2	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr or 30 mg</i>	1	
NEXIUM 24HR CPDR (Use <i>Esomeprazole Magnesium</i>)	2	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
<i>omeprazole cpdr or 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr or 20 mg</i>	1	QL(2 ea daily); RX/OTC
OMEPRAZOLE TBEC OR 20 MG	2	QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>Lansoprazole</i>)	NF	RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	NF	RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	NF	
PRILOSEC OTC TBEC	2	QL(1 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(2 ea daily)
PX OMEPRAZOLE TBEC	2	QL(1 ea daily)
RA OMEPRAZOLE TBEC	2	QL(1 ea daily)
SB OMEPRAZOLE TBEC	2	QL(1 ea daily)
SM OMEPRAZOLE TBEC	2	QL(1 ea daily)
SW OMEPRAZOLE TBEC	2	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	2	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TABS (Use <i>Misoprostol</i>)	NF	
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	1	
Urinary Anti-infectives		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i>)	NF	QL(40 ml daily)
MACROBID CAPS (Use <i>Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use <i>Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine mandelate tabs or 0.5 gm, 1 gm</i>	1	
METHENAMINE MANDELATE TABS OR 500 MG	2	
<i>nitrofurantoin macrocrystal caps or 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp or</i>	1	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (Use <i>Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (Use <i>Tolterodine Tartrate</i>)	NF	QL(2 ea daily)
DITROPAN XL TB24 (Use <i>Oxybutynin Chloride</i>)	NF	QL(2 ea daily)
<i>oxybutynin chloride syrj or 5 mg/5ml</i>	1	QL(16 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride tabs or 5 mg</i>	1	QL(3 ea daily)
<i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg</i>	1	QL(2 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	1	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
BEXSERO SUSY	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
MENACTRA INJ	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
MENVEO SOLR	0	QL(1 ea per 999 days retail); AL(At least 18 yrs old)
PNEUMOVAX 23 INJ	0	2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE INJ	0	2 rtl pack lmt amt,999 rtl pack lmt day(s); AL(At least 19 yrs old)
PREVNAR 13 SUSP	0	AL(At least 19 yrs old)
TRUMENBA SUSY	0	QL(1 ml per 999 days retail); AL(At least 18 yrs old)
Viral Vaccines		
ENGERIX-B INJ	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)
ENGERIX-B SUSP	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)
FLUMIST QUADRIVALENT SUSP	0	limit 0.5 per 180 days;1 rtl pack lmt amt,180 rtl pack lmt day(s); AL(At least 7 yrs old)
HAVRIX SUSP	0	QL(2 ml per 999 days retail); AL(At least 18 yrs old)
M-M-R II INJ	0	QL(2 ea per 999 days retail); AL(At least 18 yrs old)
RECOMBIVAX HB SUSP	0	QL(3 ml per 999 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Seasonal Influenza Vaccine	0	QL (1 ea per 180 days retail); AL: At least 7 yrs old
Seasonal Influenza Vaccine-High Dose	0	QL (1 ea per 180 days retail); AL: At least 65 yrs old
VAQTA SUSP	0	QL(2 ml per 999 days retail); AL(At least 18 yrs old)
ZOSTAVAX SUSR	0	QL(1 ea per 999 days retail); AL(At least 60 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
ENCARE SUPP	2	QL(12 ea per fill retail)
<i>nonoxynol-9 gel</i>	1	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (Use <i>Nonoxynol-9</i>)	NF	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
SHUR-SEAL GEL	2	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>Clindamycin Phosphate Vaginal</i>)	NF	QL(40 gm per fill retail)
<i>clindamycin phosphate vaginal crea</i>	1	QL(40 gm per fill retail)
<i>clotrimazole vaginal crea 1 %</i>	1	QL(45 gm per fill retail)
<i>clotrimazole vaginal crea 2 %</i>	1	QL(21 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GYNAZOLE-1 CREA	2	
GYNE-LOTRIMIN 3 CREA (Use <i>Clotrimazole Vaginal</i>)	NF	QL(21 gm per fill retail)
GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i>)	NF	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i>)	NF	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</i>	1	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	2	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal crea 2 %</i>	1	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %</i>	1	QL(15 gm daily)
<i>miconazole nitrate vaginal kit</i>	1	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	1	QL(7 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (Use <i>Miconazole Nitrate Vaginal</i>)	NF	QL(24 gm per fill retail)
MONISTAT 3 CREA (Use <i>Miconazole Nitrate Vaginal</i>)	NF	QL(15 gm daily)
MONISTAT 7 SIMPLY CURE CREA (Use <i>Miconazole Nitrate Vaginal</i>)	NF	QL(45 gm per fill retail)
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	NF	QL(45 gm per fill retail)
TERCONAZOLE CREA	2	QL(20 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	1	QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	1	QL(3 ea per fill retail)
<i>tioconazole vaginal oint</i>	1	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use <i>Estradiol Vaginal</i>)	NF	QL(43 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal crea 0.1 mg/gm</i>	1	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	1	
PREMARIN CREA VA 0.625 MG/GM	2	QL(43 gm per 30 days retail)
VAGIFEM TABS (<i>Use Estradiol Vaginal</i>)	NF	
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ 0.15 MG/0.15ML	2	2/30 DAYS;QL(2 ea per 30 days retail)
ADRENACLICK SOAJ 0.3 MG/0.3ML	2	QL(4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	2	2/30 DAYS;QL(2 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL(4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail,4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ (<i>Use Epinephrine (Anaphylaxis)</i>)	2	QL(4 ea per 365 days retail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	2	PA; SP
Vasopressors		
<i>midodrine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps or 1000 unit, 2000 unit</i>	1	
<i>cholecalciferol caps or 5000 unit</i>	1	QL(2 ea daily)
<i>cholecalciferol caps or 50000 unit</i>	1	QL(0.267 ea daily)
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	NF	
<i>ergocalciferol caps or 50000 unit</i>	1	
KEY-E CHEW OR	2	QL(2 ea daily)
MEPHYTON TABS (<i>Use Phytonadione</i>)	NF	
<i>phytonadione tabs or 5 mg</i>	1	
<i>vitamin e caps or 100 unit, 200 unit, 400 unit</i>	1	QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	2	QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg</i>	1	QL(100 ea per 34 days retail)
B-1 TABS	2	QL(2.94 ea daily)
<i>niacin cpcr or 250 mg, 500 mg</i>	1	
<i>niacin tabs or 500 mg</i>	1	
<i>niacin tbcr or 250 mg, 500 mg, 750 mg</i>	1	
NIACIN TR TBCR	2	
<i>pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg</i>	1	
<i>riboflavin tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(2.94 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SLO-NIACIN TBCR (<i>Use Niacin</i>)	NF	
<i>thiamine hcl tabs or 50 mg, 100 mg, 250 mg</i>	1	QL(2.94 ea daily)
<i>thiamine mononitrate tabs</i>	1	QL(2.94 ea daily)

Index

1ST TIER UNIFINE PENTIPS31GX8MM	79	ACULAR	98	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	82
1ST TIER UNIFINE PENTIPSPPLUS 31GX8MM	79	ACULAR LS	98	AEROCHAMBER Z-STAT PLUS/LARGE MASK	82
1ST TIER UNILET COMFORTOUCH LANCETS 28G	72	acyclovir	38	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	82
1ST TIER UNILET COMFORTOUCH LANCETS 30G	72	acyclovir topical	52	AEROCHAMBER Z-STAT PLUS/SMALL MASK	82
A + D PERSONAL CARE LOTION	54	ADACEL	104	AEROCHAMBER/FLOWSIGNAL	82
abacavir sulfate	35	ADAGEN	2	AEROSPAN	10
abacavir sulfate-lamivudine	35	ADALAT CC	39	AEROTRACH PLUS	82
abacavir sulfate-lamivudine- zidovudine	35	ADCETRIS	28	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE	82
ABILIFY	34	ADCIRCA	41	AFINITOR	30
ABILIFY MAINTENA	34	ADDERALL	1	AFINITOR DISPERZ	30
ABILIFY MYCITE	34	ADDERALL XR	1	AFSTYLA	66
abiraterone acetate	29	ADEMPAS	41	AGAMATRIX ULTRA-THIN LANCETS 33G	72
ABRAXANE	32	ADMELOG	17	AIRS PEDIATRIC AEROSOL MASK	82
ACCUPRIL	24	ADMELOG SOLOSTAR	17	AJOVY	86
ACCURETIC	25	ADOXA	103	albuterol sulfate	10,11
ACE AEROSOL CLOUD ENHANCER	81	ADOXA PAK 1/100	103	ALBUTEROL SULFATE ER	10
acebutolol hcl	39	ADOXA PAK 2/100	103	ALCOHOL PREP PADS	78
acetaminophen	4	ADRENACLICK	109	ALCOHOL PREP PADS- MISC	72
acetaminophen w/ codeine	6	ADRENALIN	94	ALCOHOL PREPS	78
acetazolamide	60	ADULT AEROSOL MASK	81	ALCOHOL SWABS	79
acetic acid (otic)	99	ADULT MASK	81	ALCOHOL SWABSTICK	79
acetylcysteine	49	ADULT MASK LARGE	81	ALCOHOL WIPES	79
ACIDOPHILUS	18	ADVANCED MOBILE LANCET 30G	72	ALDACTAZIDE	60
ACIDOPHILUS HIGH- POTENCY	18	ADVANCED PROBIOTIC	18	ALDACTONE	60
ACIDOPHILUS PEARLS	18	ADVANCED PROBIOTIC 10	18	ALDARA	57
ACIDOPHILUS PROBIOTIC BLEND	18	ADVATE	66	ALDURAZYME	62
ACIDOPHILUS SUPER PROBIOTIC	18	ADVIL	3	ALECENSA	30
ACIDOPHILUS/GOAT MILK	18	ADVIL COLD & SINUS	48	ALENDRONATE SODIUM	61
ACNE MEDICATION 10	49	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	79	alendronate sodium	61
ACNE MEDICATION 5	49	ADYNOVATE	66	ALENDRONATE SODIUM	61
ACTEMRA	3	AEROCHAMBER MINI AEROSOLCHAMBER	82	alendronate sodium	61
ACTEMRA ACTPEN	3	AEROCHAMBER MV	82	ALER-DRYL	22
ACTIGALL	65	AEROCHAMBER PLUS FLOW VU	82	ALEVE	3
ACTIMMUNE	31	AEROCHAMBER PLUS FLOW-VU	82	ALEVE ARTHRITIS	3
ACTIVELLA	64	AEROCHAMBER PLUS FLOW-VU/LARGE MASK	82	ALFERON N	31
ACTIVITY POUCH	81	AEROCHAMBER PLUS FLOW-VU/MASK	82	ALIGN	18
ACTONEL	61	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	82	ALIGN EXTRA STRENGTH	18
ACTOPLUS MET	16	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	82	ALIMTA	27
ACTOS	17	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	82	ALKERAN	27
				ALL FLOW 1000 PULMONARY FUNCTION FILTER	82

ALLEGRA ALLERGY.....	22	AMOXICILLIN/CLAVULANATE		ascorbic acid.....	109
allopurinol.....	66	POTASSIUM.....	100	aspirin.....	5
ALOCRIAL.....	98	amphetamine-		ASPIRIN.....	5
ALOE 10000 &		dextroamphetamine.....	1	aspirin.....	5
PROBIOTICS.....	18	ampicillin.....	100	aspirin buffered (cal carb-mag	
ALOE AFTERSUN LOTION.....	54	AMPICILLIN.....	100	carb-mag oxide).....	5
alogliptin benzoate.....	16	AMPYRA.....	102	ASTAGRAF XL.....	88
alogliptin-metformin hcl.....	16	ANAFRANIL.....	15	ASTEPRO.....	94
alogliptin-pioglitazone.....	16	ANAPROX DS.....	3	ATACAND.....	24
ALOMIDE.....	98	ANASPAZ.....	104	ATACAND HCT.....	25
ALORA.....	64	anastrozole.....	29	atazanavir sulfate.....	35
ALPHANATE/VON		ANDRODERM.....	7	atenolol.....	39
WILLEBRANDFACTOR		ANDROXY.....	7	atenolol & chlorthalidone.....	25
COMPLEX/HUMAN.....	66	ANTABUSE.....	101	ATGAM.....	88
ALPHANINE SD.....	66	ANUSOL-HC.....	7	ATIVAN.....	9
alprazolam.....	9	APEXICON E.....	52	atomoxetine hcl.....	1
ALPROLIX.....	66	APLICARE ALCOHOL		atorvastatin calcium.....	23
ALTACE.....	24	SWABSTICK.....	79	ATRIPLA.....	35
alum & mag hydrox-		APLIGRAF.....	58	ATROPINE SULFATE.....	96
simethicone.....	7	APOKYN.....	33	ATROVENT HFA.....	10
ALUMINUM HYDROXIDE.....	7	apraclonidine hcl.....	96	AUBAGIO.....	102
amantadine hcl.....	33	APTIVUS.....	35	AUGMENTIN.....	101
AMARYL.....	17	AQUA GLYCOLIC HAND &		AUGMENTIN ES-600.....	100
AMBIEN.....	70	BODYLOTION.....	54	AUGMENTIN XR.....	101
AMEDA TRIPLE ZERO		AQUA LACTEN.....	54	AURORA LANCET SUPER	
LANOLIN.....	57	AQUADERM		THIN30G.....	72
AMERGE.....	86	TREATMENT/MOISTURIZER		AURORA LANCET THIN	
AMICAR.....	69	.....	54	23G.....	72
amiloride &		AQUAMED.....	54	AURORA PEN NEEDLES 31G	
hydrochlorothiazide.....	60	AQUORAL.....	90	X8MM.....	79
amiloride hcl.....	60	ARALAST NP.....	103	AVALIDE.....	25
AMINOCAPROIC ACID.....	69	ARANESP ALBUMIN		AVANDIA.....	17
aminocaproic acid.....	69	FREE.....	68	AVAPRO.....	24
amiodarone hcl.....	10	ARAVA.....	4	AVASTIN.....	28
amitriptyline hcl.....	15	ARCALYST.....	2	AVEED.....	7
amlodipine besylate.....	39	ARESTIN.....	90	AVEENO ACTIVE NATURALS	
amlodipine besylate-benzazepril		ARIAL CHAMBER.....	82	DAILY MOISTURIZING BODY	
hcl.....	25	ARICEPT.....	101	YOGURT.....	54
amlodipine besylate-olmesartan		ARIKAYCE.....	2	AVEENO ACTIVE NATURALS	
medoxomil.....	25	ARIMIDEX.....	29	DAILY MOISTURIZING BODY	
amlodipine besylate-		aripiprazole.....	35	YOGURT/APRICO.....	54
valsartan.....	25	ARISTADA.....	35	AVEENO DAILY	
amlodipine-valsartan-		ARIXTRA.....	11	MOISTURIZINGSPF 15.....	54
hydrochlorothiazide.....	25	ARMOUR THYROID.....	104	AVEENO POSITIVELY	
AMOXAPINE.....	15	AROMASIN.....	29	AGELESSFIRMING BODY.....	54
amoxicillin.....	100	ARTHRITIS PAIN		AVEENO POSITIVELY	
AMOXICILLIN.....	100	RELIEVING.....	57	RADIANT.....	54
amoxicillin.....	100	artificial tear ointment.....	96	AVEENO STRESS RELIEF	
amoxicillin & pot		ARZERRA.....	28	MOISTURIZING.....	54
clavulanate.....	100			AVONEX.....	102
				AVONEX PEN.....	102

AYGESTIN.....	101	BENDAMUSTINE		BIVIGAM.....	99
azacitidine.....	27	HYDROCHLORIDE.....	27	BLEPH-10.....	97
AZASAN.....	88	BENDEKA.....	27	BLEPHAMIDE.....	98
azathioprine.....	89	BENEFIX.....	66	BLEPHAMIDE S.O.P.....	97
AZEDRA DOSIMETRIC.....	31	BENICAR.....	24	BLINCYTO.....	28
AZEDRA THERAPEUTIC.....	31	BENICAR HCT.....	25	BONIVA.....	61
azelastine hcl.....	94	BENLYSTA.....	89	BOOSTRIX.....	104
azelastine hcl (ophth).....	98	BENTYL.....	104	BORTEZOMIB.....	30
AZITHROMYCIN.....	71	BENZAC AC WASH.....	49	BOSULIF.....	30
azithromycin.....	71	BENZNIDAZOLE.....	8	BOTOX.....	95
AZOPT.....	98	benzonatate.....	48	BOTOX COSMETIC.....	57
AZOR.....	25	benzoyl peroxide.....	49	BRAFTOVI.....	30
AZULFIDINE.....	65	BENZOYL PEROXIDE.....	49	BRAVELLE.....	61
AZULFIDINE EN-TABS.....	65	benzoyl peroxide.....	49	BREATHE EASE/LARGE	
b complex w/ c.....	91	benztropine mesylate.....	32	MASK.....	82
B-1.....	109	BERINERT.....	67	BREATHE EASE/MEDIUM	
b-complex vitamins.....	90,91	BETA CARE.....	54	MASK.....	82
b-complex w/ c & folic acid.....	91	BETAGAN.....	96	BREATHE EASE/SMALL	
BACID.....	18	betamethasone dipropionate		MASK.....	82
BACIGUENT.....	50	(topical).....	52	BREATHERITE.....	82
bacitracin (topical).....	50	betamethasone dipropionate		BREATHERITE	
bacitracin zinc.....	50	augmented.....	52	COLLAPSIBLEADULT SPACER	
bacitracin-polymyxin b		betamethasone valerate.....	52	W/MASK.....	82
(ophth).....	97	BETAPACE.....	39	BREATHERITE	
baclofen.....	93	BETAPACE AF.....	39	COLLAPSIBLECHILD SPACER	
BACTRIM.....	8	BETASERON.....	102	W/MASK.....	82
BACTRIM DS.....	8	betaxolol hcl (ophth).....	96	BREATHERITE	
BACTROBAN.....	50	bethanechol chloride.....	107	COLLAPSIBLEINFANT SPACER	
BACTROBAN NASAL.....	94	BETHKIS.....	2	W/MASK.....	82
balsalazide disodium.....	65	BETOPTIC-S.....	96	BREATHERITE	
BANZEL.....	12	BEVACIZUMAB.....	96	COLLAPSIBLESPACER W/	
BASAGLAR KWIKPEN.....	17	bexarotene.....	31	NEONATE MASK.....	82
BD GLUCOSE.....	16	BEXSERO.....	107	BREATHERITE RIGID	
BD LANCET ULTRAFINE		BEYAZ.....	42	SPACERW/MASK.....	82
30G.....	72	BIAXIN.....	72	BREATHERITE W/LARGE	
BD PEN		bicalutamide.....	29	MASK.....	82
NEEDLE/SHORT/ULTRA-		BIKTARVY.....	35	BREATHERITE W/MEDIUM	
FINE/31G X 8MM.....	79	BIOHM PROBIOTIC		MASK.....	83
BD SWABS SINGLE USE.....	79	SUPPLEMENT.....	18	BREATHERITE W/SMALL	
BD SWABS SINGLE USE		BIOHM PROBIOTIC		MASK.....	83
BUTTERFLY.....	79	SUPPLEMENT/VITAMIN		BREVICON-28.....	42
BEBULIN.....	66	C.....	18	BRIDION.....	20
BELEODAQ.....	30	BIOTENE DRY MOUTH		BRILINTA.....	68
BENADRYL ALLERGY.....	22	MOISTURIZING SPRAY.....	90	brimonidine tartrate.....	97
BENADRYL ALLERGY		bisacodyl.....	71	BRIVIACT.....	12
CHILDRENS.....	22	bismuth subsalicylate.....	18	bromocriptine mesylate.....	33
benazepril &		bisoprolol &		brompheniramine &	
hydrochlorothiazide.....	25	hydrochlorothiazide.....	25	phenyleph.....	48
benazepril hcl.....	24	bisoprolol fumarate.....	39	brompheniramine &	
				pseudoeph.....	48

BUBBLES THE FISH II			cefadroxil	41
PEDIATRIC MASK/PVC	83		cefdinir	42
budesonide (inhalation)	10		cefprozil	41
BUFFERIN	5		CEFTIN	42
bumetanide	60		ceftriaxone sodium	42
BUMEX	60		cefuroxime axetil	42
BUPHENYL	62		CELEBREX	3
buprenorphine hcl-naloxone hcl dihydrate	6,7		celecoxib	3
bupropion hcl	14		CELEXA	14
bupropion hcl (smoking deterrent)	103		CELLCEPT	89
buspirone hcl	9		CELLCEPT INTRAVENOUS	89
butalbital-acetaminophen	4		CENTANY	50
butalbital-acetaminophen-caffeine	4		cephalexin	41
butalbital-acetaminophen-caffeine w/ codeine	6		CEPROTIN	67
butalbital-aspirin-caffeine	4		CERASPORT	87
butalbital-aspirin-caffeine w/cod	6		CERASPORT EX1	87
BUTALBITAL/ASPIRIN/CAFFEIN E	4		CERAVE	54
BYDUREON	17		CERAVE AM SPF 30	54
BYDUREON PEN	17		CERAVE PM	54
BYETTA	17		CERAVE SA RENEWING	54
CABOMETYX	30		CERDELGA	68
CAFERGOT	86		CEREZYME	68
caffeine citrate	1		CETAPHIL DAILY ADVANCE ULTRA HYDRATING	54
CALAN	39		CETAPHIL DAILY FACIAL MOISTURIZER	54
CALAN SR	39		CETAPHIL DERMACONTROL MOISTURIZER/SPF 30	54
calcipotriene	51		CETAPHIL MOISTURIZING	54
calcitonin (salmon)	61		CETAPHIL RESTORADERM	54
calcitriol	62		cetirizine hcl	22
calcium acetate (phosphate binder)	65		cetirizine-pseudoephedrine	48
calcium carbonate (antacid)	8		CETROTIDE	62
calcium carbonate-cholecalciferol	87		CHANTIX	103
calcium carbonate-vitamin d	87		CHANTIX CONTINUING MONTHPAK	103
calcium polycarbophil	70		CHANTIX STARTING MONTH PAK	103
CAM	54		CHEK-STIX CONTROL	59
camphor & menthol	51		CHEMET	20
CAMPTOSAR	32		CHEMSTRIP-K	59
candesartan cilexetil	24		CHENODAL	65
candesartan cilexetil-hydrochlorothiazide	25		CHERACOL PLUS	48
capecitabine	27		CHERACOL-D COUGH	48
CAPHOSOL	90		CHILDRENS ADVIL	3
CAPRELSA	30		CHILDRENS MOTRIN	3
			CHILDRENS PROBIOTIC PEARLS	18
CAPSAGEL	57			
CAPSAGEL EXTRA STRENGTH	57			
CAPSAGEL MAXIMUM STRENGTH	57			
capsaicin	57			
captopril	24			
CAPTOPRIL/HYDROCHLORO THIAZIDE	25			
CAPZASIN-HP	57			
CAPZASIN-P	57			
CARAC	51			
CARAFATE	105			
CARBAGLU	62			
carbamazepine	12			
carbamide peroxide (otic)	99			
CARBATROL	12			
carbidopa	32			
carbidopa-levodopa	33			
carboplatin	27			
CARDIZEM	40			
CARDIZEM CD	39,40			
CARDIZEM LA	40			
CARDURA	25			
CAREFINE PEN NEEDLES 31GX8MM	79			
CAREONE LANCET THIN	72			
CAREONE LANCET ULTRA THIN	72			
CAREONE UNIFINE PENTIPS 31GX8MM	79			
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	79			
CARETOUCH PEN NEEDLES 31GX 8MM	79			
CARIMUNE NANOFILTERED	99			
CARNITOR	63			
CARNITOR SF	62			
CARTEOLOL HCL	96			
carteolol hcl (ophth)	96			
carvedilol	38			
carvedilol phosphate	38			
CASODEX	29			
CASTIVA WARMING	57			
CATAPRES	25			
CAYSTON	8			
cefaclo	41			
CEFACLOR	41			

CHLOR-TRIMETON.....	22	CLEAN & CLEAR		clotrimazole w/	
chlordiazepoxide hcl.....	9	ADVANTAGE 3-IN-1		betamethasone.....	50
chlorhexidine gluconate (mouth- throat).....	90	EXFOLIATING		clozapine.....	34
CHLOROQUINE		CLEANSER.....	49	CLOZARIL.....	34
PHOSPHATE.....	26	CLEANLET LANCETS		CO MONITOR REPLACEMENT	
chloroquine phosphate.....	26	28G.....	72	TPIECES.....	83
CHLOROTHIAZIDE.....	60	clemastine fumarate.....	22	COAGADDEX.....	66
chlorothiazide.....	60	CLEOCIN.....	8,108	coal tar extract.....	58
chlorpheniramine maleate.....	22	CLEOCIN PEDIATRIC		COARTEM.....	26
chlorpromazine hcl.....	34	GRANULES.....	8	COCOA BUTTER.....	54
chlorthalidone.....	60	CLEOCIN-T.....	49	COCOA BUTTER HAND &	
CHLORZOXAZONE.....	93	CLEVER CHOICE ANTI- STATICVALVED HOLDING		BODYLOTION.....	54
CHOLBAM.....	65	CHAMBER/ADULT		CODEINE SULFATE.....	5
cholecalciferol.....	109	LARGE.....	83	codeine sulfate.....	5
cholestyramine.....	23	CLEVER CHOICE ANTI- STATICVALVED HOLDING		COLACE.....	71
cholestyramine light.....	23	CHAMBER/MEDIUM.....	83	COLACE CLEAR.....	71
choline & mag salicylate.....	5	CLEVER CHOICE ANTI- STATICVALVED HOLDING		COLAZAL.....	65
CHORIONIC		CHAMBER/SMALL.....	83	colchicine.....	66
GONADOTROPIN.....	61	CLEVER CHOICE COMFORT		colchicine w/ probenecid.....	66
cilostazol.....	68	EZINSULIN PEN NEEDLES		COLCRYST.....	66
CILOXAN.....	97	31GX8MM.....	79	COLESTID.....	23
cimetidine.....	105	CLEVER CHOICE COMFORT		COLESTID FLAVORED.....	23
CIMETIDINE HCL.....	105	EZPEN NEEDLES		colestipol hcl.....	23
CIMZIA.....	65	31GX8MM.....	79	COLYTE-FLAVOR PACKS.....	70
CIMZIA STARTER KIT.....	65	CLICKFINE PEN NEEDLE		COMBIPATCH.....	64
cinacalcet hcl.....	63	UNIVERSAL/31GX5/16".....	80	COMBIVENT RESPIMAT.....	11
CINQAIR.....	10	CLICKFINE PEN		COMBIVIR.....	35
CINRYZE.....	67	NEEDLES/31GX5/16".....	80	COMETRIQ.....	30
CIPRO.....	64	CLICKFINE UNIVERSAL PEN		COMFORT ASSURED	
CIPRODEX.....	99	NEEDLES 31GX5/16".....	80	LANCETS SUPER THIN	
CIPROFLOXACIN HCL.....	64	CLIMARA.....	64	28G.....	72
ciprofloxacin hcl.....	64	clindamycin hcl.....	8	COMFORT LANCETS.....	72
ciprofloxacin hcl (ophth).....	97	clindamycin palmitate		COMPACT SPACE	
CISPLATIN.....	27	hydrochloride.....	8	CHAMBER/ANTI-STATIC.....	83
cisplatin.....	27	clindamycin phosphate		COMPACT SPACE	
citalopram hydrobromide.....	14	(topical).....	49	CHAMBER/ANTI- STATIC/LARGE MASK.....	83
cladribine.....	27	clindamycin phosphate		COMPACT SPACE	
clarithromycin.....	72	vaginal.....	108	CHAMBER/ANTI- STATIC/MEDIUM MASK.....	83
CLARITHROMYCIN.....	72	CLN FACIAL MOISTURIZER		COMPACT SPACE	
clarithromycin.....	72	NOURISHING.....	54	CHAMBER/ANTI-STATIC/SMALL	
CLARITIN.....	22	clobetasol propionate.....	52	MASK.....	83
CLARITIN ALLERGY		clobetasol propionate emollient		COMPLERA.....	35
CHILDRENS.....	22	base.....	52	CONCERTA.....	1
CLARITIN REDITABS.....	22	clomipramine hcl.....	15	CONDOMS-MISC.....	72
CLARITIN-D 12 HOUR.....	48	clonazepam.....	12	CONDYLOX.....	57
CLARITIN-D 24 HOUR.....	48	clonidine hcl.....	25	COPAXONE.....	102
		clonidine hcl (adhd).....	1	COPEGUS.....	37
		clopidogrel bisulfate.....	68	COREG.....	39
		clorazepate dipotassium.....	9		
		clotrimazole (topical).....	50		
		clotrimazole vaginal.....	108		

COREG CR.....	38	CVS LANCETS 21G.....	72	DARAPRIM.....	26
CORGARD.....	39	CVS LANCETS MICRO THIN		DARZALEX.....	28
CORIFACT.....	66	33G.....	73	DAUNORUBICIN HCL.....	29
CORTANE-B-OTIC.....	99	CVS LANCETS MICRO-THIN		daunorubicin hcl.....	29
CORTEF.....	47	33G.....	73	DAUNORUBICIN	
CORTENEMA.....	7	CVS LANCETS ORIGINAL	73	HYDROCHLORIDE.....	29
CORTISONE ACETATE.....	47	CVS LANCETS THIN 26G	73	DAURISMO.....	28
CORTROSYN.....	59	CVS LANCETS ULTRA THIN		DAYPRO.....	3
COSENTYX.....	51	30G.....	73	DDAVP.....	63
COSENTYX SENSOREADY		CVS LANCETS ULTRA-THIN		DEBROX.....	99
PEN.....	51	30G.....	73	decitabine.....	28
COSOPT.....	96	CVS MOOD SUPPORT		DECON-A.....	48
cosyntropin.....	59	PROBIOTIC.....	18	deferoxamine mesylate.....	20
COTELLIC.....	30	CVS OMEPRAZOLE.....	105	DEFITELIO.....	11
COUMADIN.....	11	CVS PREP PADS.....	79	DEFLUX.....	66
COZAAR.....	24	CVS PROBIOTIC.....	18	DELSTRIGO.....	35
CREON.....	60	CVS PROBIOTIC MAXIMUM		DEMADEX.....	60
CRESTOR.....	23	STRENGTH.....	18	DEMEROL.....	5
CRINONE.....	109	CVS PROBIOTIC PEARLS		DEM SER.....	24
CRIXIVAN.....	35	EXTRA STRENGTH.....	18	DEPAKENE.....	14
cromolyn sodium.....	10	CVS SENIOR PROBIOTIC	18	DEPAKOTE.....	14
cromolyn sodium (nasal).....	94	CVS ULTRA THIN		DEPAKOTE ER.....	14
cromolyn sodium (ophth).....	98	LANCETS.....	73	DEPAKOTE SPRINKLES.....	14
crotamiton.....	58	LANCETS.....	73	DEPEN TITRATABS.....	88
CRYSVITA.....	63	LANCETS.....	73	DEPO-PROVERA	
CULTURELLE ADVANCED		cyanocobalamin.....	68	CONTRACEPTIVE.....	46
IMMUNE DEFENSE.....	18	CYCLESSA.....	42	DEPO-SUBQ PROVERA	
CULTURELLE DIGESTIVE		cyclobenzaprine hcl.....	93	104.....	47
HEALTH.....	20	CYCLOGYL.....	96	DEPO-TESTOSTERONE.....	7
CULTURELLE DIGESTIVE		cyclopentolate hcl.....	96	DERMAGRAFT.....	59
HEALTH PROBIOTIC.....	20	cyclosporine.....	89	DERMAL THERAPY EXTRA	
CULTURELLE GENTLE-GO		CYCLOSPORINE		STRENGTH BODY LOTION.....	54
FORMULA KIDS.....	18	MODIFIED.....	89	DERMAL THERAPY FACE	
CULTURELLE HEALTH &		cyclosporine modified (for		CAREMOISTURIZING	
WELLNESS.....	20	microemulsion).....	89	LOTION.....	54
CULTURELLE KIDS.....	18	CYMBALTA.....	15	DERMAL THERAPY FOOT	
CULTURELLE PRO-WELL.....	18	cyproheptadine hcl.....	23	MASSAGE.....	54
CURITY ALCOHOL		CYRAMZA.....	28	DERMAL THERAPY HAND	
PREPS/MEDIUM 2 PLY.....	79	CYSTADANE.....	63	ELBOW & KNEE CREAM.....	54
CURITY ALCOHOL SWABS.....	79	CYSTAGON.....	66	DERMAL THERAPY HEEL	
CUVITRU.....	99	CYSTARAN.....	98	CARE.....	54
CVS ADULT 50+		cytarabine.....	27	DERMATOP.....	52
PROBIOTIC.....	18	CYTARABINEAQUEOUS.....	27	DERMOTIC.....	99
CVS ADULT PROBIOTIC.....	18	CYTOGAM.....	99	DESCOVY.....	35
CVS DAILY ULTRA		CYTOMEL.....	104	DESFERAL.....	20
MOISTURELOTION.....	54	CYTOTEC.....	106	desipramine hcl.....	15
CVS DIGESTIVE		D.H.E. 45.....	86	desmopressin acetate.....	63
PROBIOTIC.....	18	DACOGEN.....	27	desmopressin acetate spray.....	63
CVS DRY MOUTH SPRAY.....	90	DAILY PROBIOTIC.....	18	desmopressin acetate spray	
CVS GLUCOSE.....	16	DAKLINZA.....	37	refrigerated.....	63
		dalfampridine.....	102		
		dapsone.....	8		

DESOGEN.....	42	diclofenac sodium (ophth).....	98	docusate sodium.....	71
desogestrel & ethinyl estradiol.....	42	diclofenac sodium (topical).....	50	dofetilide.....	10
desogestrel-ethinyl estradiol (biphasic).....	42	dicloxacillin sodium.....	101	DOLOPHINE.....	5
desogestrel-ethinyl estradiol (triphasic).....	42	dicyclomine hcl.....	104	donepezil hydrochloride.....	101
desonide.....	52	didanosine.....	35	DOPTLET.....	68
DESOWEN.....	52	DIFF-STAT.....	18	dorzolamide hcl.....	98
desoximetasone.....	52	DIFLORASONE		DORZOLAMIDE HCL.....	99
DESQUAM-X WASH.....	49	DIACETATE.....	52	dorzolamide hcl-timolol maleate.....	96
desvenlafaxine succinate.....	15	diflorasone diacetate.....	52	DORZOLAMIDE HCL/TIMOLOL MALEATE.....	96
DETROL.....	106	DIFLUCAN.....	21	DOVONEX.....	51
DETROL LA.....	106	diflunisal.....	5	doxazosin mesylate.....	25
DEX4 QUICK DISSOLVE		DIGESTIVE ADVANTAGE.....	18	doxepin hcl.....	15
GLUCOSE.....	16	DIGESTIVE ADVANTAGE		DOXEPIN HCL.....	15
dexamethasone.....	47	LACTOSE DEFENSE		doxepin hcl.....	15
DEXAMETHASONE.....	47	FORMULA.....	18	doxycycline (monohydrate).....	103
dexamethasone.....	47	DIGOXIN.....	40	doxycycline hyclate.....	104
DEXAMETHASONE.....	47	digoxin.....	40	doxylamine succinate (sleep).....	69
DEXAMETHASONE		dihydroergotamine		DRISDOL.....	109
INTENSOL.....	47	mesylate.....	86	DROPLET LANCETS ULTRA	
dexamethasone sodium		DILANTIN.....	13	THIN 30G.....	73
phosphate.....	47	DILANTIN INFATABS.....	13	DROPLET PEN NEEDLES	
DEXAMETHASONE SODIUM		DILANTIN-125.....	13	31GX8MM.....	80
PHOSPHATE.....	98	DILAUDID.....	5	drosiprenone-ethinyl	
DEXCHLORPHENIRAMINE		diltiazem hcl.....	40	estradiol.....	42
MALEATE.....	22	diltiazem hcl coated beads.....	40	drosiprenone-ethinyl estradiol- levomefolate calcium.....	42
DEXEDRINE.....	1	diltiazem hcl extended release beads.....	40	DROXIA.....	68
dexmethylphenidate hcl.....	1	DIMETAPP COLD &		DRUG MART LANCETS	
dexrazoxane.....	31	ALLERGY.....	48	THIN.....	73
dextroamphetamine sulfate.....	1	DIOVAN.....	24	DRUG MART UNIFINE	
dextromethorphan-guaifenesin		DIOVAN HCT.....	25	PENTIPS31GX8MM.....	80
.....	48	diphenhydramine hcl.....	22	DRUG MART UNILET	
DHS TAR.....	58	diphenhydramine hcl		LANCETSSUPER THIN 30G.....	73
DHS TAR GEL.....	58	(sleep).....	69	DRUG MART UNILET	
DIABETIDERM.....	54	diphenhydramine hcl		LANCETSULTRA THIN 28G.....	73
DIABETIDERM HAND &		(topical).....	51	DRUG MART UNILET MICRO	
BODY.....	54	diphenoxylate w/ atropine.....	20	THIN LANCETS 33G.....	73
DIAMOX.....	60	DIPHENOXYLATE/ATROPINE		DRYSOL.....	57
DIASTAT ACUDIAL.....	12	.....	20	DULCOLAX.....	71
DIASTAT PEDIATRIC.....	12	DIPROLENE AF.....	52	DULERA.....	11
DIAZEPAM.....	9	dipyridamole.....	68	duloxetine hcl.....	15
diazepam.....	9	disopyramide phosphate.....	9	DUPIXENT.....	10
DIAZEPAM.....	12	disulfiram.....	101	DURAGESIC.....	5
diazepam (anticonvulsant).....	12	DITROPAN XL.....	106	DUTOPROL.....	25
DIAZEPAM RECTAL GEL.....	12	divalproex sodium.....	14	DYAZIDE.....	60
dibucaine.....	57	DOCETAXEL.....	32	DYSPORT.....	95
diclofenac potassium.....	3	docetaxel.....	32	E-Z JECT LANCETS.....	73
diclofenac sodium.....	3	DOCETAXEL.....	32	E-Z JECT LANCETS 21G.....	73
		DOCETAXEL (NON-ALCOHOL FORMULA).....	32		

E-Z JECT LANCETS COLOR.....	73	EFFIENT.....	68	epinephrine (anaphylaxis) ..	109
E-Z JECT LANCETS SUPER THIN 30G.....	73	EFLOW SCF AEROSOL HEAD.....	83	EPIPEN 2-PAK.....	109
E-Z JECT LANCETS THIN 26G.....	73	EFUDEX.....	51	epirubicin hcl.....	29
E-Z SPACER.....	83	EGRIFTA.....	62	EPIVIR.....	35
E-Z SPACER THE BODY GUARDS PACK.....	83	ELAPRASE.....	63	EPOGEN.....	68
E-ZJECT LANCETS MICRO- THIN 33G.....	73	ELAVIL.....	16	epoprostenol sodium.....	41
E.E.S. 400.....	72	ELDEPRYL.....	33	EPROSARTAN MESYLATE.....	24
E.E.S. GRANULES.....	72	ELELYSO.....	68	EPZICOM.....	35
EASIVENT.....	83	eletriptan hydrobromide... ..	86	EQ OMEPRAZOLE.....	105
EASIVENT/MASK-LARGE ..	83	ELIDEL.....	57	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT.....	19
EASIVENT/MASK-MEDIUM	83	ELIGARD.....	29	EQL ADVANCED RECOVERY SKIN CARE.....	55
EASIVENT/MASK-SMALL ..	83	ELIMITE.....	58	EQL COLOR LANCETS 21G73	
EASY COMFORT PEN NEEDLES31GX5/16".....	80	ELIQUIS.....	11	EQL COLOR LANCETS MICRO THIN 33G.....	73
EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	79	ELIQUIS STARTER PACK	11	EQL DAILY PROBIOTIC.....	19
EASY TOUCH LANCETS 26G/PULL-TOP.....	73	ELITE DC AUTO ADAPTER.....	83	EQL DRY MOUTH ORAL RINSE.....	90
EASY TOUCH LANCETS 26G/TWIST.....	73	ELIXOPHYLLIN.....	11	EQL OMEPRAZOLE.....	105
EASY TOUCH LANCETS 28G/PULL-TOP.....	73	ELLA.....	46	EQL PROBIOTIC COLON SUPPORT.....	19
EASY TOUCH LANCETS 28G/TWIST.....	73	ELLENCE.....	29	EQL SUPER THIN LANCETS 30G.....	73
EASY TOUCH LANCETS 30G/PULL-TOP.....	73	ELMIRON.....	66	EQL THIN LANCETS 26G ..	74
EASY TOUCH LANCETS 30G/TWIST.....	73	ELOCON.....	53	EQL ULTRA MOISTURIZING DAILY LOTION.....	55
EASY TOUCH LANCETS 32G/PULL-TOP.....	73	ELOCTATE.....	66	EQUALYTE.....	87
EASY TOUCH LANCETS 32G/TWIST.....	73	EMCYT.....	29	ERBITUX.....	28
EASY TOUCH LANCETS 33G/TWIST.....	73	EMFLAZA.....	47	ergocalciferol.....	109
EASY TOUCH PEN NEEDLES 31GX5/16".....	80	EMGALITY.....	86	ERGOLOID MESYLATES.....	103
EASYTEST II LANCETS.....	73	EMOLLIA-LOTION.....	54	ergotamine w/ caffeine.....	86
EASYTEST LANCETS.....	73	emollient.....	54	ERIVEDGE.....	28
EBASE CONTROLLER KIT.....	83	EMPLICITI.....	28	ERLEADA.....	29
EC-NAPROSYN.....	3	EMTRIVA.....	35	ertapenem sodium.....	8
EC-NAPROXEN.....	3	EMVERM.....	8	ERWINAZE.....	31
econazole nitrate.....	50	enalapril maleate.....	24	ERY-TAB.....	72
ECOTRIN MAXIMUM STRENGTH.....	5	enalapril maleate & hydrochlorothiazide.....	25	ERYGEL.....	49
ECOTRIN REGULAR STRENGTH.....	5	ENBREL.....	4	ERYPED 200.....	72
EDARBI.....	24	ENBREL MINI.....	4	ERYPED 400.....	72
EDURANT.....	35	ENBREL SURECLICK.....	4	ERYTHROCIN STEARATE.....	72
efavirenz.....	35	ENCARE.....	108	erythromycin (acne aid).....	49
EFFEXOR XR.....	15	ENFAMIL ENFALYTE.....	87	erythromycin (ophth).....	97
		ENGERIX-B.....	107	erythromycin base.....	72
		enoxaparin sodium.....	11	erythromycin ethylsuccinate ..	72
		ENTYVIO.....	65	ERYTHROMYCIN ETHYLSUCCINATE.....	72
		EPANED.....	24	ESBRIET.....	103
		EPCLUSA.....	37	escitalopram oxalate.....	14
		EPIDIOLEX.....	12	ESGIC.....	4
		EPIFOAM.....	53		
		EPILYT.....	54		

ESTRACE.....	64,108	EZ-LETS LANCETS 28G		FIRDAPSE.....	27
estradiol.....	64	ULTRA-SOFT.....	74	FIRMAGON.....	29
estradiol & norethindrone		EZ-LETS LANCETS 30G..	74	FIRST-PROGESTERONE VGS	
acetate.....	64	FABRAZYME.....	63	100 COMPOUNDING KIT..	109
estradiol vaginal.....	109	FALESSA.....	43	FIRST-PROGESTERONE VGS	
ESTROPIPATE.....	64	famciclovir.....	38	200 COMPOUNDING KIT..	109
ESTROSTEP FE.....	42	famotidine.....	105	FIRVANQ.....	8
ethambutol hcl.....	27	FARESTON.....	29	FLAGYL.....	8
ethosuximide.....	13	FARYDAK.....	30	flavoxate hcl.....	107
ethynodiol diacet & eth		FEIBA.....	66	FLEBOGAMMA DIF.....	99
estrad.....	42	felbamate.....	13	flecainide acetate.....	10
etodolac.....	3	FELBATOL.....	13	FLEET ENEMA.....	71
ETOPOSIDE.....	32	FELDENE.....	3	FLEET ENEMA SIX PACK..	71
etoposide.....	32	felodipine.....	40	FLEET PEDIATRIC.....	71
EUCERIN.....	55	FEMARA.....	29	FLEXICHAMBER.....	83
EUCERIN BABY.....	55	FEMCON FE.....	43	FLOLAN.....	41
EUCERIN DAILY		FEMHRT LOW DOSE.....	64	FLOMAX.....	66
PROTECTION/SPF 30.....	55	FENOFIBRATE.....	23	FLONASE ALLERGY	
EUCERIN INTENSIVE		fenofibrate.....	23	RELIEF.....	94
REPAIR.....	55	fenofibrate micronized ..	23	FLONASE ALLERGY RELIEF	
EUCERIN ORIGINAL		fentanyl.....	5	CHILDRENS.....	94
HEALINGSOOTHING		FER-IN-SOL.....	69	FLORA VANCE.....	19
REPAIR.....	55	FERRETTS.....	69	FLORAJEN BIFIDOBLEND..	19
EUCERIN PLUS.....	55	FERRIPROX.....	20	FLORAJEN3.....	19
EUCERIN PROFESSIONAL		ferrous fumarate.....	69	FLORAJEN4KIDS.....	19
REPAIR RICH FEEL.....	55	ferrous fumarate-fa-b complex-		FLOVENT DISKUS.....	10
EUCERIN SMOOTHING		c-zn-mg-mn-cu.....	69	FLOVENT HFA.....	10
REPAIRADVANCED		ferrous gluconate.....	69	FLOXIN OTIC.....	99
FORMULA.....	55	FERROUS GLUCONATE.....	69	fluconazole.....	21
EUFLEXXA.....	93	ferrous sulfate.....	69	fludarabine phosphate.....	28
EURAX.....	58	FERROUS SULFATE.....	69	fludrocortisone acetate.....	48
EVAC.....	70	ferrous sulfate.....	69	FLUMIST QUADRIVALENT107	
EVISTA.....	62	ferrous sulfate dried.....	69	FLUNISOLIDE.....	94
EVOMELA.....	27	FEXMID.....	93	fluocinolone acetonide (otic).99	
EVOTAZ.....	35	FIBERCON.....	70	fluocinonide.....	53
EXEL COMFORT POINT		FIBRYGA.....	66	fluocinonide emulsified base.53	
INSULIN PEN NEEDLES 31G X		FIFTY50 ALCOHOL PREP		fluorometholone (ophth).....98	
8MM.....	80	PADS.....	79	FLUOROURACIL.....	51
EXELON.....	101	FIFTY50 PEN NEEDLES 31G		fluorouracil (topical).....51	
exemestane.....	29	X5/16" (8MM).....	80	fluoxetine hcl.....	14,15
EXFORGE.....	25	FIFTY50 PEN		fluphenazine decanoate.....34	
EXFORGE HCT.....	25	NEEDLES/31GX8MM.....	80	fluphenazine hcl.....	34
EXJADE.....	20	FILTER AIR PP.....	83	FLURA-DROPS.....	88
EXONDYS 51.....	95	finasteride.....	66	FLURAZEPAM HCL.....	70
EXTAVIA.....	102	FIORINAL.....	4	flurbiprofen.....	3
EYLEA.....	96	FIORINAL/CODEINE #3....	6	flurbiprofen sodium.....	99
EZ SMART BLOOD GLUCOSE		FIRAZYR.....	67	flutamide.....	29
LANCETS.....	74			fluticasone propionate.....	53
EZ-LETS LANCETS 23G...74					
EZ-LETS LANCETS 26G					
SUPER-SOFT.....	74				

fluticasone propionate (nasal).....	94	GAMMAGARD LIQUID.....	99	GLUCAGEN HYPOKIT.....	16
fluvoxamine maleate.....	15	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	100	GLUCAGON EMERGENCY KIT.....	16
FML.....	98	GAMMAKED.....	100	GLUCOPHAGE.....	16
FML LIQUIFILM.....	98	GAMMAPLEX.....	100	GLUCOPHAGE XR.....	16
FOCALIN.....	1	GAMUNEX-C.....	100	GLUCOSE.....	16
folic acid.....	68	ganirelix acetate.....	62	GLUCOSOURCE LANCETS.....	74
FOLLISTIM AQ.....	61	GANIRELIX ACETATE.....	62	GLUCOTROL.....	18
FOLOTYN.....	28	GAS-X.....	64	GLUCOTROL XL.....	18
fondaparinux sodium.....	11	GATTEX.....	65	GLUCOVANCE.....	16
FORA LANCETS.....	74	GAUZE SPONGES.....	74	glyburide.....	18
formaldehyde.....	35	GAZYVA.....	28	glyburide micronized.....	18
FORMULA 405 MOISTURIZING.....	55	GEL-ONE.....	93	glyburide-metformin.....	16
FORTEO.....	61	GELSYN-3.....	93	glycerin (laxative).....	70
FORTIFY DAILY PROBIOTIC.....	19	gemfibrozil.....	23	GLYCERIN ADULT.....	70
FOSAMAX.....	61	GENERESS FE.....	43	glycine diluent.....	101
fosamprenavir calcium.....	35	GENOTROPIN.....	62	glycopyrrolate.....	105
fosinopril sodium.....	24	GENOTROPIN MINIQUICK.....	62	GLYNASE.....	18
fosinopril sodium & hydrochlorothiazide.....	25	GENTAK.....	97	GNP ACIDOPHILUS HIGH POTENCY.....	19
FRAGMIN.....	11	gentamicin sulfate (ophth).....	97	GNP ADVANCED RECOVERY.....	55
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	80	gentamicin sulfate (topical).....	50	GNP ALCOHOL SWABS.....	79
FREDS PHARMACY UNILET LANCETS SUPER THIN.....	74	GENTLE-LET GP LANCETS.....	74	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	80
30G.....	74	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	74	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	80
FREDS PHARMACY UNILET LANCETS ULTRA THIN.....	74	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	74	GNP GLUCOSE.....	16
28G.....	74	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	74	GNP LANCETS.....	74
FULL KIT NEBULIZER SET.....	83	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	74	GNP LANCETS 21G.....	74
FULPHILA.....	68	GENVOYA.....	35	GNP LANCETS MICRO THIN 33G.....	74
FURADANTIN.....	106	GEODON.....	33	GNP LANCETS SUPER THIN 30G.....	74
furosemide.....	60	GILENYA.....	102	GNP LANCETS THIN.....	74
FUROSEMIDE.....	60	GILOTRIF.....	30	GNP LANCETS THIN 26G.....	74
furosemide.....	60	ginger (zingiber officinalis).....	2	GNP MICRO THIN LANCETS 33G.....	74
FUSILEV.....	31	GLASSIA.....	103	GNP OMEPRAZOLE.....	105
FUZEON.....	35	glatiramer acetate.....	102	GNP PROBIOTIC COLON SUPPORT.....	19
gabapentin.....	12	GLEEVEC.....	30	GNP QUICK DISSOLVE GLUCOSE.....	16
GABITRIL.....	13	glimepiride.....	17	GNP SUPER THIN LANCETS/30G.....	74
GABLOFEN.....	93	glipizide.....	18	GOLD BOND MEDICATED BODYLOTION.....	55
GALAFOLD.....	63	glipizide-metformin hcl.....	16	GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH.....	55
galantamine hydrobromide.....	101	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	80	GOLD BOND ULTIMATE.....	55
GALANTAMINE HYDROBROMIDE.....	102				
galantamine hydrobromide.....	102				
GAMASTAN.....	99				
GAMASTAN S/D.....	99				
GAMIFANT.....	89				

GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF.....	55	HALCION.....	70	HUMIRA.....	2
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF.....	55	HALDOL DECANOATE 100.....	34	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK... 2	2
GOLD BOND ULTIMATE HEALING.....	55	HALDOL DECANOATE 50 34	34	HUMIRA PEN.....	2
GOLD BOND ULTIMATE OVERNIGHT.....	55	haloperidol.....	34	HUMIRA PEN-CD/UC/HS STARTER.....	2
GOLD BOND ULTIMATE PROTECTION.....	55	haloperidol decanoate.....	34	HUMIRA PEN-PS/UV STARTER.....	2
GOLD BOND ULTIMATE RESTORING.....	55	haloperidol lactate.....	34	HUMULIN 70/30.....	17
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE.....	55	HARVONI.....	37	HUMULIN 70/30 KWIKPEN... 17	17
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS.....	55	HAVRIX.....	107	HUMULIN N.....	17
GOLD BOND ULTIMATE SOFTENING.....	55	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	80	HUMULIN N KWIKPEN.....	17
GOLD BOND ULTIMATE SOOTHING.....	55	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	80	HUMULIN R.....	17
GOLYTELY.....	70	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	74	HY-VEE LANCETS.....	74
GONAL-F.....	61	HEALTHY LIVING REPLACEMENT FILTERS 83	83	HY-VEE THIN LANCETS... 74	74
GONAL-F RFF.....	61	HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER.....	83	HYALGAN.....	93
GONAL-F RFF REDIJECT.. 61	61	HEALTHY LIVING REPLACEMENT MASKS... 83	83	HYCAMTIN.....	32
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	74	HELIxATE FS.....	66	hydralazine hcl.....	26
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	74	HEMANGEOL.....	39	HYDRALYTE.....	87
GRANIX.....	68	HEMLIBRA.....	66	HYDRALYTE FREEZER POPS.....	87
GRIS-PEG.....	21	HEMOCYTE.....	69	HYDRAZONE LOTION.....	55
griseofulvin microsize.....	21	HEMOfIL M.....	67	HYDREA.....	31
griseofulvin ultramicrosize... 21	21	HEPAGAM B.....	100	hydrochlorothiazide.....	60
GRX VITAMIN E.....	55	heparin sodium (porcine).. 11	11	hydrocodone w/ homatropine.....	48
guaifenesin-codeine.....	48	HERCEPTIN.....	28	hydrocodone-acetaminophen. 6	6
guanfacine hcl.....	25	HETLIOZ.....	70	hydrocortisone.....	47
guanfacine hcl (adhd).....	1	HIGH POTENCY PROBIOTIC.....	19	hydrocortisone (intrarectal)... 7	7
GYNAZOLE-1.....	108	HIZENTRA.....	100	hydrocortisone (rectal).....	7
GYNE-LOTRIMIN.....	108	HM ACIDOPHILUS.....	19	hydrocortisone (topical).....	53
GYNE-LOTRIMIN 3.....	108	HM OMEPRAZOLE.....	105	hydrocortisone butyrate.....	53
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	80	HM STERILE ALCOHOL PREP PADS.....	79	hydrocortisone w/acetic acid.99	99
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	74	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT.....	83	hydrocortisone-aloe vera... 53	53
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	74	HUMALOG MIX 50/50.....	17	HYDROMORPHONE HCL... 5	5
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	74	HUMALOG MIX 50/50 KWIKPEN.....	17	hydromorphone hcl.....	5
H.P. ACTHAR.....	61	HUMALOG MIX 75/25.....	17	hydroxychloroquine sulfate.. 26	26
HALAVEN.....	32	HUMALOG MIX 75/25 KWIKPEN.....	17	HYDROXYPROGESTERONE CAPROATE.....	29
		HUMATE-P.....	67	hydroxyprogesterone caproate.....	101
		HUMATROPE.....	62	hydroxyurea.....	31
		HUMATROPE COMBO PACK.....	62	hydroxyzine hcl.....	9
				HYDROXYZINE PAMOATE... 9	9
				hydroxyzine pamoate.....	9
				HYMOVIS.....	93
				hyoscyamine sulfate.....	105
				HYPER-SAL.....	49
				HYPERHEP B S/D.....	100

HYPERRHO S/D.....	100	INSPIREASE DRUG DELIVERY SYSTEM.....	84	JARDIANCE.....	17
HYPERRHO S/D MINI-DOSE.....	100	INSPIREASE RESERVOIR BAGS.....	84	JENTADUETO.....	16
HYPERSAL.....	49	INSULIN SYRINGES.....	80	JEVTANA.....	32
HYPOTEARs.....	96	INSUPEN 31G X 8MM.....	80	JUXTAPID.....	23
HYQVIA.....	100	INSUPEN ULTRAFIN 31GX8MM.....	80	JYNARQUE.....	64
HYZAAR.....	25	INTELENCE.....	35	K-PHOS NEUTRAL.....	88
ibandronate sodium.....	61	INTRON A.....	31	K-TAB.....	88
IBRANCE.....	30	INTRON A W/DILUENT.....	31	KADCYLA.....	28
ibuprofen.....	3	INTUNIV.....	1	KALBITOR.....	67
ICLUSIG.....	30	INVANZ.....	8	KALETRA.....	36
IDELVION.....	67	INVEGA SUSTENNA.....	33	KALYDECO.....	103
IFE-BIMIX 30/1.....	40	INVEGA TRINZA.....	33	KANUMA.....	63
ILARIS.....	2	INVIRASE.....	36	KAPVAY.....	1
ILUMYA.....	51	IOPIDINE.....	97	KAYEXALATE.....	89
ILUVIEN.....	98	ipratropium bromide.....	10	KCENTRA.....	67
imatinib mesylate.....	30	ipratropium bromide (nasal).....	94	KEFLEX.....	41
IMBRUVICA.....	30	ipratropium-albuterol.....	11	KEPIVANCE.....	31
imipramine hcl.....	16	irbesartan.....	24	KEPPRA.....	12
imiquimod.....	57	irbesartan-hydrochlorothiazide.....	25	KEPPRA XR.....	12
IMITREX.....	86	IRESSA.....	30	KERALYT.....	57
IMITREX STATDOSE REFILL.....	86	IRINOTECAN.....	32	KERI ADVANCED MOISTURE THERAPY.....	55
IMITREX STATDOSE SYSTEM.....	86	irinotecan hcl.....	32	KERI BASIC ESSENTIALS.....	55
IMLYGIC.....	32	IRON CHEWS PEDIATRIC.....	69	KERI NOURISHING SHEA BUTTER.....	55
IMODIUM A-D.....	20	ISENTRESS.....	36	KERI ORIGINAL.....	55
IMURAN.....	89	ISONIAZID.....	27	KERI OVERNIGHT.....	55
INCRELEX.....	62	isoniazid.....	27	KERI RENEWAL MILK BODY.....	55
INCRUSE ELLIPTA.....	10	ISOPTO ATROPINE.....	96	KERI RENEWAL SKIN FIRMIING.....	55
indapamide.....	61	ISOPTO CARPINE.....	96	KERI RENEWAL STRETCH MARK MINIMIZER.....	55
INDERAL LA.....	39	ISORDIL TITRADOSE.....	9	KERI SENSITIVE SKIN.....	55
indomethacin.....	3	ISOSORBIDE DINITRATE.....	9	KETOCARE.....	59
INFANTS ADVIL.....	3	isosorbide dinitrate.....	9	ketoconazole (topical).....	50
INFLECTRA.....	65	ISOSORBIDE DINITRATE ER.....	9	KETONE TEST STRIPS.....	59
INGREZZA.....	102	isosorbide mononitrate.....	9	ketoprofen.....	3
INLYTA.....	30	isotretinoin.....	49	KETOPROFEN.....	3
INNOSPIRE REPLACEMENT FILTER.....	83	ISTODAX (OVERFILL).....	30	KETOPROFEN ER.....	3
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE.....	84	ITCH RELIEF.....	51	ketorolac tromethamine.....	3
INSPIRACHAMBER/LARGE.....	84	itraconazole.....	21	ketorolac tromethamine (ophth).....	99
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/MEDIUM.....	84	IXEMPRA KIT.....	32	KETOSTIX.....	59
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/SMALL.....	84	IXINITY.....	67	ketotifen fumarate (ophth).....	99
		JADENU.....	20	KEVZARA.....	3
		JADENU SPRINKLE.....	20	KEY-E.....	109
		JAKAFI.....	30	KEYTRUDA.....	28
				KHAPZORY.....	31

KINERET.....	2	LAMISIL AT.....	50	letrozole.....	29
KINNEY LANCETS.....	75	LAMISIL AT JOCK ITCH.....	50	LEUCOVORIN CALCIUM.....	31
KINNEY THIN LANCETS.....	75	lamivudine.....	36	leucovorin calcium.....	31
KITABIS PAK.....	2	lamivudine-zidovudine.....	36	LEUKERAN.....	27
KLARON.....	50	lamotrigine.....	12	LEUKINE.....	68
KLONOPIN.....	12	LANCETS.....	75	leuprolide acetate.....	29
KLOR-CON M15.....	88	LANCETS 26G TWIST		LEUPROLIDE	
KLOR-CON/25.....	88	TOP.....	75	ACETATE/BUPIVACAINE	
KLOUT.....	58	LANCETS 28G.....	75	HYDROCHLORIDE.....	29
KLS OMEPRAZOLE.....	105	LANCETS 30G.....	75	LEVAQUIN.....	64
KOATE.....	67	LANCETS SAFETY SEAL		LEVBID.....	105
KOATE-DVI.....	67	21G.....	75	levetiracetam.....	12
KOGENATE FS.....	67	LANCETS SAFETY SEAL		levobunolol hcl.....	96
KOGENATE FS BIO-SET.....	67	26G.....	75	levocarnitine (metabolic	
KONSYL DAILY FIBER.....	70	LANCETS SAFETY SEAL		modifiers).....	63
KONSYL ORIGINAL		28G.....	75	levofloxacin.....	64
FORMULADAILY FIBER.....	70	LANCETS SUPER THIN		LEVOLEUCOVORIN.....	32
KORLYM.....	16	28G.....	75	levoleucovorin calcium.....	31
KOVALTRY.....	67	LANCETS THIN.....	75	levonorgestrel & eth	
KROGER LANCETS.....	75	LANCETS ULTRA THIN.....	75	estradiol.....	43
KROGER LANCETS 21G.....	75	lanolin.....	101	levonorgestrel (emergency	
KROGER LANCETS MICRO		lanolin (topical).....	57	oc).....	46
THIN33G.....	75	LANOXIN.....	40	levonorgestrel-eth estradiol	
KROGER LANCETS SUPER		lansoprazole.....	106	(triphasic).....	43
THIN.....	75	LARTRUVO.....	28	levonorgestrel-ethinyl estradiol	
KROGER LANCETS THIN.....	75	LASIX.....	60	(91-day).....	43
KROGER LANCETS THIN		latanoprost.....	99	levonorgestrel-ethinyl estradiol	
26G.....	75	LATANOPROST.....	99	(continuous).....	43
KROGER LANCETS		LEADER QUICK DISSOLVE		levothyroxine sodium.....	104
ULTRATHIN30G.....	75	GLUCOSE.....	16	LEVSIN.....	105
KROGER PEN NEEDLES 31G		LEADER UNIFINE PENTIPS		LEVSIN/SL.....	105
X8MM.....	80	PLUS/SHORT/31GX5/16".....	80	LEVULAN KERASTICK.....	51
KRYSTEXXA.....	66	LEDIPASVIR/SOFOSBUVIR		LEXAPRO.....	15
KUVAN.....	63	.....	37	LEXIVA.....	36
KYLEENA.....	46	leflunomide.....	4	LIALDA.....	65
KYNAMRO.....	23	LEMTRADA.....	102	LIBTAYO.....	28
KYPROLIS.....	30	LENVIMA 10 MG DAILY		LICEMD.....	58
labetalol hcl.....	39	DOSE.....	30	LICIDE TREATMENT KIT.....	58
LAC-HYDRIN.....	55	LENVIMA 12MG DAILY		lidocaine.....	57
LAC-HYDRIN TWELVE.....	55	DOSE.....	30	lidocaine hcl.....	57
lactic acid (ammonium		LENVIMA 14 MG DAILY		lidocaine hcl (mouth-throat).....	90
lactate).....	56	DOSE.....	30	lidocaine-prilocaine.....	57
LACTO-PECTIN.....	19	LENVIMA 18 MG DAILY		LILETTA.....	46
lactulose.....	71	DOSE.....	30	LINZESS.....	65
lactulose (encephalopathy).....	65	LENVIMA 20 MG DAILY		LIORESAL INTRATHECAL.....	93
LAMICTAL.....	12	DOSE.....	30	liothyronine sodium.....	104
LAMICTAL CHEWABLE		LENVIMA 24 MG DAILY		LIPITOR.....	23
DISPERSIBLE.....	12	DOSE.....	30	lisinopril.....	24
LAMICTAL XR.....	12	LENVIMA 4 MG DAILY		lisinopril &	
LAMISIL.....	21	DOSE.....	30	hydrochlorothiazide.....	25
		LENVIMA 8 MG DAILY			
		DOSE.....	30		
		LETAIRIS.....	41		

LITEAIRE.....	84	LOTRIMIN AF FOR HER..	51	magnesium hydroxide.....	71
LITETOUCH MASK LARGE.	84	LOTRIMIN AF JOCK ITCH	51	magnesium oxide.....	8
LITETOUCH MASK		LOTRISONE.....	51	MAKENA.....	101
MEDIUM.....	84	lovastatin.....	23	malathion.....	58
LITETOUCH MASK SMALL.	84	LOVENOX.....	11,12	MAPROTILINE HCL.....	14
LITETOUCH PEN NEEDLES		loxapine succinate.....	34	MARATHON MEDICAL	
31GX8MM SHORT.....	80	LUBRIDERM.....	56	PENTIPS31GX8MM.....	80
LITHIUM.....	33	LUBRIDERM ADVANCED		MARQIBO.....	32
lithium carbonate.....	33	THERAPY.....	56	MATULANE.....	31
LITHIUM CARBONATE.....	33	LUBRIDERM DAILY		MAVYRET.....	37
lithium carbonate.....	33	MOISTURE/NORMAL TO DRY		MAXALT.....	86
LITHOBID.....	33	SKIN.....	56	MAXAM.....	56
LIVE BETTER LANCET		LUBRIDERM DAILY		MAXITROL.....	98
SUPERTHIN 30G.....	75	MOISTURESHEA + CALMING		MAXZIDE.....	60
LIVE BETTER LANCET		LAVENDER JASMINE.....	56	MAXZIDE-25.....	60
ULTRATHIN 28G.....	75	LUBRIDERM INTENSE SKIN		meclizine hcl.....	21
LMX 4.....	57	REPAIR.....	56	MEDERMA AG HAND & BODY	
LO LOESTRIN FE.....	43	LUBRIDERM MENS 3-IN-		LOTION.....	56
LOCOID.....	53	1.....	56	MEDICINE SHOPPE PEN	
LODINE.....	3	LUBRIDERM SERIOUSLY		NEEDLES 31G X 8MM.....	80
LODOSYN.....	32	SENSITIVE.....	56	MEDISENSE THIN	
LOESTRIN 1.5/30-21.....	43	LUBRIDERM SKIN		LANCETS.....	75
LOESTRIN 1/20-21.....	43	NOURISHINGWITH SHEA		MEDROL.....	47
LOESTRIN FE 1.5/30.....	43	AND COCOA BUTTERS..	56	MEDROL DOSEPAK.....	47
LOESTRIN FE 1/20.....	43	LUBRISOFT.....	56	medroxyprogesterone	
LOFIBRA.....	23	LUCENTIS.....	96	acetate.....	101
LOMOTIL.....	20	LUMIZYME.....	63	medroxyprogesterone acetate	
LONGS LANCETS		LUMOXITI.....	28	(contraceptive).....	47
STANDARD.....	75	LUPANETA PACK.....	62	mefloquine hcl.....	26
LONGS LANCETS THIN.....	75	LUPRON DEPOT (1-		MEFLOQUINE HCL.....	26
LONSURF.....	29	MONTH).....	29	MEGA PROBIOTIC.....	19
loperamide hcl.....	20	LUPRON DEPOT (3-		megestrol acetate.....	29
LOPID.....	23	MONTH).....	29	MEIJER ALCOHOL SWABS	
lopinavir-ritonavir.....	36	LUPRON DEPOT (4-		EXTRA-THICK.....	79
LOPRESSOR.....	39	MONTH).....	29	MEIJER COLOR LANCETS	
LOPRESSOR HCT.....	25	LUPRON DEPOT (6-		UNIVERSAL 33G.....	75
loratadine.....	22	MONTH).....	29	MEIJER LANCETS.....	75
loratadine &		LUPRON DEPOT-PED (1-		MEIJER LANCETS THIN.....	75
pseudoephedrine.....	48	MONTH).....	62	MEIJER LANCETS	
lorazepam.....	9	LURIDE.....	88	UNIVERSAL21G.....	75
LORBRENA.....	30	LUTATHERA.....	31	MEIJER LANCETS	
losartan potassium.....	24	LYNPARZA.....	30	UNIVERSAL30G.....	75
losartan potassium &		LYSODREN.....	29	MEIJER LANCETS	
hydrochlorothiazide.....	25	LYSTEDA.....	69	UNIVERSAL33G.....	75
LOSEASONIQUE.....	43	M-M-R II.....	107	MEIJER PEN NEEDLES 31G	
LOTENSIN.....	24	MACI.....	93	X8MM.....	80
LOTENSIN HCT.....	25	MACROBID.....	106	MEIJER SUPER THIN	
LOTREL.....	25	MACRODANTIN.....	106	LANCETS.....	75
LOTRIMIN AF.....	51	MACUGEN.....	96	MEKINIST.....	30
		magnesium citrate.....	71	MEKTOVI.....	30
				melatonin.....	2
				meloxicam.....	3

melphalan	27	metoprolol & hydrochlorothiazide	25	MIRALAX	71
melphalan hcl	27	metoprolol succinate	39	MIRAPEX	33
memantine hcl	102	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	26	MIRCERA	68
MENACTRA	107	metoprolol tartrate	39	MIRCETTE	44
MENOPUR	62	METOPROLOL/HYDROCHLOROTHIAZIDE	26	MIRENA	46
MENVEO	107	METROCREAM	58	mirtazapine	14
MEPERIDINE HCL	5	METROGEL-VAGINAL	108	misoprostol	106
mepерidine hcl	5	METROLOTION	58	mitoxantrone hcl	29
MEPHYTON	109	metronidazole	8	MOBIC	3
meprobamate	9	metronidazole (topical)	58	MODERIBA 1200 DOSE PACK	37
mercaptapurine	28	metronidazole vaginal	108	MODERIBA 800 DOSE PACK	37
mesalamine	65	MEVACOR	23	MOI-STIR	90
mesna	32	MEXILETINE HCL	10	MOLINDONE HYDROCHLORIDE	34
MESNEX	32	mexiletine hcl	10	mometasone furoate	53
MESTINON	27	MIACALCIN	61	mometasone furoate (nasal)	94
MESTINON TIMESPAN	27	MICARDIS	24	MOMMYS BLISS PROBIOTIC	19
META BIOTIC/BIO-ACTIVE 12	19	MICARDIS HCT	26	MONISTAT 3	108
METADATE CD	1	MICATIN	51	MONISTAT 3 COMBINATION PACK	108
METAMUCIL	70	MICONAZOLE 3	108	MONISTAT 7 SIMPLY CURE	108
METAMUCIL ORIGINAL TEXTURE	70	miconazole nitrate (topical)	51	MONISTAT SOOTHING CARE ITCH RELIEF	53
METAPROTERENOL SULFATE	11	miconazole nitrate vaginal	108	MONOCLATE-P	67
metformin hcl	16	MICRHOGAM ULTRA-FILTEREDPLUS	100	MONODOX	104
methadone hcl	5	MICROCHAMBER	84	MONOLET LANCETS	75
methazolamide	60	MICROELITE FILTER REPLACEMENTS	84	MONOLET OPD LANCETS	76
methenamine mandelate	106	MICROELITE RECHARGEABLE BATTERY	84	MONONINE	67
METHENAMINE MANDELATE	106	MICROSPACER	84	MONOVISC	93
methenamine-hyosc-methylene blue-sod phos-phenyl sal	106	MICROZIDE	61	montelukast sodium	10
methimazole	104	midazolam hcl	70	morphine sulfate	5
METHITEST	7	midodrine hcl	109	MORPHINE SULFATE	5
methocarbamol	93	miglustat	68	morphine sulfate	5
METHOTREXATE	2	MIGRANAL	86	MOTHERS FRIEND	56
methotrexate sodium	28	MINASTRIN 24 FE	44	MOTRIN INFANTS DROPS	3
METHOTREXATE SODIUM	28	MINIELITE FILTER REPLACEMENTS	84	MOUTHKOTE	90
methotrexate sodium	28	MINIELITE RECHARGEABLE BATTERY	84	moxifloxacin hcl (ophth)	97
methyl dopa	25	MINIPRESS	25	MOZOBIL	69
methylergonovine maleate	99	MINIVELLE	64	MS CONTIN	6
methylphenidate hcl	1	MINOCIN	104	MSM SKIN LOTION	56
METHYLPHENIDATE HYDROCHLORIDE ER	1	minocycline hcl	104	MULPLETA	68
methylprednisolone	47	minoxidil	26	multiple vitamins tabs-assorted brand	91
METIPRANOLOL	96			multiple vitamins tabs-assorted generic	91
metoclopramide hcl	65			multiple vitamins w/ iron	91
metolazone	61				

multiple vitamins w/ minerals tabs-assorted brand	91	nateglinide	17	NEVANAC	99
multiple vitamins w/ minerals tabs-assorted generic	91	NATPARA	61	nevirapine	36
MUPIROCIN	50	NATROBA	58	NEXAVAR	30
mupirocin	50	NATRUL PROBIOTIC	19	NEXIUM	106
mupirocin calcium (topical)	50	NATURE-THROID	104	NEXIUM 24HR	106
MUSTARGEN	27	NEBULIZER AIR TUBE/PLUGS	84	NEXPLANON	46
MYALEPT	63	NEBULIZER PEDIATRIC MASK	84	niacin	109
MYAMBUTOL	27	NECON 1/50-28	44	niacin (antihyperlipidemic)	24
mycophenolate mofetil	89	NECON 10/11-28	44	NIACIN TR	109
mycophenolate mofetil hcl	89	NEFAZODONE HCL	15	NIACOR	24
mycophenolate sodium	89	nefazodone hcl	15	NIASPAN	24
MYDRIACYL	96	NEFAZODONE HYDROCHLORIDE	15	nicardipine hcl	40
MYFORTIC	89	neomycin sulfate	2	NICODERM CQ	103
MYLERAN	27	neomycin-bacitracin zn- polymyxin	97	NICORETTE	103
MYLICON	65	neomycin-bacitracin-polymyxin	50	NICORETTE MINI	103
MYLICON INFANTS GAS RELIEF	64	neomycin-polymy- dexameth	98	NICORETTE STARTER KIT	103
MYOBLOC	95	neomycin-polymyxin w/ pramoxine	50	nicotine	103
MYSOLINE	13	neomycin-polymyxin-hc (otic)	99	nicotine polacrilex	103
NABI-HB	100	NEOMYCIN/POLYMYXIN/GRA MICIDIN	97	NICOTINE TRANSDERMAL SYSTEM	103
nabumetone	3	NEOMYCIN/POLYMYXIN/HYD ROCORTISONE	98	NICOTROL INHALER	103
nadolol	39	NEORAL	89	NICOTROL NS	103
NAGLAZYME	63	NEOSPORIN	97	nifedipine	40
NALOXONE HCL	21	NEOSPORIN ORIGINAL	50	NINLARO	30
naloxone hcl	21	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH	50	NITRO-BID	9
NALOXONE HCL	21	NEPHRO-VITE RX	91	NITRO-DUR	9
NALTREXONE	21	NEPHROCAPS	91	nitrofurantoin	106
naltrexone hcl	21	NEPTAZANE	60	nitrofurantoin macrocrystal	106
NAMENDA	102	NEULASTA	68	nitrofurantoin monohyd macro	106
NAMENDA TITRATION PAK	102	NEULASTA ONPRO KIT	68	nitroglycerin	9
naphazoline w/ pheniramine	97	NEUPOGEN	68	NITROSTAT	9
NAPHCAN-A	97	NEURONTIN	13	NIVEA	56
NAPROSYN	3	NEUTROGENA BODY LIGHT SESAME FORMULA	56	NIVEA EXTRA ENRICHED	56
naproxen	4	NEUTROGENA HEALTHY SKIN FACE SPF 15	56	NIVEA EXTRA ENRICHED LOTION	56
naproxen sodium	3	NEUTROGENA MOISTURE SENSITIVE SKIN	56	NIVEA GENTLE BODY EXFOLIATOR	56
naratriptan hcl	86	NEUTROGENA T/GEL	58	NIVEA LIGHT	56
NARCAN	21	NEUTROGENA T/GEL	58	NIVEA ORIGINAL	56
NARDIL	14	NEUTROGENA T/GEL STUBBORN ITCH CONTROL	58	NIVEA ORIGINAL MOISTURE	56
NASACORT ALLERGY 24HR	94			NIVEA VISAGE	56
NASACORT ALLERGY 24HR CHILDRENS	94			NIVESTYM	68
NASAL DECONGESTANT	94			NIX CREME RINSE	58
NASALCROM	94			NIZORAL	51
NASONEX	94			NIZORAL A-D	51
NATAZIA	44			nonoxynol-9	108

NORCO	6	NULOJIX	89	OMNIPRED	98
NORDITROPIN FLEXPEN	62	NULYTELY/FLAVOR PACKS	70	OMNITROPE	62
norethin acet & estrad-fe	44	NUMOISYN	90	ONCASPAR	31
norethindrone & eth estradiol	44	NUPLAZID	33	ondansetron	21
norethindrone & ethinyl estradiol- fe	44	NUTRADERM	56	ondansetron hcl	21
norethindrone (contraceptive)	47	NUTRADERM ADVANCED FORMULA	56	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA	92
norethindrone acet & eth estra	44	NUTROPIN AQ NUSPIN 10	62	ONPATTRO	103
norethindrone acetate	101	NUTROPIN AQ NUSPIN 20	62	OPCON-A	97
norethindrone acetate-ethinyl estradiol	64	NUTROPIN AQ NUSPIN 5	62	OPDIVO	28
norethindrone acetate-ethinyl estradiol-fe	44	NUVARING	46	OPSUMIT	41
norethindrone-eth estradiol (triphasic)	44	NUWIQ	67	OPTICHAMBER ADVANTAGE/LARGE MASK	84
norgestimate-ethinyl estradiol	44	nystatin	21	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	84
norgestimate-ethinyl estradiol (triphasic)	44	nystatin (mouth-throat)	90	OPTICHAMBER ADVANTAGE/SMALL FACE MASK	84
norgestrel & ethinyl estradiol	44	nystatin (topical)	51	OPTICHAMBER DIAMOND	84
NORINYL 1+35	44	nystatin-triamcinolone	51	OPTICHAMBER DIAMOND/LARGEFACE MASK	84
NORPACE	9	NYTOL MAXIMUM STRENGTH	69	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	84
NORPRAMIN	16	OBIZUR	67	OPTICHAMBER DIAMOND/SMALLFACE MASK	84
NORTEMP INFANTS	4	OALIVA	65	OPTICHAMBER FACE MASK/LARGE	84
NORTHERA	109	OCEAN NASAL SPRAY	94	OPTICHAMBER FACE MASK/MEDIUM	84
nortriptyline hcl	16	OCTAGAM	100	OPTICHAMBER FACE MASK/SMALL	84
NORTRIPTYLINE HCL	16	octreotide acetate	63	OPTIHALER	84
NORVASC	40	OCUFLOX	97	OPTIHALER MDI DRUG DELIVERY SYSTEM	84
NORVIR	36	ODEFSEY	36	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE	108
NOSE CLIP	84	ODOMZO	29	OPTIONS GYNOL II VAGINALCONTRACEPTIVE	108
NOVA SUREFLEX LANCETS	76	OFEV	103	oral electrolytes	87
NOVAREL	62	OFF DEEP WOODS	57	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT	90
NOVOEIGHT	67	OFF DEEP WOODS DRY	57	ORALAIR	2
NOVOLIN 70/30	17	OFLOXACIN	64	ORALAIR ADULT SAMPLE KIT	2
NOVOLIN 70/30 FLEXPEN	17	ofloxacin	64	ORALAIR ADULT STARTER PACK	2
NOVOLIN 70/30 FLEXPEN RELION	17	ofloxacin (ophth)	97	ORENCIA	4
NOVOLIN 70/30 RELION	17	ofloxacin (otic)	99		
NOVOLIN N	17	OGESTREL	45		
NOVOLIN N RELION	17	olanzapine	34		
NOVOLIN R	17	olmesartan medoxomil	24		
NOVOLIN R RELION	17	olmesartan medoxomil- amlodipine-hydrochlorothiazide	26		
NOVOLOG MIX 70/30	17	olmesartan medoxomil- hydrochlorothiazide	26		
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	17	OLUMIANT	2		
NOVOSEVEN RT	67	OLYSIO	37		
NPLATE	68	omega-3 fatty acids	95		
NUCALA	10	omeprazole	106		
		OMEPRAZOLE	106		

ORENCIA CLICKJECT.....	4	PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL.....	40	PEDIATRIC MOUTHPIECE/DISPOSABLE.....	85
ORENITRAM.....	41	PAPAVERINE-PHENTOLAMINE MESYLATE.....	41	pediatric multiple vitamin w/ c.....	92
ORFADIN.....	63	PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL.....	41	pediatric multiple vitamin w/ c & fa.....	92
ORLISSA.....	62	PARAFON FORTE DSC.....	93	pediatric multiple vitamin w/ minerals & c.....	92
ORKAMBI.....	103	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	46	pediatric multiple vitamins w/ iron.....	92
orphenadrine citrate.....	93	PAREGORIC.....	20	pediatric multivitamins w/fl chew-assorted brand.....	91
ORTHO MICRONOR.....	47	PARI ALTERA NEBULIZER HANDSET.....	84	pediatric multivitamins w/fl chew-assorted generic.....	92
ORTHO TRI-CYCLEN.....	45	PARI BABY CONVERSION KITSIZE 1.....	85	pediatric multivitamins w/fl soln-assorted brand.....	92
ORTHO TRI-CYCLEN LO.....	45	PARI BABY CONVERSION KITSIZE 2.....	85	pediatric multivitamins w/fl soln-assorted generic.....	92
ORTHO-CYCLEN.....	45	PARI BABY CONVERSION KITSIZE 3.....	85	pediatric vitamins acd w/ fluoride.....	92
ORTHO-NOVUM 1/35.....	45	PARI ERAPID NEBULIZER HANDSET.....	85	pediatric vitamins adc.....	92
ORTHO-NOVUM 7/7/7.....	45	PARI EXPIRATORY FILTER VALVE SET.....	85	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	70
ORTHOVISC.....	93	PARI MASK SET.....	85	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	70
oseltamivir phosphate.....	38	PARI SOFT PLASTIC ADULT MASK.....	85	PEG-INTRON REDIPEN.....	37
OTEZLA.....	4	PARI SOFT PLASTIC PEDIATRIC MASK.....	85	PEGASYS.....	38
OTICIN HC NR.....	99	paricalcitol.....	63	PEGASYS PROCLICK.....	38
OTREXUP.....	2	PARLODEL.....	33	PEGINTRON.....	38
OVACE PLUS WASH.....	52	PARNATE.....	14	PEN NEEDLES 31G X 8MM.....	80
OVACE WASH.....	52	paroxetine hcl.....	15	PEN NEEDLES 31GX5/16".....	80
OVCON-35.....	45	PARSABIV.....	63	PEN NEEDLES 31GX8MM.....	80
OVIDE.....	58	PAXIL.....	15	PEN NEEDLES 31GX8MM (5/16").....	80
OVIDREL.....	62	PC LANCETS SUPER THIN 30G.....	76	PEN NEEDLES-MISC.....	80
oxaprozin.....	4	PC UNIFINE PENTIPS 31G X8MM SHORT.....	80	PENICILLIN V POTASSIUM.....	100
oxazepam.....	9	PCE.....	72	penicillin v potassium.....	100
OXAZEPAM.....	9	PEARLS IC.....	19	PENTIPS 31G X 8MM.....	80
oxcarbazepine.....	13	ped multivitamins w/fl & iron.....	92	PENTIPS 31GX8MM.....	80
OXERVATE.....	97	PEDIALYTE.....	88	pentoxifylline.....	67
oxybutynin chloride.....	106,107	PEDIALYTE ADVANCED CARE.....	87	PEPCID.....	105
oxycodone hcl.....	6	PEDIALYTE FREEZER.....	87	PEPCID AC.....	105
OXYCODONE HCL ER.....	6	POPS.....	87	PEPCID AC MAXIMUM STRENGTH.....	105
oxycodone w/ acetaminophen.....	6	PEDIALYTE SINGLES.....	87	PEPTO-BISMOL.....	19
oxycodone-aspirin.....	6	PEDIAPRED.....	47	PEPTO-BISMOL INSTACOOOL.....	19
OXYCODONE/ACETAMINOPHEN.....	6	PEDIATRIC AEROSOL MASK.....	85	PEPTO-BISMOL MAX STRENGTH.....	19
OXYCONTIN.....	6			PEPTO-BISMOL TO-GO.....	19
oyster shell.....	87			PERCOCET.....	6
OZURDEX.....	98			PERFECT LANCETS 30G.....	76
PALYNZIQ.....	63				
PAMELOR.....	16				
pamidronate disodium.....	61				
PAMIDRONATE DISODIUM.....	61				
PANCREAZE.....	60				
PANHEMATIN.....	67				
pantoprazole sodium.....	106				
PANZYGA.....	100				
PAPAVERINE-ALPROSTADIL.....	40				

PERIDEX.....	90	POLY-VI-SOL.....	92	PREDNISOLONE ACETATE P-F.....	98
PERJETA.....	28	POLY-VI-SOL/IRON.....	92	prednisolone sodium phosphate.....	47
permethrin.....	58	POLYCOSE.....	95	PREDNISOLONE SODIUM PHOSPHATE.....	98
perphenazine.....	34	polyethylene glycol 3350.....	71	PREDNISON.....	47
PERPHENAZINE/AMITRIPTYLINE.....	102	polymyxin b-trimethoprim.....	97	prednisone.....	48
PFLEX.....	85	polysaccharide iron complex.....	69	PREDNISON.....	48
PH 12 STERILE DILUENT FORFLOLAN.....	101	POLYTRIM.....	97	PREDNISON INTENSOL.....	47
PHARMACY COUNTER LANCETS.....	76	polyvinyl alcohol.....	96	PREFERRED PLUS LANCETS COLORED 21G.....	76
phenazopyridine hcl.....	66	POMALYST.....	29	PREFERRED PLUS LANCETS SUPER THIN 30G.....	76
phenelzine sulfate.....	14	PORTRAZZA.....	28	PREFERRED PLUS LANCETS THIN 26G.....	76
phenobarbital.....	69,70	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	88	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	80
phenylephrine hcl (ophth).....	97	potassium bicarbonate.....	88	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	62
phenylephrine hcl (oral).....	94	potassium chloride.....	88	PREMARIN.....	64,109
phenylephrine-dm.....	48	POTASSIUM CHLORIDE ER.....	88	PREMPHASE.....	64
phenylephrine-shark liver oil-cocoa butter.....	7	potassium chloride microencapsulated crystals er.....	88	PREMPRO.....	64
phenylephrine-shark liver oil-mineral oil-petrolatum.....	7	potassium citrate (alkalinizer).....	65	prenatal vitamins-assorted brand.....	92
PHENYTEK.....	13	potassium citrate-citric acid.....	65	prenatal vitamins-assorted generic.....	92
phenytoin.....	13	POTELIGEO.....	28	PREORBOTIC.....	19
phenytoin sodium extended.....	13	PRALUENT.....	24	PREVACID.....	106
PHILLIPS COLON HEALTH.....	19	pramipexole dihydrochloride.....	33	PREVACID 24HR.....	106
PHOTOFRIN.....	31	pramoxine hcl (rectal).....	7	PREVIDENT 5000 DRY MOUTH.....	90
phytonadione.....	109	pramoxine-hc-chloroxylenol.....	99	PREVIDENT 5000 PLUS.....	90
PILLOW MASK/ADULT.....	85	prasugrel hcl.....	68	PREVIDENT FLUORIDE.....	90
PILLOW MASK/CHILD.....	85	PRAVACHOL.....	23	PREVIDENT RINSE.....	90
PILLOW MASK/PEDIATRIC.....	85	pravastatin sodium.....	23	PREVNR 13.....	107
pilocarpine hcl.....	96	prazosin hcl.....	25	PREVYMIS.....	37
pilocarpine hcl (oral).....	90	PRECISION THIN LANCETS.....	76	PREZCOBIX.....	36
pimecrolimus.....	57	PRECISION THINS GP LANCET.....	76	PREZISTA.....	36
pindolol.....	39	PRECISION ULTRA LANCET.....	76	PRIALT.....	5
pioglitazone hcl.....	17	PRED FORTE.....	98	PRILOSEC OTC.....	106
pioglitazone hcl-metformin hcl.....	16	PRED MILD.....	98	primidone.....	13
piroxicam.....	4	PRED-G.....	98	PRINIVIL.....	24
PLAN B ONE-STEP.....	46	PREDATOR.....	57	PRISTIQ.....	15
PLAQUENIL.....	26	prednicarbate.....	53	PRIVIGEN.....	100
PLAVIX.....	68	PREDNICARBATE.....	53	PRO COMFORT ALCOHOL PADS.....	79
PLEGRIDY.....	102	PREDNISOLONE.....	47	PRO COMFORT INHALER SPACER CHAMBER ADULT.....	85
PLEGRIDY STARTER PACK.....	102	prednisolone.....	47	PRO COMFORT INHALER SPACER CHAMBER CHILD.....	85
PNEUMOVAX 23.....	107	prednisolone acetate (ophth).....	98		
PNEUMOVAX 23/1 DOSE.....	107				
POCKET CHAMBER.....	85				
POCKET SPACER.....	85				
podofilox.....	57				

PRO COMFORT PEN NEEDLES/31G X 8MM.....	81	promethazine & phenylephrine.....	48	pyrethrins-piperonyl butoxide	58
PRO-BIOTIC BLEND.....	19	promethazine hcl.....	22,23	pyrethrins-piperonyl butoxide- permethrin-nit remover.....	58
PRO-FLORA IMMUNE.....	19	promethazine w/codeine...	49	PYRIDIDIUM.....	66
PROAIR HFA.....	11	promethazine-phenylephrine- codeine.....	49	pyridostigmine bromide.....	27
probenecid.....	66	PROMETHAZINE/PHENYLEP HRINE.....	49	pyridoxine hcl.....	109
PROBIOMAX DAILY DF.....	19	PROMETHAZINE/PHENYLEP HRINE/CODEINE.....	49	QC ALCOHOL SWABS.....	79
PROBIOTIC.....	19	PROMETRIUM.....	101	QC LANCETS SUPER THIN	76
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA		PRONEB ULTRA FILTER SET.....	85	QC LANCETS ULTRA THIN	76
STRENGTH.....	19	propafenone hcl.....	10	QC PEN NEEDLES 31G X 8MM.....	81
PROBIOTIC + OMEGA-3.....	19	propranolol hcl.....	39	QC UNILET LANCETS 28G/ULTRA THIN.....	76
PROBIOTIC ACIDOPHILUS	19	PROPRANOLOL HCL.....	39	QC UNILET LANCETS 33G/MICRO THIN.....	76
PROBIOTIC ACIDOPHILUS BEADS.....	19	propranolol hcl.....	39	QUARTETTE.....	45
PROBIOTIC ADVANCED ULTRAPOTENCY.....	19	PROPRANOLOL/HYDROCHL OROTHIAZIDE.....	26	QUESTRAN.....	23
PROBIOTIC COLON SUPPORT.....	19	propylthiouracil.....	104	QUESTRAN LIGHT.....	23
PROBIOTIC COMPLEX/ACIDOPHILUS.....	19	PROSCAR.....	66	quetiapine fumarate.....	34
PROBIOTIC DAILY.....	19	PROTONIX.....	106	quinapril hcl.....	24
PROBIOTIC DIGESTIVE SUPPORT EXTRA		PROTOPIC.....	57	quinapril-hydrochlorothiazide	26
STRENGTH.....	20	PROVAD.....	20	quinidine gluconate.....	9
PROBIOTIC MATURE ADULT.....	19	PROVENGE.....	28	QUINIDINE SULFATE.....	9
PROBIOTIC PEARLS.....	19	PROVERA.....	101	RA ALCOHOL SWABS.....	79
PROBIOTIC PEARLS ADVANTAGE.....	19	PROZAC.....	15	RA DAYLOGIC HEALING DRY SKIN THERAPY.....	56
PROBIOTIC-10.....	19	pseudoephedrine hcl.....	94	RA DRY MOUTH.....	90
PROBIOTIC-10 ULTIMATE.....	19	pseudoephedrine w/ codeine- gg.....	49	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	76
PROBUPHINE IMPLANT KIT	7	pseudoephedrine- ibuprofen.....	49	RA E-ZJECT LANCETS 28G	76
PROCARDIA.....	40	PSORCON.....	53	RA E-ZJECT LANCETS THIN 26G.....	76
PROCARDIA XL.....	40	PSS SELECT GP LANCETS.....	76	RA E-ZJECT LANCETS THIN 28G.....	76
prochlorperazine.....	34	PSS SELECT SAFETY LANCETS.....	76	RA E-ZJECT LANCETS ULTRATHIN 30G.....	76
prochlorperazine maleate.....	34	psyllium.....	70	RA LICE SOLUTION KIT.....	58
PROCROT.....	68	PULMICORT.....	10	RA OMEPRAZOLE.....	106
PROCTOFOAM.....	7	PULMICORT FLEXHALER	10	RA OYSTER SHELL CALCIUM/VITAMIN D.....	87
PROCYSBI.....	66	PULMOZYME.....	103	RA PEN NEEDLES 31G X 8MM5/16".....	81
PRODIGEN.....	20	PURIXAN.....	28	RA PROBIOTIC COLON CARE.....	20
PRODIGY TWIST TOP LANCETS.....	76	PX LANCETS ULTRA THIN.....	76	RA PROBIOTIC COMPLEX.....	20
PROFILNINE.....	67	PX OMEPRAZOLE.....	106	RA PROBIOTIC DIGESTIVE SUPPORT.....	20
PROFILNINE SD.....	67	PX PEN NEEDLE 31GX8MM.....	81	RA PROBIOTIC MAXIMUM STRENGTH.....	20
progesterone micronized...	101	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	81	RA RENEWAL DRY SKIN THERAPY.....	56
PROGRAF.....	89	pyrantel pamoate.....	8	RADIAGUARD ADVANCED.....	56
PROLASTIN-C.....	103	pyrazinamide.....	27		
PROLEUKIN.....	31				
PROLIA.....	61				
PROMACTA.....	68				

raloxifene hcl.....	62	REQUIP.....	33	rizatriptan benzoate.....	87
ramipril.....	24	RESCRIPTOR.....	36	ROBAXIN.....	93
ranitidine hcl.....	105	RESTA LITE.....	56	ROBAXIN-750.....	93
RAPAMUNE.....	89	RESTORA.....	20	ROBINUL.....	105
RASUVO.....	2	RESTORIL.....	70	ROBINUL FORTE.....	105
RAVICTI.....	63	RETACRIT.....	68	ROC DEEP WRINKLE SERUM.....	56
RAZADYNE.....	102	RETIN-A.....	50	ROCALTROL.....	63
RAZADYNE ER.....	102	RETISERT.....	98	ROMIDEPSIN.....	30
REALITY LANCETS.....	76	RETROVIR.....	36	ropinirole hydrochloride.....	33
REALITY SWABS.....	79	RETROVIR IV INFUSION.....	36	ROSE MILK.....	56
REBETOL.....	38	REVATIO.....	41	rosuvastatin calcium.....	23
REBIF.....	102	REVCIVI.....	63	ROXICODONE.....	6
REBIF REBIDOSE.....	102	REVLIMID.....	88	RUBRACA.....	30
REBIF REBIDOSE TITRATIONPACK.....	102	REXALL LANCETS ULTRA THIN.....	77	RUCONEST.....	67
REBIF TITRATION PACK.....	102	REYATAZ.....	36	RYCLORA.....	22
REBINYN.....	67	RHOGAM ULTRA-FILTERED PLUS.....	100	SABRIL.....	13
RECLAST.....	61	RHOPHYLAC.....	100	SAFETY SEAL LANCETS 28G.....	77
RECOMBINATE.....	67	RIASTAP.....	67	SAFETY SEAL LANCETS 30G.....	77
RECOMBIVAX HB.....	107	RIBASPHERE.....	38	SAFYRAL.....	45
REGLAN.....	65	RIBASPHERE RIBAPAK.....	38	SAIZEN.....	62
RELENZA DISKHALER.....	38	ribavirin (hepatitis c).....	38	SAIZEN CLICK.EASY.....	62
RELION ALCOHOL SWABS.....	79	riboflavin.....	109	SAIZENPREP RECONSTITUTIONKIT.....	62
RELION LANCETS MICRO- THIN33G.....	76	RID.....	58	SALAGEN.....	90
RELION LANCETS STANDARD 21G.....	76	RID COMPLETE LICE ELIMINATION.....	58	salicylic acid.....	57
RELION LANCETS THIN 26G.....	76	RID ESSENTIAL LICE ELIMINATION KIT.....	58	saline.....	94
RELION LANCETS ULTRA- THIN30G.....	76	RIFADIN.....	27	salsalate.....	5
RELION PEN NEEDLES 31GX8MM.....	81	rifampin.....	27	SAMI THE SEAL REPLACEMENTFILTERS.....	85
RELION SHORT PEN NEEDLES31GX8MM.....	81	RIGHTEST GL300 LANCETS.....	77	SAMSCA.....	64
RELION ULTRA THIN LANCETS30G.....	76	RISAQUAD.....	20	SANDIMMUNE.....	89
RELION ULTRA THIN PLUS LANCETS 32G.....	76	RISAQUAD-2.....	20	SANDOSTATIN.....	63
RELION ULTRA THIN PLUS LANCETS 33G.....	76	risedronate sodium.....	61	SANDOSTATIN LAR DEPOT.....	63
RELPAK.....	86	RISPERDAL.....	34	SARNA.....	51
REMERON.....	14	RISPERDAL CONSTA.....	34	SAVELLA.....	102
REMERON SOLTAB.....	14	RISPERDAL M-TAB.....	34	SAVELLA TITRATION PACK.....	102
REMICADE.....	65	risperidone.....	34	SB ALCOHOL PREP PADS.....	79
REMODULIN.....	41	RISPERIDONE ODT.....	34	SB LANCETS THIN.....	77
REPATHA.....	24	RITALIN.....	1	SB LANCETS ULTRA THIN.....	77
REPATHA SURECLICK.....	24	RITEFLO.....	85	SB OMEPRAZOLE.....	106
REPLACEMENT AIR FILTER.....	85	ritonavir.....	36	SCHOOLTIME SHAMPOO.....	58
REPLACEMENT FILTERS.....	85	RITUXAN.....	28	SCOT-TUSSIN.....	49
		rivastigmine.....	102	SD PROBIOTIC-10 COMPLEXULTRA.....	20
		rivastigmine tartrate.....	102		
		RIXUBIS.....	67		

Seasonal Influenza Vaccine.....	108	SIGNIFOR LAR.....	64	SMART SENSE THIN LANCETSUNIVERSAL 26G.....	77
Seasonal Influenza Vaccine-High Dose.....	108	SIKLOS.....	68	sodium bicarbonate (antacid).....	7
SEASONIQUE.....	45	sildenafil citrate (pulmonary hypertension).....	41	sodium chloride (gu irrigant).....	66
SEGLUROMET.....	16	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT.....	85	sodium chloride (inhalant).....	49
selegiline hcl.....	33	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT.....	85	sodium citrate & citric acid.....	65
selenium sulfide.....	52	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC.....	85	sodium fluoride.....	88
SELSUN BLUE.....	52	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT.....	86	sodium fluoride (dental).....	90
SELSUN BLUE DAILY.....	52	SILPHEN COUGH.....	22	sodium phenylbutyrate.....	63
SELSUN BLUE MEDICATED.....	52	SILVADENE.....	52	sodium phosphates.....	71
SELSUN BLUE MOISTURIZING.....	52	silver sulfadiazine.....	52	sodium polystyrene sulfonate.....	89
SELZENTRY.....	36	simethicone.....	65	SODIUM SULFACETAMIDE/SULFUR.....	50
sennosides.....	71	SIMPLYTHICK.....	101	SOFOSBUVIR/VELPATASVIR.....	38
sennosides-docusate sodium.....	70	SIMPLYTHICK EASY MIX.....	101	SOLESTA.....	88
SENOKOT.....	71	SIMPONI.....	2	SOLIRIS.....	67
SENOKOT S.....	70	SIMPONI ARIA.....	2	SOMATULINE DEPOT.....	64
SENSIPAR.....	63	simvastatin.....	23	SOMAVERT.....	62
SEREVENT DISKUS.....	11	SINEMET.....	33	SONATA.....	70
SEROQUEL.....	34	SINEMET CR.....	33	SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE.....	56
SEROSTIM.....	62	SINGULAIR.....	10	SOOTHENEB NBL 100 CHILD MASK.....	86
sertraline hcl.....	15	sirolimus.....	89	SOOTHENEB NBL 100 MEDICATION CUP.....	86
SFROWASA.....	65	SIVEXTRO.....	8	SOOTHENEB NBL 100 MESH CAP.....	86
SHOPKO ALCOHOL SWABS.....	79	SKIN REPAIR.....	56	SOOTHENEB NBL100 ADULT MASK.....	86
SHOPKO UNIFINE PENTIPS PEN.....	81	SKYLA.....	46	SORBITOL.....	71
SHOPKO UNIFINE PENTIPS PLUS PEN.....	81	SLO-NIACIN.....	110	sotalol hcl.....	39
NEEDLES/SHORT/REMOVR/31GX8MM.....	81	SM ACIDOPHILUS PEARLS.....	20	sotalol hcl (afib/af).....	39
SHOPKO UNILET LANCETS SUPER THIN 30G.....	77	SM ALCOHOL PREP PADS.....	79	SOVALDI.....	38
SHOPKO UNILET LANCETS ULTRA THIN 28G.....	77	SM GLUCOSE.....	16	SPINOSAD.....	58
SHUR-SEAL.....	108	SM IPECAC SYRUP.....	21	SPINRAZA.....	95
SIDESTREAM ADULT FACE MASK.....	85	SM MICRO THIN LANCETS 33G.....	77	spironolactone.....	60
SIDESTREAM PEDIATRIC FACEMASK.....	85	SM OMEPRAZOLE.....	106	spironolactone & hydrochlorothiazide.....	60
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL.....	85	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	77	SPORANOX.....	21
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE.....	85	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	77	SPORANOX PULSEPAK.....	21
SIDESTREAM PLUS ADULT FACE MASK.....	85	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	77	SPRYCEL.....	30
SIGNIFOR.....	64			ST IVES SWISS FORMULA 24HOUR MOISTURE.....	56
				stannous fluoride.....	90
				STARLIX.....	17
				stavudine.....	36
				STEGLATRO.....	17

STELARA.....	51	SURE COMFORT PEN		TAYTULLA.....	45
STERILANCE TL.....	77	NEEDLES31GX5/16"		tazarotene.....	51
STERILE DILUENT FOR		(8MM).....	81	TAZORAC.....	51,52
FLOLAN.....	101	SURE-FINE PEN NEEDLES		TEARS NATURALE PM.....	96
STERILE DILUENT FOR		31GX5/16" 8MM.....	81	TECENTRIQ.....	28
REMODOULIN.....	101	SURELITE LANCETS.....	77	TECFIDERA.....	102
STIMATE.....	63	SUSTIVA.....	36	TECFIDERA STARTER	
STIVARGA.....	30	SUTENT.....	30	PACK.....	102
STRATTERA.....	1	SW OMEPRAZOLE.....	106	TECHLITE AST LANCETS.....	77
STRENSIQ.....	63	SYLATRON.....	31	TECHLITE LANCETS.....	77
STRIBILD.....	36	SYLVANT.....	89	TECHLITE LANCETS 30G.....	77
STUDIO 35 EXTRA		SYMAX DUOTAB.....	105	TECHLITE PEN NEEDLES/31GX	
MOISTURIZING LOTION.....	56	SYMBICORT.....	11	8MM.....	81
SUBLOCADE.....	7	SYMDEKO.....	103	TECHNIVIE.....	38
SUBOXONE.....	7	SYMFI.....	37	TEGRETOL.....	13
SUCRAID.....	60	SYMFI LO.....	37	TEGRETOL-XR.....	13
sucralfate.....	105	SYMLINPEN 120.....	16	TEGSEDI.....	103
SUDAFED CHILDRENS.....	94	SYMLINPEN 60.....	16	telmisartan.....	24
SUDAFED CONGESTION.....	94	SYMTUZA.....	37	telmisartan-amlodipine.....	26
SUDAFED NASAL		SYNAGIS.....	100	telmisartan-hydrochlorothiazide	
DECONGESTANT MAXIMUM		SYNAREL.....	62	.....	26
STRENGTH.....	94	SYNRIBO.....	31	temazepam.....	70
SUDAFED PE CHILDRENS		SYNTHROID.....	104	TEMODAR.....	27
NASAL DECONGESTANT.....	95	SYNVISC.....	93	TEMOVATE.....	53
SUDAFED PE		SYNVISC ONE.....	93	TEMOVATE E.....	53
CONGESTION.....	95	SYPRINE.....	88	temozolomide.....	27
sulfacetamide sod-		TABLOID.....	28	temsirolimus.....	31
prednisolone.....	98	tacrolimus.....	89	TENCON.....	4
sulfacetamide sodium.....	52	tacrolimus (topical).....	57	tenofovir disoproxil fumarate.....	37
sulfacetamide sodium (acne).....	50	tadalafil (pulmonary		TENORETIC 100.....	26
sulfacetamide sodium		hypertension).....	41	TENORETIC 50.....	26
(ophth).....	97	TAFINLAR.....	30	TENORMIN.....	39
SULFACETAMIDE		TAGAMET HB.....	105	TEPADINA.....	27
SODIUM/PREDNISOLONE		TAGRISSE.....	30	TERAZOL 7.....	108
SODIUM PHOSPHATE.....	98	TAKHZYRO.....	67	terazosin hcl.....	25
sulfamethoxazole-		TALTZ.....	51	terbinafine hcl.....	21
trimethoprim.....	8	TALZENNA.....	30	terbinafine hcl (topical).....	51
sulfasalazine.....	65	TAMIFLU.....	38	terbutaline sulfate.....	11
sulindac.....	4	tamoxifen citrate.....	29	TERCONAZOLE.....	108
sumatriptan.....	87	tamsulosin hcl.....	66	terconazole vaginal.....	108
sumatriptan succinate.....	87	TAPAZOLE.....	104	TESSALON PERLES.....	48
SUMATRIPTAN		TARCEVA.....	31	TESTOPEL.....	7
SUCCINATE.....	87	TARGRETIN.....	31,51	testosterone cypionate.....	7
sumatriptan succinate.....	87	TARKA.....	26	TESTOSTERONE	
SUPARTZ.....	93	TASIGNA.....	31	CYPIONATE.....	7
SUPARTZ FX.....	93	TAVALISSE.....	67	tetrabenazine.....	102
SUPER PROBIOTIC.....	20	TAVIST ALLERGY.....	22	tetracaine hcl (ophth).....	97
SUPER PROBIOTIC DIGESTIVE		TAXOTERE.....	32	tetrahydrozoline hcl (ophth).....	97
SUPPORT.....	20				
SUPER THIN LANCETS.....	77				
SUPPRELIN LA.....	62				

TGT ALCOHOL SWABS.....	79	TINACTIN.....	51	TRANDOLAPRIL/VERAPAMIL	
TGT LANCET MICRO THIN		TINACTIN JOCK ITCH.....	51	HCL ER.....	26
33G.....	77	tioconazole vaginal.....	108	tranexamic acid.....	69
TGT LANCET THIN 26G.....	77	TIROSINT.....	104	TRANXENE T.....	9
TGT LANCET ULTRA THIN		TIVICAY.....	37	tranylcypromine sulfate.....	14
30G.....	77	tizanidine hcl.....	93	trazodone hcl.....	15
TGT OMEPRAZOLE.....	106	TOBI.....	2	TREANDA.....	27
THALOMID.....	88	TOBI PODHALER.....	2	TRECATOR.....	27
THEO-24.....	11	TOBRADEX.....	98	TRELSTAR.....	29
theophylline.....	11	TOBRAMYCIN.....	2	TRELSTAR MIXJECT.....	29
THERABETIC SKIN CARE.....	56	tobramycin.....	2	treprostinil sodium.....	41
THERAPLEX		tobramycin (ophth).....	97	tretinoin.....	50
HYDROLOTION.....	56	TOBRAMYCIN SULFATE.....	2	tretinoin (chemotherapy).....	31
thiamine hcl.....	110	tobramycin sulfate.....	2	TRETTEN.....	67
thiamine mononitrate.....	110	tobramycin-		TREXALL.....	28
THINLETS GP LANCETS.....	77	dexamethasone.....	98	TRI-NORINYL 28.....	45
THINLETS LANCET.....	77	TOBREX.....	97	TRI-VIT/FLUORIDE/IRON.....	92
THIOLA.....	66	TODAYS HEALTH SHORT		triamcinolone acetonide	
thioridazine hcl.....	34	PEN NEEDLES 31G X		(mouth).....	90
thiotepa.....	27	5/16".....	81	triamcinolone acetonide	
THIOTHIXENE.....	35	TODAYS HEALTH SUPER		(nasal).....	94
thiothixene.....	35	THINLANCETS 30G.....	77	triamcinolone acetonide	
THRESHOLD IMT.....	86	TODAYS HEALTH ULTRA		(topical).....	53
THROMBATE III.....	67	THINLANCETS 28G.....	77	triamterene &	
THROMBATE III W/10 ML		TOFRANIL.....	16	hydrochlorothiazide.....	60
STERILE WATER.....	67	TOLMETIN SODIUM.....	4	triazolam.....	70
THROMBATE III W/20 ML		tolnaftate.....	51	TRIBENZOR.....	26
STERILE WATER.....	68	tolterodine tartrate.....	107	TRIDESILON.....	53
THYMOGLOBULIN.....	89	TOPAMAX.....	13	trientine hcl.....	88
THYROGEN.....	59	TOPAMAX SPRINKLE.....	13	trifluoperazine hcl.....	34
thyroid.....	104	TOPCARE CLICKFINE		trifluridine.....	97
THYROLAR-1.....	104	UNIVERSAL PEN EEDLES		TRIGLIDE.....	23
THYROLAR-1/2.....	104	31GX5/16".....	81	trihexyphenidyl hcl.....	33
THYROLAR-1/4.....	104	TOPICORT.....	53	TRILEPTAL.....	13
THYROLAR-2.....	104	topiramate.....	13	trimethoprim.....	8
THYROLAR-3.....	104	TOPOTECAN HCL.....	32	TRISENOX.....	31
tiagabine hcl.....	13	topotecan hcl.....	32	TRIUMEQ.....	37
TIAZAC.....	40	TOPROL XL.....	39	TRIVISC.....	93
TIBSOVO.....	31	toremifene citrate.....	29	TRIZIVIR.....	37
TIGLUTIK.....	95	TORISEL.....	31	tropicamide.....	96
TIKOSYN.....	10	torse mide.....	60	trospium chloride.....	107
TIMOLOL MALEATE.....	39	TOTECT.....	32	TRUBIOTICS.....	20
timolol maleate (ophth).....	96	TRACLEER.....	41	TRUE METRIX BLOOD	
TIMOLOL MALEATE		TRADJENTA.....	16	GLUCOSETEST STRIPS.....	59
OPHTHALMIC GEL		tramadol hcl.....	6	TRUE METRIX CONTROL	
FORMING.....	96	tramadol-acetaminophen.....	6	SOLUTION LEVEL 1.....	77
TIMOPTIC.....	96	trandolapril.....	24	TRUE METRIX CONTROL	
TIMOPTIC OCUDOSE.....	96	trandolapril-verapamil hcl.....	26	SOLUTION LEVEL 2.....	77
TIMOPTIC-XE.....	96			TRUE METRIX CONTROL	
				SOLUTION LEVEL 3.....	77

TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	59	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	81	URECHOLINE.....	107
TRUEPLUS LANCETS 26G.....	77	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	81	UROCIT-K 10.....	65
TRUEPLUS LANCETS 28G.....	77	ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	81	UROCIT-K 5.....	66
TRUEPLUS LANCETS 28G SUPER THIN.....	77	ULTILET CLASSIC LANCETS.....	78	URSO 250.....	65
TRUEPLUS LANCETS 30G.....	78	ULTILET SHORT PEN NEEDLES 31GX5/16".....	81	ursodiol.....	65
TRUEPLUS LANCETS 30G ULTRA THIN.....	78	ULTOMIRIS.....	67	VAGIFEM.....	109
TRUEPLUS LANCETS 33G.....	78	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16".....	81	valacyclovir hcl.....	38
TRUEPLUS PEN NEEDLES 31GX8MM.....	81	ULTRACET.....	6	VALCYTE.....	37
TRUETEST BLOOD GLUCOSE TEST.....	59	ULTRAFLOA IMMUNE HEALTH.....	20	valganciclovir hcl.....	37
TRUETEST BLOOD GLUCOSE TEST STRIPS.....	59	ULTRAM.....	6	VALIUM.....	9
TRUETEST STRIPS.....	59	ULTRATHON INSECT REPELLENT.....	57	valproate sodium.....	14
TRUETRACK BLOOD GLUCOSE TEST.....	59	ULTRATHON INSECT REPELLENT 8.....	57	valproic acid.....	14
TRUETRACK TEST.....	59	UNIFINE PENTIPS 31GX8MM.....	81	valsartan.....	24
TRUMENBA.....	107	UNIFINE PENTIPS PLUS 31GX8MM.....	81	valsartan-hydrochlorothiazide.....	26
TRUNATURE DIGESTIVE PROBIOTIC.....	20	UNILET COMFORTOUCH LANCET.....	78	VALSTAR.....	29
TRUSOPT.....	99	UNILET EXCELITE.....	78	VALTRESX.....	38
TRUVADA.....	37	UNILET EXCELITE II.....	78	VALUE PLUS LANCETS STANDARD 21G.....	78
TUBING/WING TIP.....	86	UNILET G.P. LANCET.....	78	VALUE PLUS LANCETS SUPERTHIN 30G.....	78
TUDORZA PRESSAIR.....	10	UNILET G.P. SUPERLITE LANCET.....	78	VALUE PLUS LANCETS THIN 26G.....	78
TUMS.....	8	UNILET GP 28 ULTRA THIN.....	78	VALUMARK LANCET SUPER THIN 30G.....	78
TUMS LASTING EFFECTS.....	8	UNILET LANCET.....	78	VALUMARK LANCET ULTRA THIN 28G.....	78
TWYNSTA.....	26	UNILET LANCETS MICRO-THIN33G.....	78	VALUMARK PEN NEEDLES 31GX 8MM.....	81
TYBOST.....	37	UNILET LANCETS SUPER-THIN30G.....	78	VALVED HOLDING CHAMBER.....	86
TYKERB.....	31	UNILET LANCETS ULTRA-THIN 28G.....	78	VANCOCIN HCL.....	8
TYLENOL.....	5	UNILET SUPERLITE LANCET.....	78	vancomycin hcl.....	8
TYLENOL CHILDRENS.....	4	UNISOM SLEEPGELS.....	69	VANICREAM LITE.....	57
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER4.....	4	UNISOM SLEEPTABS.....	69	VANTAS.....	29
TYLENOL EXTRA STRENGTH.....	5	UNITUXIN.....	28	VAQTA.....	108
TYLENOL INFANTS.....	5	UNIVERSAL 1 LANCETS THIN26G.....	78	VASERETIC.....	26
TYLENOL INFANTS PAIN+FEVER.....	5	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	78	VASOTEC.....	24
TYLENOL/CODEINE #3.....	6	UNIVERSAL 1 LANCETS/33G/MICRO-THIN.....	78	VCF VAGINAL CONTRACEPTIVE FILM.....	108
TYLENOL/CODEINE #4.....	6	UPTRAVI.....	41	VECAMYL.....	26
TYSABRI.....	102	urea.....	53	VECTIBIX.....	28
TYVASO.....	41			VELCADE.....	31
TYVASO REFILL.....	41			VELETRI.....	41
TYVASO STARTER.....	41			VEMLIDY.....	38
UDENYCA.....	68			VENCLEXTA.....	28
ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	81			VENCLEXTA STARTING PACK.....	28
				venlafaxine hcl.....	15
				VENTAVIS.....	41

VENTOLIN HFA.....	11	VOSPIRE ER.....	11	XOSPATA.....	31
verapamil hcl.....	40	VOTRIENT.....	31	XTANDI.....	29
VERAPAMIL HCL SR.....	40	VPRIV.....	68	XULANE.....	46
VERELAN.....	40	VSL#3.....	20	XYNTHA.....	67
VERELAN PM.....	40	VYVANSE.....	1	XYNTHA SOLOFUSE.....	67
VERIPRED 20.....	48	W&F LANCETS 26G.....	78	XYREM.....	101
VIBRAMYCIN.....	104	W&F LANCETS COLORED		YASMIN 28.....	45
VICTOZA.....	17	21G.....	78	YAZ.....	45
VIDA MIA UNILET LANCETS		WALGREENS COMFORT		YERVOY.....	28
SUPER THIN 30G.....	78	ASSUREDLANCETS MICRO		YONDELIS.....	27
VIDA MIA UNILET LANCETS		THIN/33G.....	78	YUTIQ.....	98
ULTRA THIN 28G.....	78	WALGREENS COMFORT		ZADITOR.....	99
VIDA MIA UNIPFINE		ASSUREDLANCETS SUPER		zaleplon.....	70
PENTIPSSHORT 31GX8MM	81	THIN/28G.....	78	ZALTRAP.....	28
VIDAZA.....	28	WALGREENS GLUCOSE.....	16	ZANAFLEX.....	93
VIDEX EC.....	37	WALGREENS THIN		ZANTAC.....	105
VIDEXPEDIATRIC.....	37	LANCETS.....	78	ZANTAC 150 MAXIMUM	
VIEKIRA PAK.....	38	warfarin sodium.....	11	STRENGTH.....	105
VIEKIRA XR.....	38	WATCHHALER.....	86	ZANTAC 75.....	105
vigabatrin.....	13	WEBCOL ALCOHOL PREP		ZARONTIN.....	13
VIGAMOX.....	97	LARGE 1 PLY.....	79	ZARXIO.....	69
VIIBRYD.....	15	WEBCOL ALCOHOL PREP		ZAVESCA.....	68
VIMIZIM.....	63	LARGE 2 PLY.....	79	ZEBETA.....	39
vincristine sulfate.....	32	WEBCOL ALCOHOL PREP		ZELBORAF.....	31
VIRACEPT.....	37	MEDIUM 2 PLY.....	79	ZEMAIRA.....	103
VIRAMUNE.....	37	WEGMANS UNIFINE PENTIPS		ZEMPLAR.....	63
VIRAMUNE XR.....	37	PLUS/SHORT/31GX8MM.....	81	ZENPEP.....	60
VIREAD.....	37	WELLBUTRIN SR.....	14	ZEPATIER.....	38
VIROPTIC.....	97	WELLBUTRIN XL.....	14	ZERIT.....	37
VISBIOME PROBIOTIC HIGH		WESTHROID.....	104	ZESTORETIC.....	26
POTENCY.....	20	white petrolatum-mineral		ZESTRIL.....	24
VISCO-3.....	93	oil.....	96	ZEVALIN Y-90.....	28
VISINE.....	97	WIBI.....	57	ZIAC.....	26
VISTARIL.....	9	WILATE.....	67	ZIAGEN.....	37
VISTOGARD.....	21	WINDMILL TRAINER.....	86	zidovudine.....	37
VISUDYNE.....	97	WINRHO SDF.....	100	ZILRETTA.....	48
vitamin e.....	109	WP THYROID.....	104	ZINBRYTA.....	103
VITAMIN E.....	109	XALATAN.....	99	zinc oxide (topical).....	57
vitamins w/ lipotropics.....	93	XALKORI.....	31	zinc sulfate.....	88
VITRAKVI.....	31	XANAX.....	9	ZINECARD.....	32
VIVELLE-DOT.....	64	XARELTO.....	11	ZINPLAVA.....	100
VIVITROL.....	21	XELJANZ.....	2	ziprasidone hcl.....	33
VIZIMPRO.....	31	XELJANZ XR.....	2	ZITHROMAX.....	71
VOLTAREN.....	50	XELODA.....	28	ZITHROMAX TRI-PAK.....	72
VONVENDI.....	67	XENAZINE.....	102	ZITHROMAX Z-PAK.....	72
VORAXAZE.....	32	XEOMIN.....	95	ZOCOR.....	23
VORTEX VALVED HOLDING		XEROSTOMIA RELIEF			
CHAMBER.....	86	SPRAY.....	90		
		XGEVA.....	61		
		XIAFLEX.....	88		
		XOLAIR.....	10		

ZOFRAN.....	21
ZOFRAN ODT.....	21
ZOLADEX.....	29
zoledronic acid.....	61
ZOLEDRONIC ACID.....	61
zoledronic acid.....	61
ZOLINZA.....	31
zolmitriptan.....	87
ZOLOFT.....	15
zolpidem tartrate.....	70
ZOMACTON.....	62
ZOMETA.....	61
ZOMIG.....	87
ZOMIG ZMT.....	87
ZONEGRAN.....	13
zonisamide.....	13
ZORBTIVE.....	62
ZORTRESS.....	89
ZOSTAVAX.....	108
ZOVIRAX.....	38,52
ZYBAN.....	103
ZYDELIG.....	31
ZYKADIA.....	31
ZYLOPRIM.....	66
ZYPREXA.....	34
ZYPREXA RELPREVV.....	34
ZYRTEC ALLERGY.....	22
ZYRTEC CHILDRENS ALLERGY.....	22
ZYRTEC-D ALLERGY/CONGESTION.....	49
ZYTIGA.....	29