

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

NH Healthy Families works with a Pharmacy Benefit Manager (PBM) to process pharmacy claims for prescribed drugs and maintain the pharmacy network. The Pharmacy Benefit Manager ensures claims are processed in line with the NH Healthy Families preferred drug list.

Specialty Drugs

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

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for PDL drugs (excluding ophthalmic drugs which are set at 70%).

Appropriate Use and Safety Edits

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

Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the prescriber to the Pharmacy Services team on the **Medication Prior Authorization Form**. This form should be **faxed to the Pharmacy Services team at 833-645-2738**. This document can be found on the NH Healthy Families website.

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

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

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team notifies the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy

Families will notify the member and their prescriber of alternatives and provide information regarding the appeal process.

Quantity Limits

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

Age Limits

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

Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of non-preferred corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-preferred drugs varies by therapeutic drug class. To request the approval of a non-preferred drug please submit rationale via prior authorization request form to the Pharmacy Services team at fax number 833-645-2738.

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at the number located on the back of your member ID card for an override.

Newly Approved Products

NH Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

Over-the-Counter Medications

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

CMS Labeler Requirements

NH Healthy Families requires manufacturers to enter into the federal rebate agreement program as outlined in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) in order to be eligible for coverage under the NH Healthy Families preferred drug list. Manufacturers and products which do not engage in this rebate program will be ineligible for coverage under the preferred drug list.

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products
Antibiotics - 3rd Generation Quinolones
Anticonvulsants - Carbamazepine Derivatives
Behavioral Health - Atypical Antipsychotics & Combos
Cardiovascular - Oral Pulmonary Hypertension Agents
Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other
Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Comboos, Insulins
Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos
Gastrointestinal - Hepatitis C Agents
Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depletors

Immunologic - Systemic Immunomodulators
Miscellaneous - Smoking Cessation, Topical Androgenic Agents
Osteoporosis - Nasal Calcitonins
Respiratory - Inhaled Corticosteroids and Long/Short Acting Beta Adrenergics & Combos - Inhalers/Nebs
Topical - Antiparasitics, Very High Potency Steroids, Topical Combination Benzoyl Peroxide & Clindamycin Products

Trial and Failure of 2 Preferred Products Required Prior to Non-Preferred Products

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

Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products

Behavioral Health - Anxiolytics
Cardiovascular - ACE Inhibitors & Combos, Beta Blockers & Combos, Calcium Channel Blockers & Combos
Central Nervous System - Multiple Sclerosis - Disease Modifying Therapy
Genitourinary/Renal - Urinary Antispasmodics
Miscellaneous - Skeletal Muscle Relaxants
Respiratory - Adrenergic Combinations, Low-Sedating Antihistamines & Combos

Trial and Failure of 5 Preferred Products Required Prior to Non-Preferred Products

Ophthalmic/Glaucoma - Beta Blocker Agents

Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products

Ophthalmic/Glaucoma - Alpha-2 Adrenergic Agents

Abbreviations

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

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
MP:	Maintenance Product (eligible for 90-day supply)
PA:	Prior Authorization
Pkg Size:	Package Size
SP	Specialty Drug
PV	Preventative
QL	Quantity Limit
ST	Step Therapy
AL	Age Limit
RX/OTC	Over-the-Counter Medication (prescription required)

Tier Definitions

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

Brand/Generic Drug Designation

Drug Type	Designation
Brand	First letter of drug name is capitalized
Generic	First letter of drug name is lowercase

Contact Information

NH Healthy Families: 866-769-3085, www.nhhealthyfamilies.com

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	2	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 ea daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 ea daily); MP
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 ea daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
DYANAVEL XR CHER	NP	
lisdexamfetamine dimesylate CAPS	1	QL(1 ea daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS	2	QL(1 ea daily); MP; PA
VYVANSE CHEW	2	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN OR	1	QL(45 ml per fill retail); MP
Anti-Obesity Agents		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	Generic for Kapvay; MP
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 ea daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	2	Generic for Focalin XR; MP; PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	2	Generic for Methylin; MP; PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1	AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT STARTER PACK SUBL	2	PA
ORALAIR SUBL	2	PA
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 3 MG, 5 MG</i>	1	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	2	SP; PA
<i>neomycin sulfate TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP; PA
<i>tobramycin sulfate SOLN IJ</i>	1	PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	2	SP; PA
RINVOQ	NP	SP; PA	ADALIMUMAB-ADBM AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM PSKT	2	SP; PA
Antirheumatic Antimetabolites					
METHOTREXATE	2	MP	ADALIMUMAB-FKJP AJKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-FKJP PSKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	AMJEVITA SOAJ	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies					
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
			HADLIMA SOSY	NP	SP; PA
			HULIO AJKT	NP	SP; PA
			HULIO PSKT	NP	SP; PA
			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
			HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA	YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA PEN PNKT	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA PEN PNKT 40 MG/0.8ML	2	SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA	ADVIL TABS (<i>Use ibuprofen</i>)	0	MP
HUMIRA PSKT	2	SP; PA	<i>celecoxib</i>	1	QL(2 ea daily); PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	1	MP
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP; PA	<i>diclofenac sodium TB24</i>	1	MP
HYRIMOZ SENSOREADY PENS SOAJ	NP	SP; PA	<i>diclofenac sodium TBEC</i>	1	MP
HYRIMOZ SOAJ	NP	SP; PA	<i>etodolac CAPS</i>	1	MP
HYRIMOZ SOSY	NP	SP; PA	<i>etodolac TABS</i>	1	MP
IDACIO (2 PEN) AJKT	NP	SP; PA	<i>etodolac TB24</i>	1	MP
IDACIO (2 SYRINGE) PSKT	NP	SP; PA	<i>flurbiprofen TABS</i>	1	MP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA	<i>ibuprofen CHEW</i>	0	MP
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA	<i>ibuprofen SUSP</i>	0	MP; RX/OTC
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA	<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
			<i>indomethacin CPCR</i>	1	MP
			INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	0	MP
			<i>ketoprofen CAPS 50 MG</i>	1	MP
			<i>ketoprofen CP24</i>	1	MP
			<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail); AL(At least 17 yrs old); MP
			<i>meloxicam TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
MOTRIN CHILDRENS CHEW (Use ibuprofen)	0	MP
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	0	MP
nabumetone	1	MP
naproxen sodium TABS 220 MG	1	QL(2 ea daily); MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen-esomeprazole magnesium	1	PA
naproxen SUSP	1	MP
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 ea daily); MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
TOLECTIN 600 TABS 600 MG	2	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS 600 MG	1	MP
Pyrimidine Synthesis Inhibitors		
leflunomide	1	QL(1 ea daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOLR	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	QL(4 ea daily)
Analgesics Other		
acetaminophen CHEW	0	
acetaminophen ELIX	0	
acetaminophen LIQD 160 MG/5ML	0	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	0	
acetaminophen SUPP 120 MG, 650 MG	0	QL(12 ea per fill retail)
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	1	
acetaminophen TABS 325 MG, 500 MG	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 ea per fill retail)
INFANTS SILAPAP SOLN OR	0	QL(30 ml per fill retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	0	
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	1	
aspirin CHEW	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASPIRIN SUPP 300 MG	0	QL(12 ea per fill retail)	<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily); PA
<i>aspirin TABS 325 MG</i>	0		<i>methadone hcl TABS 5 MG</i>	1	QL(4 ea daily); PA
<i>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate beads</i>	1	PA
<i>diflunisal TABS</i>	1	MP	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ml per fill retail)
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ml daily)
ECOTRIN TBEC (<i>Use aspirin</i>)	0		MORPHINE SULFATE SOLN OR 20 MG/5ML	2	QL(16.67 ml daily)
<i>salsalate</i>	1		<i>morphine sulfate SUPP</i>	1	QL(24 ea per fill retail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate TABS</i>	1	QL(6 ea daily)
Opioid Agonists			<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 ea daily)	OXAYDO TABS 5 MG	2	QL(6 ea daily)
CODEINE SULFATE TABS	2	QL(2 ea daily)	<i>oxycodone hcl CAPS</i>	1	QL(6 ea daily)
CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ml 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)	<i>oxycodone hcl SOLN</i>	1	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	1	QL(2 ea daily); PA
<i>hydrocodone bitartrate CP12</i>	1		<i>oxycodone hcl T12A 80 MG</i>	1	PA
HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)	<i>oxycodone hcl TABS</i>	1	QL(6 ea daily)
<i>hydromorphone hcl TABS</i>	1	QL(8 ea daily)	<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>hydromorphone hcl TB24</i>	1	PA	<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	QL(500 ml per fill retail)	QDOLO SOLN (<i>Use tramadol hcl</i>)	2	
<i>meperidine hcl TABS 50 MG</i>	1	QL(6 ea daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA
			<i>tramadol hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 100 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 ea daily)
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>tramadol hcl TB24</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 ea daily)
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	2		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
Opioid Combinations			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ml daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 ea daily)	<i>buprenorphine hcl SUBL</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)	<i>buprenorphine PTWK</i>	1	PA
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 ea daily)	BUTRANS PTWK (Use buprenorphine)	2	PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ml daily)	SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP; PA
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(12 ea daily); PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(2 ea daily); PA
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 ea daily)	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(6 ea daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 ea daily)	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(3 ea daily); PA
<i>tramadol-acetaminophen</i>	1	QL(4 ea daily)	ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 ea daily)
Opioid Partial Agonists					
BRIXADI SOSY	2	SP			

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 ea daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 ea daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 ea daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 ea daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	NP	
AVEED SOLN	2	SP; PA
METHITEST TABS	2	
TESTOPEL PLLT	2	SP; PA
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ml per 30 day(s) retail)
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	1	PA
testosterone GEL TD 1 %	2	
testosterone SOLN	1	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	1	QL(420 ml per fill retail)
Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits
phenylephrine-shark liver oil-cocoa butter	1	QL(48 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	1	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	2	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 1 %	1	RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	1	QL(16.53 ml daily)
alum & mag hydrox-simethicone SUSP	1	QL(16.53 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	QL(16.53 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	1	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	2	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	1	QL(60 ml per fill retail); 1 max fill(s) per 30 day(s) retail
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 ea daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 ea daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
Benzodiazepines		

Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 ea daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOLR	NP	SP; PA
NUCALA SOSY	NP	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 gm daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP
<i>zafirlukast</i>	1	
<i>zileuton TB12</i>	1	
Steroid Inhalants		

Drug Name	Drug Tier	Requirements/Limits
ARMONAIR DIGIHALER	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 day(s) retail)
FLOVENT HFA 44 MCG/ACT	2	QL(11 gm per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 gm per 30 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 gm per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 day(s) retail)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	2	QL(2 ea daily)
AIRDUO DIGIHALER 113/14	NP	
AIRDUO DIGIHALER 232/14	NP	
AIRDUO DIGIHALER 55/14	NP	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NP		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
AIRDUO RESPICLICK 55/14 AEPB	NP		fluticasone-salmeterol AERO	1	
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.57 gm daily)	ipratropium-albuterol SOLN	1	QL(12 ml daily)
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.45 gm daily)	levalbuterol hcl	1	
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(1.2 gm daily)	levalbuterol tartrate	1	
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(375 ml per 30 day(s) retail)	PROAIR DIGIHALER	NP	
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	1	QL(2 ea daily)	PROAIR HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.57 gm daily)
albuterol sulfate NEBU 0.083 %	1	QL(375 ml per 25 day(s) retail)	PROVENTIL HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.45 gm daily)
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)	SEREVENT DISKUS	2	QL(2 ea daily)
albuterol sulfate SYRP	1	MP	STIOLTO RESPIMAT	2	
albuterol sulfate TABS	1		SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	2	QL(11 gm per 30 day(s) retail)
BEVESPI AEROSPHERE	NP		terbutaline sulfate TABS	1	MP
BREO ELLIPTA	2		VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.54 gm daily)
BREZTRI AEROSPHERE	NP		XOPENEX HFA (Use levalbuterol tartrate)	2	
budesonide-formoterol fumarate dihydrate	1	QL(11 gm per 30 day(s) retail)	Xanthines		
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 day(s) retail)	THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 gm per 30 day(s) retail)	THEO-24 CP24 100 MG	2	MP
DULERA 50 MCG/ACT-5 MCG/ACT	2		theophylline ELIX	1	
			theophylline SOLN	1	QL(475 ml per fill retail); MP
			theophylline TB12 450 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR	2	
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG	2	
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ml per 30 day(s) retail)
<i>fondaparinux sodium</i>	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
Thrombin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS	2	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	2	
PRADAXA PACK	2	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS</i>	1	
<i>clonazepam TABS</i>	1	QL(4 ea daily)
<i>clonazepam TBDP</i>	1	
VALTOCO 10 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW</i>	1	MP
<i>carbamazepine CP12</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 (<i>Use carbamazepine</i>)	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin SOLN</i>	1	MP	GABA Modulators		
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP	<i>GABITRIL 2 MG, 4 MG (Use tiagabine hcl)</i>	2	MP
<i>lamotrigine CHEW</i>	1	MP	<i>GABITRIL 12 MG, 16 MG (Use tiagabine hcl)</i>	2	
<i>lamotrigine KIT 25 MG</i>	1		<i>SABRIL PACK (Use vigabatrin)</i>	2	SP; PA
<i>lamotrigine TABS</i>	1	MP	<i>SABRIL TABS (Use vigabatrin)</i>	2	SP; PA
<i>lamotrigine TB24</i>	1		<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>lamotrigine TBDP</i>	1		<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP	<i>vigabatrin PACK</i>	1	SP; PA
<i>levetiracetam TABS</i>	1	MP	<i>vigabatrin TABS</i>	1	SP; PA
<i>levetiracetam TB24</i>	1	MP	Hydantoins		
<i>oxcarbazepine SUSP</i>	1	MP	<i>DILANTIN (Use phenytoin sodium extended)</i>	NP	MP
<i>oxcarbazepine TABS</i>	1	MP	<i>DILANTIN INFATABS CHEW (Use phenytoin)</i>	2	MP
<i>pregabalin CAPS</i>	1	PA	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>pregabalin SOLN</i>	1	PA	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>primidone 125 MG</i>	1		<i>phenytoin CHEW</i>	1	MP
<i>primidone 50 MG, 250 MG</i>	1	MP	<i>phenytoin SUSP</i>	1	MP
<i>rufinamide SUSP</i>	1	SP	Succinimides		
<i>TEGRETOL-XR TB12 (Use carbamazepine)</i>	2	MP	<i>CELONTIN (Use methsuximide)</i>	2	
<i>TOPAMAX SPRINKLE CPSP (Use topiramate)</i>	2	MP	<i>ethosuximide CAPS</i>	1	MP
<i>topiramate CPSP</i>	1	MP	<i>ethosuximide SOLN</i>	1	MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP	<i>methsuximide</i>	1	
<i>topiramate TABS 25 MG</i>	1	QL(6 ea daily); MP	Valproic Acid		
<i>TRILEPTAL SUSP (Use oxcarbazepine)</i>	2	MP	<i>DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)</i>	2	MP
<i>ZONISADE SUSP</i>	NP		<i>divalproex sodium CSDR</i>	1	MP
<i>zonisamide CAPS</i>	1	MP			
<i>ZTALMY</i>	NP				
Carbamates					
<i>felbamate SUSP</i>	1				
<i>felbamate TABS</i>	1				
<i>XCOPRI TBPK</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 ea daily); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 ea daily); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 ea daily); MP
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 ea daily); MP
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	2	
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	2	
<i>citalopram hydrobromide SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide TABS</i>	1	MP
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS</i>	1	MP
<i>fluoxetine hcl CAPS</i>	1	MP
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 60 MG</i>	1	
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	2	
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	
<i>paroxetine hcl TABS</i>	1	MP
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	MP
SERTRALINE HYDROCHLORIDE CAPS	2	PA
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS 300 MG</i>	1	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 ea daily); MP
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 ea daily); MP
<i>duloxetine hcl CPEP</i>	1	QL(1 ea daily); AL(At least 7 yrs old); MP
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 ea daily); MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 ea daily); MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily); MP
<i>venlafaxine hcl TABS</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	MP
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS 150 MG</i>	1	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1	QL(2 ea daily); MP
<i>alogliptin-pioglitazone</i>	1	QL(1 ea daily); MP
<i>glipizide-metformin hcl</i>	1	MP
<i>glyburide-metformin</i>	1	MP
GLYXAMBI	2	
JANUMET XR TB24	2	
JANUMET TABS	2	
JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP
KAZANO (<i>Use alogliptin-metformin hcl</i>)	2	QL(2 ea daily); MP
KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	2	
OSENI (<i>Use alogliptin-pioglitazone</i>)	2	QL(1 ea daily); MP
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 ea daily); MP
<i>saxagliptin-metformin hcl</i>	1	
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 625 MG</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)
BD GLUCOSE CHEW	2	QL(1.67 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	NESINA (Use alogliptin benzoate)	2	QL(1 ea daily); MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily); MP	ONGLYZA (Use saxagliptin hcl)	2	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	saxagliptin hcl	1	
diazoxide	1		TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
GLUCAGEN HYPOKIT	2	MP	Incretin Mimetic Agents		
glucagon (rdna)	1	QL(1 ea per fill retail); MP	BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 day(s) retail); AL(At least 18 yrs old)
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	2	QL(1 ea per fill retail); MP	BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 day(s) retail); AL(At least 18 yrs old)
GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP	MOUNJARO	NP	PA
GLUCOSE CHEW	2	QL(1.67 ea daily); MP	OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML	2	PA
GNP GLUCOSE CHEW	2	QL(1.67 ea daily); MP	OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML	2	PA
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	TRULICITY	2	PA
GVOKE KIT SOLN	NP		VICTOZA	2	QL(0.3 ml daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	Insulin		
mifepristone (hyperglycemia)	1	SP; PA	BASAGLAR TEMPO PEN SOPN	NP	
PROGLYCEM (Use diazoxide)	2		HUMALOG JUNIOR KWIKPEN SOPN	2	
SM GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 day(s) retail)
WALGREENS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
ZEGALOGUE SOAJ	NP		HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 day(s) retail)
ZEGALOGUE SOSY	NP		HUMALOG TEMPO PEN SOPN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors					
alogliptin benzoate	1	QL(1 ea daily); MP			
JANUVIA	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	2	QL(40 ml per 30 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(30 ml per 30 day(s) retail)
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 day(s) retail)
HUMULIN N SUSP	2	QL(40 ml per 30 day(s) retail)	NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ml per 30 day(s) retail)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2		NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)
HUMULIN R U-500 KWIKPEN SOPN SC	2		REZVOGLAR KWIKPEN	NP	
HUMULIN R SOLN IJ	2	QL(40 ml per 30 day(s) retail)	SEMGLEE SOLN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(30 ml per 30 day(s) retail)	SEMGLEE SOPN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(40 ml per 30 day(s) retail)	Insulin Sensitizing Agents		
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)	<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP
INSULIN GLARGINE SOLN	2		Meglitinide Analogues		
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee	<i>nateglinide</i>	1	QL(3 ea daily); MP
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee	<i>repaglinide</i>	1	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO KWIKPEN SOPN	2	QL(30 ml per 30 day(s) retail)	<i>dapagliflozin propanediol</i>	1	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)	FARXIGA	2	
INSULIN LISPRO SOLN IJ	2	QL(40 ml per 30 day(s) retail)	INVOKANA	2	MP
LEVEMIR FLEXPEN SOPN	2		JARDIANCE	2	QL(1 ea daily)
LEVEMIR FLEXTOUCH SOPN	2		Sulfonylureas		
LEVEMIR SOLN	2		<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily); MP
LYUMJEV TEMPO PEN SOPN	NP		<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
			<i>glipizide TABS 2.5 MG</i>	1	
			<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
			<i>glipizide TB24</i>	1	MP
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
			<i>glyburide TABS</i>	1	MP
			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
to Treat Diarrhea			CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC
Antidiarrheal/Probiotic Agents - Misc.			CULTURELLE KIDS PROBIOTIC + FIBER PACK	2	
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PRBIOTICS CHEW	2	
ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PROBIOTICS PACK	2	
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	CULTURELLE KIDS CHEW	2	
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE KIDS PACK	2	
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC	CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	2	RX/OTC
ACTIPHLOA CAPS	2	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	2	
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC	CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC	CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC			
<i>bismuth subsalicylate</i> CHEW 262 MG	1				
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS PROBIOTIC CAPS	2	RX/OTC	FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC	FLORA VANCE CAPS	2	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	FLORAJEN DIGESTION CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC	FLORAJEN3 CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC	FLORAJEN4KIDS CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC	FLORANEX ONE CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC	FLORASAVE CPDR	2	
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTE NSIVE BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	2	
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LAC TOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	2	
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
ENVIVE CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQ PROBIOTIC CPDR	2		FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	2	
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
			GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
			GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
			HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC	PROBIO DEFENSE CAPS	2	RX/OTC
JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	2		PROBIOMAX COMPLETE DF CAPS	2	RX/OTC
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2		PROBIOMAX DAILY DF CAPS	2	RX/OTC
JARRO-DOPHILUS EPS CPDR	2		PROBIOMAX IG 26 DF CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC	PROBIOMAX LEAN DF CAPS	2	RX/OTC
JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	2		PROBIOMAX SB DF CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIONEXX CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
MAGE CPDR	2		PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC BLEND CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2		PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC FORMULATION CPDR	2		PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC PEARLS CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC			
PROBINATE CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	2	RX/OTC	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	2	RX/OTC
PROBIOTIC+TURMERIC EXTRACT CAPS	2	RX/OTC	TRUBIOTICS CAPS	2	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC	ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC
PROBIOTIC CAPS	2	RX/OTC	UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
PROBITROL CAPS	2	RX/OTC	UP4 PROBIOTICS MENS CAPS	2	RX/OTC
PROBIZEN CAPS	2	RX/OTC	UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
PRO-FLOA IMMUNE CAPS	2	RX/OTC	UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC	VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC	WOMENS 50 BILLION CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
RISAQUAD-2 CAPS	2	RX/OTC	CULTURELLE ADULT ULTIMATEBALANCE CAPS	2	
RISAQUAD CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	2	
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	2	
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	2	RX/OTC			
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC			
SUPER PROBIOTIC CAPS	2	RX/OTC			
SUPERIOR PROBIOTIC CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE HEALTH & WELLNESS CAPS	2	
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
VIACTIV DIGESTIVE HEALTH CHEW	2	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	1	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP; PA
FERRIPROX SOLN	2	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP; PA
BRIDION	2	SP; PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/Limits
KLOXXADO LIQD	0	QL(18 ea per 90 day(s) retail); MP
<i>naloxone hcl LIQD</i>	0	QL(18 ea per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ml per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naloxone hcl SOSY</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (<i>Use naloxone hcl</i>)	0	QL(18 ea per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 ea per 30 day(s) retail); MP
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ml per 90 day(s) retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 ea daily)
<i>ondansetron TBDP</i>	1	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine</i> TBEC	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant</i> CAPS	1	
<i>aprepitant</i> MISC	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize</i> SUSP	1	
<i>griseofulvin microsize</i> TABS	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin</i> TABS	1	QL(6 ea daily)
<i>terbinafine hcl</i> TABS	1	QL(1 ea daily; 90 ea per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole</i> SUSR	1	QL(70 ml per fill retail)
<i>fluconazole</i> TABS 150 MG	1	QL(2 ea daily)
<i>fluconazole</i> TABS 50 MG	1	QL(7 ea per fill retail)
<i>fluconazole</i> TABS 100 MG	1	QL(1 ea daily)
<i>fluconazole</i> TABS 200 MG	1	
<i>itraconazole</i> CAPS	1	QL(1 ea daily); PA
<i>itraconazole</i> SOLN	1	PA
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate</i> SYRP	1	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate</i> TABS	1	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate</i> SOLN	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	2	QL(4 ea daily)
<i>clemastine fumarate</i> TABS 1.34 MG	1	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 ea daily)
<i>diphenhydramine hcl</i> CAPS	1	QL(4 ea daily)
<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl</i> TABS 25 MG	1	QL(4 ea daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl</i> CAPS	1	
<i>cetirizine hcl</i> CHEW	1	QL(1 ea daily)
<i>cetirizine hcl</i> SOLN OR	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl</i> SYRP OR	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl</i> TABS	1	QL(1 ea daily)
<i>desloratadine</i> TBDP	1	
<i>fexofenadine hcl</i> SUSP	1	
<i>fexofenadine hcl</i> TABS 60 MG	1	QL(2 ea daily)
<i>fexofenadine hcl</i> TABS 180 MG	1	QL(1 ea daily)
<i>levocetirizine dihydrochloride</i> SOLN	1	RX/OTC
<i>loratadine</i> CAPS	1	
<i>loratadine</i> CHEW	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine SOLN</i>	1	QL(240 ml per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
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)
<i>promethazine hcl SUPP</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily); MP
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibric acid</i>	1	
<i>FIBRICOR (Use fenofibric acid)</i>	NP	
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP
HMG CoA Reductase Inhibitors		
<i>ATORVALIQ SUSP</i>	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>captopril</i>	1	QL(3 ea daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 ea daily); MP
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily); MP
Agents for Pheochromocytoma		
<i>metirosine</i>	1	SP; PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 ea daily); MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 ea daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 ea daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 ea daily)
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(0.467 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ml per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS	2	QL(6 ea per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 ea daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 ea per 56 day(s) retail)
DARAPRIM (Use <i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	2	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA	2	SP; PA
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melphalan</i>	1	
<i>melphalan hcl</i>	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	1	SP; PA
<i>capecitabine</i>	1	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
YESCARTA	2	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA
<i>gefitinib</i>	1	SP; PA
GILOTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
TAGRISZO	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
VIZIMPRO	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	SP; PA
<i>anastrozole</i>	1	MP
<i>bicalutamide</i>	1	QL(1 ea daily)
CAMCEVI	2	SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA 60 MG	2	SP; PA
EULEXIN	2	
<i>exemestane</i>	1	
FIRMAGON	2	SP; PA
<i>flutamide</i>	1	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ml daily); AL(At least 16 yrs old); SP; PA
<i>letrozole</i>	1	QL(1 ea daily); MP
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE ACETATE INJ	2	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA
LYSODREN	2	SP; PA
<i>megestrol acetate SUSP</i>	1	
<i>megestrol acetate TABS</i>	1	
<i>tamoxifen citrate TABS</i>	1	MP
<i>toremifene citrate</i>	1	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA
XTANDI CAPS	2	SP; PA
ZOLADEX 10.8 MG	2	SP; PA
ZOLADEX 3.6 MG	2	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	2	SP; PA
Antineoplastic Antibiotics		
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	2	SP; PA
ELLENCES SOLN	2	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	1	SP; PA
<i>valrubicin</i>	1	SP; PA
Antineoplastic Combinations		
HERCEPTIN HYLECTA	2	SP; PA
LONSURF	2	SP; PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BELEODAQ	2	SP; PA	TALZENNA 0.25 MG, 1 MG	2	SP; PA
<i>bortezomib SOLR IJ</i>	1	SP; PA	TASIGNA	2	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA	<i>temsirolimus</i>	1	SP; PA
BOSULIF TABS 100 MG, 500 MG	2	SP; PA	TIBSOVO	2	SP; PA
BRAFTOVI 75 MG	2	SP; PA	VITRAKVI CAPS	2	SP; PA
CABOMETYX TABS	2	SP; PA	VITRAKVI SOLN	2	SP; PA
CAPRELSA	2	SP; PA	VOTRIENT	2	SP; PA
COMETRIQ KIT	2	SP; PA	XALKORI CAPS	2	SP; PA
COTELLIC	2	SP; PA	XOSPATA	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	ZELBORAF	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	ZOLINZA	2	SP; PA
FARYDAK	2	SP; PA	ZYDELIG	2	SP; PA
IBRANCE CAPS	2	SP; PA	ZYKADIA TABS	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA	Antineoplastic Enzymes		
<i>imatinib mesylate</i>	1	SP; PA	ONCASPAR	2	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA	Antineoplastic Radiopharmaceuticals		
IMBRUVICA CAPS 70 MG	2	QL(1 ea daily); SP; PA	AZEDRA DOSIMETRIC	2	SP; PA
IMBRUVICA TABS	2	QL(1 ea daily); SP; PA	AZEDRA THERAPEUTIC	2	SP; PA
JAKAFI	2	SP; PA	LUTATHERA	2	SP; PA
KYPROLIS	2	SP; PA	Antineoplastics Misc.		
<i>lapatinib ditosylate</i>	1	SP; PA	ACTIMMUNE	2	SP; PA
LORBRENA	2	SP; PA	ALFERON N	2	SP; PA
MEKINIST TABS	2	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
MEKTOVI	2	SP; PA	<i>bexarotene</i>	1	SP; PA
NINLARO	2	SP; PA	<i>hydroxyurea</i>	1	MP
<i>pazopanib hcl</i>	1	SP; PA	INTRON A SOLR	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	MATULANE	2	SP; PA
RUBRACA	2	SP; PA	PHOTOFRIN	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	PROLEUKIN	2	SP; PA
SPRYCEL	2	SP; PA	SYNRIBO	2	SP; PA
STIVARGA	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
<i>sunitinib malate</i>	1	SP; PA	Chemotherapy Adjuncts		
TAFINLAR CAPS	2	SP; PA	KEPIVANCE 6.25 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
MESNEX TABS	2	SP; PA
TOTECT	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
ABRAXANE	2	SP; PA
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
<i>eribulin mesylate 1 MG/2ML</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	2	SP; PA
<i>vincristine sulfate</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 ea daily); MP
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	2	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		
INVEGA HAFYERA	2	SP
INVEGA SUSTENNA	2	AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	2	QL(2 ea per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone microspheres</i>	1	QL(2 ea per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Butyrophenones		
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	0	
<i>clozapine TBDP</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1	
ZYPREXA RELPREVV	NP	SP
Phenothiazines		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl TABS</i>	1		<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)
<i>fluphenazine decanoate</i>	1		<i>abacavir sulfate TABS</i>	0	QL(2 ea daily)
<i>fluphenazine hcl TABS</i>	1		APTIVUS CAPS	0	QL(4 ea daily)
<i>perphenazine TABS</i>	1		<i>atazanavir sulfate CAPS</i>	0	QL(2 ea daily)
<i>prochlorperazine</i>	1		BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)
<i>prochlorperazine edisylate 10 MG/2ML</i>	1		BIKTARVY 120 MG-30 MG-15 MG	2	
<i>prochlorperazine maleate TABS</i>	1		COMBIVIR (Use <i>lamivudine-zidovudine</i>)	0	QL(2 ea daily)
<i>thioridazine hcl</i>	1		COMPLERA	0	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1		<i>darunavir TABS</i>	0	QL(2 ea daily)
Quinolinone Derivatives			DELSTRIGO	0	QL(1 ea daily)
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP	DESCOVY 120 MG-15 MG	2	
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	DESCOVY 200 MG-25 MG	0	QL(1 ea daily)
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	DOVATO	0	
ABILIFY MYCITE	NP		EDURANT	0	QL(1 ea daily)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>efavirenz CAPS 200 MG</i>	0	QL(1 ea daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>efavirenz CAPS 50 MG</i>	0	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TBDP</i>	1	QL(2 ea daily)	<i>efavirenz TABS</i>	0	QL(1 ea daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ml per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>emtricitabine CAPS</i>	0	QL(1 ea daily)
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>thiothixene</i>	1		EMTRIVA CAPS (Use <i>emtricitabine</i>)	0	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EMTRIVA SOLN	0	QL(24 ml daily)
Antiretrovirals			EPIVIR SOLN (Use <i>lamivudine</i>)	0	QL(30 ml daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)	EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	0	QL(1 ea daily)
			EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPZICOM (Use abacavir sulfate-lamivudine)	0	QL(1 ea daily)	maraviroc TABS 150 MG	0	QL(2 ea daily)
etravirine 100 MG	0	QL(4 ea daily)	nevirapine SUSP	0	QL(40 ml daily)
etravirine 200 MG	0	QL(2 ea daily)	nevirapine TABS	0	QL(2 ea daily)
EVOTAZ	0	QL(1 ea daily)	nevirapine TB24 400 MG	0	QL(1 ea daily)
fosamprenavir calcium TABS	0	QL(4 ea daily)	nevirapine TB24 100 MG	0	QL(3 ea daily)
GENVOYA	0	QL(1 ea daily)	NORVIR CAPS	0	QL(12 ea daily); SP
INTELENCE 200 MG (Use etravirine)	0	QL(2 ea daily)	NORVIR PACK	0	
INTELENCE	0	QL(4 ea daily)	NORVIR SOLN	0	QL(15 ml daily)
INTELENCE (Use etravirine)	0	QL(4 ea daily)	NORVIR TABS (Use ritonavir)	0	QL(12 ea daily)
ISENTRESS CHEW 100 MG	0	QL(6 ea daily)	ODEFSEY	0	
ISENTRESS CHEW 25 MG	0	QL(12 ea daily)	PIFELTRO	0	QL(1 ea daily)
ISENTRESS PACK	0	QL(2 ea daily)	PREZCOBIX	0	QL(1 ea daily)
ISENTRESS TABS	0	QL(2 ea daily)	PREZISTA SUSP	0	QL(12 ml daily)
KALETRA SOLN (Use lopinavir-ritonavir)	0	QL(160 ml per fill retail)	PREZISTA TABS (Use darunavir)	0	QL(2 ea daily)
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	0	QL(6 ea daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily)
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	0	QL(4 ea daily)	PREZISTA TABS 150 MG	0	QL(3 ea daily)
lamivudine SOLN	0	QL(30 ml daily)	RETROVIR CAPS (Use zidovudine)	0	QL(6 ea daily)
lamivudine TABS 300 MG	0	QL(1 ea daily)	RETROVIR SYRP (Use zidovudine)	0	QL(60 ml daily)
lamivudine TABS 150 MG	0	QL(2 ea daily)	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	0	QL(2 ea daily)
lamivudine-zidovudine	0	QL(2 ea daily)	REYATAZ PACK	0	QL(6 ea daily)
LEXIVA SUSP	0	QL(56 ml daily)	ritonavir TABS	0	QL(12 ea daily)
LEXIVA TABS (Use fosamprenavir calcium)	0	QL(4 ea daily)	RUKOBIA	0	
lopinavir-ritonavir SOLN	0	QL(160 ml per fill retail)	SELZENTRY SOLN	0	QL(35 ml daily)
lopinavir-ritonavir TABS 25 MG-100 MG	0	QL(4 ea daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
lopinavir-ritonavir TABS 50 MG-200 MG	0	QL(6 ea daily)	stavudine CAPS	0	QL(2 ea daily)
maraviroc TABS 300 MG	0	QL(4 ea daily)	STRIBILD	0	
			SUNLENCA TBPK	2	SP
			SUSTIVA CAPS 50 MG (Use efavirenz)	0	QL(2 ea daily)
			SUSTIVA CAPS 200 MG (Use efavirenz)	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TABS (<i>Use efavirenz</i>)	0	QL(1 ea daily)	PREVYMIS SOLN	2	SP; PA
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)	PREVYMIS TABS	2	SP; PA
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)	<i>valganciclovir hcl</i> TABS	1	QL(2 ea daily)
SYMTUZA	0	QL(1 ea daily)	Hepatitis Agents		
<i>tenofovir disoproxil fumarate</i> TABS	0	QL(1 ea daily)	EPCLUSA PACK	NP	SP; PA
TIVICAY PD TBSO	0		EPCLUSA TABS	NP	SP; PA
TIVICAY TABS	0		HARVONI PACK	NP	SP; PA
TRIUMEQ PD TBSO	0		HARVONI TABS	NP	SP; PA
TRIUMEQ TABS	0		LEDIPASVIR/SOFOSBUVIR TABS	2	SP
TRIZIVIR	0	QL(2 ea daily)	MAVYRET PACK	2	SP
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)	MAVYRET TABS	2	SP
TYBOST	0	QL(1 ea daily)	PEGASYS SOLN	2	SP; PA
VIRACEPT TABS 250 MG	0	QL(9 ea daily)	PEGASYS SOSY	2	SP; PA
VIRACEPT TABS 625 MG	0	QL(4 ea daily)	<i>ribavirin (hepatitis c)</i> CAPS	1	SP; PA
VIREAD POWD	0		<i>ribavirin (hepatitis c)</i> TABS 200 MG	1	SP; PA
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 ea daily)	SOFOSBUVIR/VELPATASVIR TABS	2	SP
VIREAD TABS	0	QL(1 ea daily)	SOVALDI PACK	NP	SP; PA
VOCABRIA	0		SOVALDI TABS	NP	SP; PA
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ml daily)	VIEKIRA PAK TBPK	NP	SP; PA
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 ea daily)	VOSEVI	NP	SP; PA
<i>zidovudine</i> CAPS	0	QL(6 ea daily)	ZEPATIER	NP	SP; PA
<i>zidovudine</i> SYRP	0	QL(60 ml daily)	Herpes Agents		
<i>zidovudine</i> TABS	0	QL(2 ea daily)	<i>acyclovir</i> CAPS	1	QL(50 ea per 30 day(s) retail)
Antiviral Combinations			<i>acyclovir</i> SUSP	1	QL(400 ml per 30 day(s) retail)
PAXLOVID 100 MG-150 MG	0		<i>acyclovir</i> TABS OR 400 MG	1	QL(3 ea daily)
CMV Agents			<i>acyclovir</i> TABS OR 800 MG	1	QL(50 ea per 30 day(s) retail)
			<i>famciclovir</i>	1	
			<i>valacyclovir hcl</i> 500 MG	1	QL(2 ea daily)
			<i>valacyclovir hcl</i> 1 GM, 1000 MG	1	QL(42 ea per 21 day(s) retail)
			Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 ea per fill retail)
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(120 ml per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	PA
XOFLUZA	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>carvedilol phosphate</i>	1	QL(1 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP
Beta Blockers Non-Selective		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/af)</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>timolol maleate TABS</i>	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 ea daily); MP
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl TB24</i>	1	MP
<i>felodipine</i>	1	QL(1 ea daily); MP
<i>isradipine CAPS</i>	1	
<i>levamlodipine maleate</i>	1	
<i>nicardipine hcl CAPS</i>	1	MP
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
NORLIQVA SOLN	NP	
<i>verapamil hcl CP24 300 MG</i>	1	MP
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily); MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	2	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO	2	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; PA
<i>bosentan TABS</i>	1	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 ea daily); SP; PA
VYNDAQEL	2	QL(4 ea daily); SP; PA
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</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ml per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 ea per fill retail); 1 max fill(s) per 30 day(s) retail
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acet & eth estra</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	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>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
			<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
Combination Contraceptives - Vaginal			<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>etonogestrel-ethinyl estradiol</i>	0	PV	Progestin Contraceptives - IUD		
Copper Contraceptives - IUD			KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	LILETTA 20.1 MCG/DAY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives			Progestin Contraceptives - Implants		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV			
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV			

Drug Name	Drug Tier	Requirements/Limits
MIRENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide TB24</i>	1	
CORTISONE ACETATE TABS	2	
<i>deflazacort TABS</i>	1	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 day(s) retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail)
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
EMFLAZA SUSP	2	SP; PA
<i>hydrocortisone TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
<i>methylprednisolone TBPK</i>	1	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML</i>	1	
<i>prednisolone SOLN</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
ZILRETTA SRER	2	SP; PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>benzonatate 200 MG</i>	1	QL(1 ea daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ml per fill retail); 1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail
MAXI-TUSS PE LIQD	2	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<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>pseudoephedrine-ibuprofen TABS</i>	1	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
Misc. Respiratory Inhalants		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily); AL(At least 12 yrs old)
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>adapalene CREA</i>	1	
<i>adapalene GEL</i>	1	
ADAPALENE SOLN	2	
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 gm per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	
<i>clindamycin phosphate-tretinoin</i>	1	
DIFFERIN LOTN	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid) GEL</i>	1	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	1		<i>mupirocin calcium (topical)</i>	1	
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 12 yrs old)	<i>mupirocin OINT</i>	1	QL(30 gm per fill retail)
RETIN-A CREA (Use <i>tretinoin</i>)	2	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 gm per fill retail)
RETIN-A GEL 0.025 % (Use <i>tretinoin</i>)	2	AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 gm per fill retail)
RETIN-A GEL 0.01 % (Use <i>tretinoin</i>)	2	QL(15 gm per fill retail); AL(Up to 35 yrs old)	Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ml per fill retail)	<i>ciclopirox SOLN</i>	1	PA
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 gm per fill retail)	<i>clotrimazole (topical) CREA</i>	1	QL(60 gm per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>clotrimazole (topical) SOLN</i>	1	QL(60 ml per fill retail); RX/OTC
<i>tretinoin microsphere</i>	1		<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ml per fill retail)
<i>tretinoin GEL 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)
<i>tretinoin GEL 0.025 %</i>	1	AL(Up to 35 yrs old)	<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)
<i>tretinoin GEL 0.05 %</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
Antibiotics - Topical			<i>luliconazole</i>	2	PA
<i>bacitracin (topical) OINT</i>	1	QL(453.9 ea per fill retail)	LUZU (Use <i>luliconazole</i>)	NP	PA
<i>bacitracin zinc OINT</i>	1	QL(453.6 gm per fill retail)	<i>miconazole nitrate (topical) CREA</i>	1	QL(92 gm per fill retail)
CENTANY OINT	NP	QL(30 gm per fill retail)	NIZORAL SHAM	2	QL(200 ml per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 gm per fill retail)	<i>nystatin (topical) CREA</i>	1	QL(30 gm per fill retail)
			<i>nystatin (topical) OINT</i>	1	QL(30 gm per fill retail)
			<i>nystatin (topical) POWD EX</i>	1	QL(60 gm per fill retail)
			<i>nystatin-triamcinolone CREA</i>	1	QL(60 gm per fill retail)
			<i>nystatin-triamcinolone OINT</i>	1	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole nitrate CREA</i>	1	PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 gm per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	2	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ml per fill retail)
Antipsoriatics		
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
<i>calcipotriene FOAM</i>	1	
CALCIPOTRIENE FOAM	1	
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
<i>tazarotene CREA</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ml per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 gm daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (Use <i>penciclovir</i>)	2	
<i>penciclovir</i>	1	
ZOVIRAX CREA (Use <i>acyclovir topical</i>)	2	QL(1 gm daily)
ZOVIRAX OINT (Use <i>acyclovir topical</i>)	2	
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 gm per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 gm daily; 56 gm per fill retail); RX/OTC
<i>fluocinolone acetonide SOLN</i>	1		<i>hydrocortisone (topical) OINT 0.5 %</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 gm per fill retail)
<i>fluocinonide CREA 0.1 %</i>	1		<i>hydrocortisone (topical) SOLN 1 %</i>	1	
<i>fluocinonide CREA 0.05 %</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone acetate (topical) CREA 1 %</i>	1	
<i>fluocinonide GEL</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone acetate (topical) OINT</i>	1	
<i>fluocinonide OINT</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>fluocinonide SOLN</i>	1	QL(60 ml per fill retail)	<i>hydrocortisone butyrate CREA</i>	1	
<i>flurandrenolide CREA</i>	1		<i>hydrocortisone butyrate LOTN</i>	1	
<i>flurandrenolide LOTN</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ml per fill retail)
<i>fluticasone propionate LOTN</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>fluticasone propionate OINT</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone valerate OINT</i>	1	
<i>halcinonide CREA</i>	1		HYDROCORTISONE CREA	2	
<i>halobetasol propionate CREA</i>	1		IMPEKLO LOTN	NP	
<i>halobetasol propionate FOAM</i>	1		LOCOID LIPOCREAM	2	
<i>halobetasol propionate FOAM</i>	2		<i>mometasone furoate CREA</i>	1	QL(50 gm per fill retail)
<i>halobetasol propionate OINT</i>	1		<i>mometasone furoate OINT</i>	1	QL(45 gm per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)	<i>mometasone furoate SOLN</i>	1	QL(60 ml per fill retail)
<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 gm per fill retail)	<i>prednicarbate OINT</i>	1	QL(60 gm per fill retail)
<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 gm per fill retail); RX/OTC	TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 gm per fill retail)			
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ml per fill retail)			

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 gm per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 gm per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY	NP	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	QL(85.05 gm per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 gm per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 gm per fill retail); RX/OTC
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 day(s) retail)
Immunosuppressive Agents - Topical		
<i>ELIDEL (Use pimecrolimus)</i>	2	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 gm per fill retail)
Local Anesthetics - Topical		
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 gm per fill retail)
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 gm per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 gm per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 gm per fill retail); RX/OTC
<i>lidocaine hcl PRSY</i>	1	QL(85 ml per fill retail)
<i>lidocaine CREA 4 %</i>	1	QL(76.5 gm per fill retail)
LIDOCAINE CREA	2	QL(85 gm per fill retail)
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)
Misc. Topical		
<i>lanolin (topical) CREA</i>	1	
<i>lanolin (topical) OINT</i>	1	
LANOLOR CREA	2	
<i>zinc oxide (topical) OINT</i> 20 %	1	QL(60 gm per fill retail)
Rosacea Agents		
<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL</i> 0.75 %	1	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	1	
Scabicides & Pediculicides		
LICEMD GEL	2	
<i>malathion</i>	1	QL(59 ml per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA (<i>Use spinosad</i>)	2	QL(120 ml per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
NIX LICE KILLING SPRAY LIQD XX	2	
<i>permethrin AERO</i>	1	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>permethrin LIQD EX</i>	1	
<i>pyrethrins-piperonyl butoxide LIQD</i> 3 %-2.4 %-0.3 %-0.3 %-1.2 %	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> 4 %-0.33 %-0.5 %	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrethrins-piperonyl butoxide SHAM</i> 4 %-0.3 %-0.33 %, 4 %-0.33 %	1	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	2	
SCHOOLTIME SHAMPOO SHAM	2	
<i>spinosad</i>	1	QL(120 ml per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
Tar Products		
<i>coal tar extract SHAM</i> 0.5 %	1	
Wound Care Products		
APLIGRAF DISK	2	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
<i>cosyntropin SOLR</i>	1	SP; PA
THYROGEN 0.9 MG	2	SP; PA
Diagnostic Tests		
ACCULA SARS-COV-2	CO	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	CO	
BD VERITOR AT-HOME COVID-19 TEST KIT	CO	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO	
BINAXNOW COVID-19 AG CARD	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	CO		GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	CO	
CHEMSTRIP-K STRP	2		ID NOW COVID-19	CO	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	CO		ID NOW COVID-19 2.0	CO	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	CO		ID NOW COVID-19 2.0 CONTROL SWAB KIT	CO	RX/OTC
COBAS LIAT SARS-COV-2 ASSAY	CO		ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC
COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	CO	
COVID-19 AG TEST KIT	CO		INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO	
COVID-19 AT-HOME TEST KIT KIT	CO		INTELISWAB COVID-19 RAPID TEST KIT	CO	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO		KETONE TEST STRIPS STRP	2	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO		KETONE STRP	2	
CVS COVID-19 AT HOME TESTKIT KIT	CO		KETOSTIX STRP	2	
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LUCIRA CHECK IT COVID-19TEST KIT KIT	CO	RX/OTC
ELLUME COVID-19 HOME TEST KIT	CO		LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	CO		LYRA DIRECT SARS-COV-2 ASSAY	CO	
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LYRA SARS-COV-2 ASSAY	CO	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO		OHC COVID-19 ANTIGEN SELF TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	CO		ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	CO	

Drug Name	Drug Tier	Requirements/Limits
ONETOUGH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUGH VERIO TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	CO	
QUICKVUE AT-HOME COVID-19 TEST KIT	CO	
QUICKVUE SARS ANTIGEN TEST	CO	
RAPID RESPONSE COVID-19	CO	RX/OTC
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	CO	
RELION KETONE TEST STRIPS STRP	2	
SOFIA SARS ANTIGEN FIA	CO	
SOFIA2 SARS ANTIGEN FIA	CO	
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	CO	
XPERT XPRESS SARS-COV-2	CO	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

Drug Name	Drug Tier	Requirements/Limits
Digestive Enzymes		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torseamide TABS 20 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily); MP	<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)
Potassium Sparing Diuretics			<i>risedronate sodium TABS 150 MG</i>	1	
<i>amiloride hcl TABS</i>	1	QL(4 ea daily)	<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 ea per 28 day(s) retail)
<i>spironolactone TABS</i>	1	MP	<i>risedronate sodium TBEC</i>	1	
Thiazides and Thiazide-Like Diuretics			<i>teriparatide (recombinant) SOPN</i>	1	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	XGEVA SOLN	2	SP; PA
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>zoledronic acid CONC</i>	1	SP; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>metolazone</i>	1	MP	ZOLEDRONIC ACID SOLN	2	SP; PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			Corticotropin		
- Drugs to Treat Bone Disease and Regulate Hormones			ACTHAR	2	SP; PA
Bone Density Regulators			CORTROPHIN	2	SP; PA
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP	Fertility Regulators		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP	CHORIONIC GONADOTROPIN IM	2	PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP	NOVAREL IM 5000 UNIT	2	PA
<i>calcitonin (salmon) NA</i>	1	QL(4 ml per 30 day(s) retail)	PREGNYL IM	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail)	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA
EVENITY	2	SP; PA	GnRH/LHRH Antagonists		
<i>ibandronate sodium SOLN</i>	1	SP; PA	ORLISSA	2	SP; PA
<i>ibandronate sodium TABS</i>	1	PA	Growth Hormone Receptor Antagonists		
NATPARA	2	SP; PA	SOMAVERT	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA	Growth Hormones		
PAMIDRONATE DISODIUM SOLN	2	SP; PA	GENOTROPIN MINIQUICK PRSY	2	SP; PA
PROLIA SOSY	2	SP; PA	GENOTROPIN CART SC	2	SP; PA
			NGENLA	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN	2	SP; PA	KANUMA	2	SP; PA
OMNITROPE SOCT	NP	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)
SKYTROFA	NP	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)
SOGROYA	NP	SP; PA	LUMIZYME	2	SP; PA
Hormone Receptor Modulators			MYALEPT	2	SP; PA
<i>raloxifene hcl</i>	1	QL(1 ea daily)	NAGLAZYME	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			<i>nitisinone CAPS</i>	1	SP; PA
INCRELEX	2	SP; PA	OLPRUVA THPK	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants			ORFADIN SUSP	2	SP; PA
FENSOLVI SC	2	SP; PA	PALYNZIQ	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	<i>paricalcitol SOLN</i>	1	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	PARSABIV	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	PHEBURANE PLLT	2	PA
SUPPRELIN LA	NP	SP; PA	RAVICTI	CO	
SYNAREL	2	SP; PA	REVCOVI	2	SP; PA
Metabolic Modifiers			<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
ALDURAZYME	2	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>betaine</i>	1	SP; PA	<i>sodium phenylbutyrate POWD</i>	1	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	<i>sodium phenylbutyrate TABS</i>	1	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	STRENSIQ	2	SP; PA
<i>calcitriol CAPS</i>	1		VIMIZIM	2	SP; PA
CARBAGLU (<i>Use carglumic acid</i>)	CO		Posterior Pituitary Hormones		
<i>carglumic acid</i>	CO		<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>cinacalcet hcl</i>	1	SP; PA	<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
CRYSVITA	CO		<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
ELAPRASE	2	SP; PA	DESMOPRESSIN ACETATE SOLN NA	CO	
FABRAZYME	2	SP; PA	<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)
GALAFOLD	2	QL(0.5 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/Limits
STIMATE SOLN NA	CO	
Somatostatic Agents		
LANREOTIDE ACETATE	2	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SANDOSTATIN LAR DEPOT KIT	2	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	2	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPB	2	SP; PA
<i>tolvaptan TABS</i>	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 ea per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol</i>	0	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(0.29 ea daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 ea daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 ea daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 ea per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 ea daily; 14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	1	QL(30 ml per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 ea daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		
CHENODAL	2	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 ea daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 ea daily); MP
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1	
Inflammatory Bowel Agents		
<i>ASACOL HD TBEC (Use mesalamine)</i>	NP	QL(3 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
<i>CANASA SUPP (Use mesalamine)</i>	2	
<i>ENTYVIO SOPN</i>	NP	SP; PA
<i>LIALDA TBEC (Use mesalamine)</i>	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 ea daily)
<i>SKYRIZI SOCT</i>	NP	SP; PA
<i>SKYRIZI SOLN</i>	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	1	PA
<i>IBSRELA</i>	NP	PA
<i>LINZESS</i>	2	PA
Peripheral Opioid Receptor Antagonists		
<i>MOVANTIK</i>	2	PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
<i>RENAGEL (Use sevelamer hcl)</i>	2	
<i>REVELA TABS (Use sevelamer carbonate)</i>	2	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
<i>GATTEX</i>	CO	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate & citric acid</i>	1	QL(16.67 ml daily); RX/OTC
Cystinosis Agents		
<i>CYSTAGON CAPS</i>	2	SP; PA
<i>PROCYSBI CPDR</i>	CO	
<i>PROCYSBI PACK</i>	CO	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
<i>ELMIRON CAPS</i>	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl</i>	1		AFSTYLA	CO	
<i>dutasteride</i>	1		ALPHANATE SOLR	CO	
<i>dutasteride-tamsulosin hcl</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ENTADFI	NP		ALPROLIX	CO	
<i>finasteride</i>	1	QL(1 ea daily); MP	ALTUVIIIIO	CO	
RAPAFLO 4 MG (<i>Use silodosin</i>)	NP		BENEFIX KIT	CO	
<i>silodosin</i>	1		COAGADEX	CO	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP	CORIFACT	CO	
Urinary Analgesics			ELOCTATE	CO	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1		ESPEROCT	CO	
Urinary Stone Agents			FEIBA	CO	
<i>tiopronin TABS</i>	1	SP; PA	FIBRYGA	CO	
Vesicoureteral Reflux (VUR) Agents			HEMGENIX	CO	
DEFLUX	2	SP; PA	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	CO	
GOUT AGENTS - Drugs to Treat Gout			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	CO	
Gout Agent Combinations			HUMATE-P SOLR	CO	
<i>colchicine w/ probenecid</i>	1	MP	IDELVION	CO	
Gout Agents			IXINITY SOLR	CO	
<i>allopurinol</i>	1	MP	JIVI	CO	
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 ea per fill retail); 1 max fill(s) per 30 day(s) retail	KCENTRA	CO	
KRYSTEXXA	2	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	
Uricosurics			KOATE SOLR	CO	
<i>probenecid</i>	1	MP	KOGENATE FS KIT	CO	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOVALTRY	CO	
Antihemophilic Products			NOVOEIGHT	CO	
ADVATE	CO		NOVOSEVEN RT	CO	
ADYNOVATE	CO		NUWIQ KIT	CO	
			NUWIQ SOLR	CO	
			OBIZUR	CO	
			PROFILNINE	CO	
			REBINYN	CO	

Drug Name	Drug Tier	Requirements/Limits
RECOMBINATE SOLR	CO	
RIASTAP	CO	
RIXUBIS SOLR	CO	
ROCTAVIAN	CO	SP
SEVENFACT	CO	
TRETTEN	CO	
VONVENDI	CO	
WILATE KIT	CO	
XYNTHA	CO	
XYNTHA SOLOFUSE	CO	
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	1	SP; PA
<i>icatibant acetate SOSY</i>	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
ASPIRIN/OMEPRAZOLE 81 MG-40 MG	2	
ASPIRIN/OMEPRAZOLE ER	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 ea daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 ea daily)
Hematopoietic Gene Therapy		
ZYNTGLO	CO	
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA 120 MCG/0.3ML	NP	SP
MULPLETA	2	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	NP	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 ea daily)
Iron		
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	1	QL(2 ea daily)
<i>ferrous gluconate TABS 27 MG, 240 MG</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR 160 MG</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 324 MG</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid TABS</i>	1	QL(30 ea per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>naproxen sodium-diphenhydramine hcl</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 ea daily)
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	1	
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
ZOLPIDEM TARTRATE CAPS	2	
<i>zolpidem tartrate SUBL</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
SORBITOL OR 70 %	2	
Saline Laxatives		
<i>magnesium citrate</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>sodium phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD</i>	1	
<i>docusate sodium SYRP</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
ACCUTREND PLUS	2		CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 ea daily); RX/OTC
CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
CLEANLET LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 per month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC	FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA
EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA
EQL SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA
EQL THIN LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA
E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA
E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC	HY-VEE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	HY-VEE THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	KINNEY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	KINNEY THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	200 per month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
			KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET OPD LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS SUPER THIN 28G	2	200 per month; QL(6.67 ea daily); RX/OTC	NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LIVE BETTER LANCET SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS STANDARD	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	2	
MEIJER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC
MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	200 / month; QL(6.67 ea daily); RX/OTC	PERFECT LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PHARMACY COUNTER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRECISION THINS GP LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS COLORED 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	REALITY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PSS SELECT GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	SB LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	SB LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETS UNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	ULILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
SURELITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE AST LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET G.P. LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
THINLETS GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THIN LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC

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UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS ALCOHOL PREP PADS	2	RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS PREP PADS	2	RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPSAFE ALCOHOL PREP PADS	2	RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC
VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	FIFTY50 ALCOHOL PREP PADS	2	RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP ALCOHOL SWABS	2	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	HM STERILE ALCOHOL PREP PADS	2	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRO COMFORT ALCOHOL PADS	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC ALCOHOL SWABS	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA ALCOHOL SWABS	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	REALITY SWABS	2	RX/OTC
Misc. Devices			RELION ALCOHOL SWABS	2	RX/OTC
ALCOHOL PREP PADS	2	RX/OTC	SB ALCOHOL PREP PADS	2	RX/OTC
ALCOHOL SWABS	2	RX/OTC	SM ALCOHOL PREP PADS	2	RX/OTC
BD SWABS SINGLE USE	2	RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	2	RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
			WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC
			Parenteral Therapy Supplies		
			BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily); RX/OTC
			BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)

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BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOW SIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC			
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC			
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)	PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET SPACER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 ea per 360 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY 120 MG/ML	2	SP; PA
EMGALITY SOSY 100 MG/ML	NP	SP; PA
NURTEC	NP	PA
QULIPTA	NP	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 day(s) retail)
ZOMIG SOLN 2.5 MG	NP	
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 ea daily)
MAGNEBIND 400	NP	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS 400 MG</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily)
Potassium		
<i>K-TAB TBCR 8 MEQ (Use potassium chloride)</i>	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 ea daily); MP
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>azathioprine TABS 50 MG</i>	1	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS (Use cyclosporine)	2	PA
SANDIMMUNE SOLN OR	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
THYMOGLOBULIN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE	CO	
Potassium Removing Agents		
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</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	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
PREVIDENT RINSE SOLN	2	
<i>sodium fluoride (dental) CREA</i>	1	QL(57 gm per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 gm per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC
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
MOUTH KOTE REMINT SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ea 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) 5 MG</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 ea daily)
<i>b-complex vitamins TABS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	2	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	2	
Ped MV w/ Fluoride		

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	2	QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	2	QL(60 ml per fill retail)
POLY-VITA/IRON SOLN	2	QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	2	
MULTIVITAMIN INFANT & TODDLER SOLN OR	2	
MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	2	
POLY-VI-SOL SOLN OR	2	
POLY-VITA SOLN OR	2	
POLY-VITE PEDIATRIC SOLN OR	2	

Drug Name	Drug Tier	Requirements/Limits
Prenatal Vitamins		
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		
MACI	2	SP; PA
Central Muscle Relaxants		
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
<i>baclofen SOLN OR 10 MG/5ML</i>	2	
<i>baclofen SOLN OR 5 MG/5ML</i>	1	
<i>baclofen SUSP</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
<i>carisoprodol TABS 250 MG</i>	1	PA
<i>carisoprodol TABS 350 MG</i>	1	MP; PA
<i>chlorzoxazone TABS 500 MG</i>	1	MP
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl CP24</i>	1	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	2	SP; PA
LYVISPAH PACK	NP	
<i>metaxalone</i>	1	
<i>methocarbamol TABS 750 MG</i>	1	
<i>methocarbamol TABS 500 MG</i>	1	MP
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 5 MG	2	SP; PA
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	NP	PA
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
<i>orphenadrine w/ aspirin & caff</i>	1	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)
<i>saline SOLN</i>	1	QL(90 ml per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ml per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ml per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ml per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal) 0.025 %</i>	1	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 23.5-24.4 KG	CO	
Sympathomimetic Decongestants			ELEVIDYS 24.5-25.4 KG	CO	
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 25.5-26.4 KG	CO	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)	ELEVIDYS 26.5-27.4 KG	CO	
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 27.5-28.4 KG	CO	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)	ELEVIDYS 28.5-29.4 KG	CO	
SUDAFED CHILDRENS LIQD	2		ELEVIDYS 29.5-30.4 KG	CO	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)	ELEVIDYS 30.5-31.4 KG	CO	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ELEVIDYS 31.5-32.4 KG	CO	
ALS Agents			ELEVIDYS 32.5-33.4 KG	CO	
<i>riluzole TABS</i>	1	PA	ELEVIDYS 33.5-34.4 KG	CO	
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 34.5-35.4 KG	CO	
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 35.5-36.4 KG	CO	
Muscular Dystrophy Agents			ELEVIDYS 36.5-37.4 KG	CO	
ELEVIDYS 10.0-10.4 KG	CO		ELEVIDYS 37.5-38.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO		ELEVIDYS 38.5-39.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO		ELEVIDYS 39.5-40.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO		ELEVIDYS 40.5-41.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO		ELEVIDYS 41.5-42.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO		ELEVIDYS 42.5-43.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO		ELEVIDYS 43.5-44.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO		ELEVIDYS 44.5-45.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO		ELEVIDYS 45.5-46.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO		ELEVIDYS 46.5-47.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO		ELEVIDYS 47.5-48.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO		ELEVIDYS 48.5-49.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO		ELEVIDYS 49.5-50.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO		ELEVIDYS 50.5-51.4 KG	CO	
			ELEVIDYS 51.5-52.4 KG	CO	
			ELEVIDYS 52.5-53.4 KG	CO	
			ELEVIDYS 53.5-54.4 KG	CO	
			ELEVIDYS 54.5-55.4 KG	CO	
			ELEVIDYS 55.5-56.4 KG	CO	
			ELEVIDYS 56.5-57.4 KG	CO	
			ELEVIDYS 57.5-58.4 KG	CO	
			ELEVIDYS 58.5-59.4 KG	CO	
			ELEVIDYS 59.5-60.4 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 60.5-61.4 KG	CO		ZOLGENSMA 15.1-15.5 KG	CO	
ELEVIDYS 61.5-62.4 KG	CO		ZOLGENSMA 15.6-16.0 KG	CO	
ELEVIDYS 62.5-63.4 KG	CO		ZOLGENSMA 16.1-16.5 KG	CO	
ELEVIDYS 63.5-64.4 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	
ELEVIDYS 64.5-65.4 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	
ELEVIDYS 65.5-66.4 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	
ELEVIDYS 66.5-67.4 KG	CO		ZOLGENSMA 18.1-18.5 KG	CO	
ELEVIDYS 67.5-68.4 KG	CO		ZOLGENSMA 18.6-19.0 KG	CO	
ELEVIDYS 68.5-69.4 KG	CO		ZOLGENSMA 19.1-19.5 KG	CO	
ELEVIDYS 69.5 KG PLUS	CO		ZOLGENSMA 19.6-20.0 KG	CO	
EXONDYS 51	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	CO	
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 20.1-20.5 KG	CO	
BOTOX IJ	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	CO	
DYSPOORT	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	CO	
MYOBLOC	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	CO	
XEOMIN	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	CO	
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 4.6-5.0 KG	CO	
SPINRAZA	2	SP; PA	ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO				

OPHTHALMIC AGENTS - Drugs to Treat the Eye

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Artificial Tears and Lubricants			ATROPINE SULFATE SOLN 1 %	2	QL(5 ea per fill retail)
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)	CYCLOGYL 0.5 %	2	QL(15 ml per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 gm per fill retail)	<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ml per fill retail)
Beta-blockers - Ophthalmic			<i>cyclopentolate hcl 1 %</i>	1	QL(5 ml per fill retail)
<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)	ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	1		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ml per fill retail)
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail	<i>tropicamide SOLN 1 %</i>	1	QL(3 ml per fill retail)
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2		<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail)	Miotics		
DORZOLAMIDE HCL/TIMOLOL MALEATE	NP	QL(10 ml per fill retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>dorzolamide hcl-timolol maleate</i>	1		BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
<i>levobunolol hcl 0.5 %</i>	1		BEVACIZUMAB IO 2.75 MG/0.11ML	2	PA
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1		EYLEA SOLN	2	SP; PA
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1		LUCENTIS SOLN 0.3 MG/0.05ML	2	SP; PA
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ml per fill retail)	LUCENTIS SOSY	2	SP; PA
TIMOLOL/BRIMONIDE/DORZOLAMIDE	2		Ophthalmic Adrenergic Agents		
TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP		ALPHAGAN P (<i>Use brimonidine tartrate</i>)	2	
Cycloplegic Mydriatics			<i>apraclonidine hcl</i>	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 gm per fill retail)	<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ml per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ml per fill retail)	<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
			SIMBRINZA	2	
			Ophthalmic Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
ERYTHROMYCIN	2	QL(4 gm per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) OINT</i>	1	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TOBREX OINT	2	QL(4 gm per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ml daily)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN	2	SP; PA
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ml per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ml per fill retail)
PRED-G SUSP	2	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i>	1	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ml per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ml per fill retail)
TOBRADEX OINT	2	QL(4 gm per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ml per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL	2	QL(10 ml per fill retail)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ml per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ml per fill retail)
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost SOLN</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ml per fill retail)
Otic Combinations		
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	2	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Immune Serums			PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA
BIVIGAM SOLN 5 GM/50ML	2	PA	RHO GAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
BIVIGAM SOLN 10 %	2	SP; PA	RHOPHYLAC SOSY IJ	2	SP; PA
CUVITRU SOLN	2	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
CYTOGAM	2	SP; PA	Monoclonal Antibodies		
FLEBOGAMMA DIF SOLN	2	SP; PA	BEYFORTUS	0	AL(At least 19 yrs old); SP
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA	SYNAGIS SOLN	2	SP; PA
GAMASTAN	2	SP; PA	ZINPLAVA	2	SP; PA
GAMMAGARD LIQUID	2	SP; PA	Passive Immunizing Agents - Combinations		
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA	HYQVIA	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA	PENICILLINS - Drugs to Treat Bacterial Infections		
GAMMAPLEX SOLN 5 GM/50ML	2	PA	Aminopenicillins		
GAMMAPLEX SOLN	2	SP; PA	<i>amoxicillin CAPS</i>	1	
GAMUNEX-C	2	SP; PA	<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
HEPAGAM B SOLN IJ	2	SP; PA	<i>amoxicillin SUSR</i>	1	
HIZENTRA SOLN	2	SP; PA	<i>amoxicillin TABS 875 MG</i>	1	
HYPERHEP B SOLN IM	2	SP; PA	<i>ampicillin CAPS 500 MG</i>	1	
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA	Natural Penicillins		
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA	<i>penicillin v potassium SOLR</i>	1	
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA	<i>penicillin v potassium TABS</i>	1	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA	Penicillin Combinations		
NABI-HB SOLN IM	2	SP; PA	<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)
OCTAGAM SOLN 5 GM/50ML	2	PA	<i>amoxicillin & pot clavulanate SUSR</i>	1	
OCTAGAM SOLN	2	SP; PA			
PANZYGA	2	SP; PA			
PRIVIGEN SOLN 5 GM/50ML	2	PA			

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA
Semi Solid Vehicles		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA
MAKENA SOAJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 30 day(s) retail)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	2	QL(1 ea daily)
EXELON 13.3 MG/24HR (Use rivastigmine)	2	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)
<i>memantine hcl CP24</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl SOLN</i>	1	QL(10 ml daily)	COPAXONE SOSY (<i>Use glatiramer acetate</i>)	2	SP; PA
<i>memantine hcl TABS</i>	2	QL(1 ea per 28 day(s) retail)	<i>dalfampridine</i>	1	SP; PA
<i>memantine hcl TABS</i>	1	QL(2 ea daily); MP	<i>dimethyl fumarate CDPK</i>	1	SP; PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	QL(1 ea per 28 day(s) retail)	<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i>rivastigmine 13.3 MG/24HR</i>	1		<i> fingolimod hcl</i>	1	SP; PA
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)	GILENYA	NP	SP; PA
<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)	<i>glatiramer acetate SOSY</i>	1	SP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents			KESIMPTA	2	SP; PA
SKYSONA	CO		MAYZENT STARTER PACK TBPK	NP	SP
Combination Psychotherapeutics			MAYZENT TABS	NP	SP
LYBALVI	NP		PLEGRIDY SOSY IM	NP	SP
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)	PONVORY 14-DAY STARTER PACK TBPK	NP	SP
Fibromyalgia Agents			PONVORY TABS	NP	SP
SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 day(s) retail); PA	TASCENSO ODT	NP	SP
SAVELLA TABS	2	QL(2 ea daily); PA	ZEPOSIA STARTER KIT CPPK	NP	SP
Movement Disorder Drug Therapy			Premenstrual Dysphoric Disorder (PMDD) Agents		
AUSTEDO PATIENT TITRATION KIT TBPK	2	PA	<i>fluoxetine hcl (pmdd) TABS</i>	1	AL(At least 7 yrs old)
AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
AUSTEDO XR TB24	2	SP; PA	<i>ergoloid mesylates TABS</i>	1	
AUSTEDO TABS	2	SP; PA	Smoking Deterrents		
INGREZZA CAPS	2	SP; PA	APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>tetrabenazine</i>	1	SP; PA	<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 18 yrs old)
Multiple Sclerosis Agents			<i>nicotine polacrilex GUM</i>	0	AL(At least 18 yrs old)
AVONEX PEN AJKT	2	SP; PA	<i>nicotine polacrilex LOZG</i>	0	AL(At least 18 yrs old)
AVONEX PSKT	2	SP; PA	NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 18 yrs old)
BAFIERTAM	NP	SP	<i>nicotine MISC XX</i>	0	AL(At least 18 yrs old)
BRIUMVI	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 18 yrs old)
NICOTROL INHALER INHA	NP	AL(At least 18 yrs old); PA
NICOTROL NS SOLN	NP	AL(At least 18 yrs old); PA
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>varenicline tartrate TBPk</i>	0	AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPk 100 MG-50 MG	2	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 90 TABS	2	MP
SYNTHROID TABS (Use levothyroxine sodium)	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine		

Drug Name	Drug Tier	Requirements/Limits
and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate ELIX</i>	1	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
H-2 Antagonists		
<i>cimetidine TABS 800 MG</i>	1	QL(500 ea per fill retail)
<i>cimetidine TABS 300 MG, 400 MG</i>	1	
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP
<i>famotidine TABS 10 MG</i>	1	
<i>ranitidine hcl TABS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	QL(420 ml per fill retail)
<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
Proton Pump Inhibitors		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
<i>esomeprazole magnesium PACK</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole TBDD</i>	1	PA; RX/OTC	<i>fesoterodine fumarate</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride SOLN</i>	1	
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 2.5 MG</i>	1	
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	2		<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
NEXIUM PACK	2		<i>solifenacin succinate TABS</i>	1	
<i>omeprazole CPDR</i>	1	QL(2 ea daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>omeprazole TBEC</i>	1	QL(1 ea daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
<i>pantoprazole sodium PACK</i>	1		TOVIAZ (<i>Use fesoterodine fumarate</i>)	2	
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 ea daily)	<i>trospium chloride CP24</i>	1	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 ea daily)	<i>trospium chloride TABS</i>	1	QL(2 ea daily)
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	2		VESICARE LS SUSP	NP	
<i>rabeprazole sodium TBEC</i>	1		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
Ulcer Drugs - Prostaglandins			GEMTESA	NP	
<i>misoprostol</i>	1		MYRBETRIQ SRER	NP	
Ulcer Therapy Combinations			Urinary Antispasmodics - Cholinergic Agonists		
KONVOMEF SUSR	NP		<i>bethanechol chloride</i>	1	MP
<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC	Urinary Antispasmodics - Direct Muscle Relaxants		
<i>omeprazole-sodium bicarbonate PACK</i>	1		<i>flavoxate hcl</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			VACCINES		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			Bacterial Vaccines		
<i>darifenacin hydrobromide</i>	1		ACTHIB SOLR IM	0	
			BCG VACCINE	0	
			BEXSERO	0	
			BIOTHRAX	0	
			HIBERIX SOLR IJ	0	
			MENACTRA	0	
			MENQUADFI	0	
			MENVEO SOLN	0	
			MENVEO SOLR	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB SUSP	0		COMIRNATY SUSP	CO	
PENBRAYA	0		DENGVAIXIA	0	
PNEUMOVAX 23	0		ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail
PNEUMOVAX 23/1 DOSE	0		ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail
PREVNAR 13	0		FLUAD QUADRIVALENT 2021-2022	0	1 package(s) per 180 day(s) retail
PREVNAR 20	0		FLUAD QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail
TRUMENBA	0		FLUAD QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail
TYPHIM VI SOLN	0		FLUARIX QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail
TYPHIM VI SOSY	0		FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
VAXCHORA	0		FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
VAXNEUVANCE	0		FLUBLOK QUADRIVALENT 2021-2022	0	1 package(s) per 180 day(s) retail
VIVOTIF	0		FLUBLOK QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail
Viral Vaccines			FLUBLOK QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail
ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	1 package(s) per 180 day(s) retail
ACAM2000	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	AREXVY	0	QL(1 ea per fill retail)
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	COMIRNATY 2023-24 SUSP	CO	
AREXVY	0	QL(1 ea per fill retail)	COMIRNATY 2023-24 SUSY	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	HAVRIX	0	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	IMOVAX RABIES (H.D.C.V.) SUSR	0	
FLUMIST QUADRIVALENT	0		IPOLE INACTIVATED IPV	0	
FLUZONE HIGH-DOSE PF 2021-2022	0	1 package(s) per 180 day(s) retail	IXCHIQ	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 package(s) per 180 day(s) retail	IXIARO	0	
FLUZONE HIGH-DOSE PF 2023-2024	0	1 package(s) per 180 day(s) retail	JANSSEN COVID-19 VACCINE	CO	
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	1 package(s) per 180 day(s) retail	JYNNEOS	0	
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	M-M-R II SOLR	0	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	CO	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	CO	
			MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	CO	
			MODERNA COVID-19 VACCINE6-11Y SUSP	CO	
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	CO	
			MODERNA COVID-19 VACCINE SUSP	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE	CO		RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24	CO		ROTARIX SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	CO		ROTARIX SUSR	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	CO		ROTATEQ SOLN	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	CO		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	CO	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	CO		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	CO	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	CO		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	CO	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	CO		SPIKEVAX COVID-19 VACCINE SUSP	CO	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	CO		STAMARIL SUSR	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	CO		TICOVAC	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	CO		TWINRIX SUSY	0	
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail	VAQTA	0	
PRIORIX SUSR	0		VARIVAX INJ	0	2 max fill(s) per 999 day(s) retail
PROQUAD SUSR	0		YF-VAX INJ	0	
RBAVERT	0		VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail	Spermicides		
			ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)
			OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
			VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
			VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
			Vaginal Anti-infectives		
			<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
			CLINDESSE	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
GYNAZOLE-1	2		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)	Anaphylaxis Therapy Agents		
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)	AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 ea per 180 day(s) retail)
<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 ea per 180 day(s) retail; 6 ea per 180 days mail)
<i>miconazole nitrate vaginal KIT</i>	1	QL(24 ea per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill retail)	EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 ea per 180 day(s) retail)
NUVESSA	2		EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 ea per 180 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)	<i>droxidopa</i>	1	SP; PA
<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)	Vasopressors		
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)	<i>midodrine hcl</i>	1	
VANDAZOLE	NP	QL(70 gm per fill retail)	VITAMINS		
XACIATO GEL	NP		Oil Soluble Vitamins		
Vaginal Anti-inflammatory Agents			<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
<i>hydrocortisone vaginal</i>	1	QL(85.2 gm per fill retail)			
Vaginal Estrogens					
<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 day(s) retail)			
<i>estradiol vaginal TABS</i>	1				
PREMARIN	2	QL(43 gm per 30 day(s) retail)			
Vaginal Progestins					
CRINONE GEL	2	AL(At least 15 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
<i>ergocalciferol CAPS</i>	1	
KEY-E CHEW	2	QL(2 ea daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD OR 5000 UNIT/ML	2	
<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
VITAMIN E CAPS 200 UNIT	2	QL(2 ea daily)
VITAMIN E CHEW	2	QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 ea per 34 day(s) retail)
B-1 TABS	2	QL(2.94 ea daily)
NIACIN TR TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 ea daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 ea daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 ea daily)

INDEX

1ST TIER UNILET COMFORTOUCH LANCETS 28G	60	acetaminophen CHEW	5	ACTIPHLOA CAPS	18
1ST TIER UNILET COMFORTOUCH LANCETS 30G	60	acetaminophen ELIX	5	ACTIVITY POUCH MISC	67
abacavir sulfate SOLN	33	acetaminophen LIQD 160 MG/5ML	5	acyclovir CAPS	35
abacavir sulfate TABS	33	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	acyclovir SUSP	35
abacavir sulfate-lamivudine	33	acetaminophen SUPP 120 MG, 650 MG	5	acyclovir TABS OR 400 MG	35
ABILIFY ASIMTUFII PRSY	33	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	5	acyclovir TABS OR 800 MG	35
ABILIFY MAINTENA PRSY	33	acetaminophen TABS 325 MG, 500 MG	5	acyclovir topical CREA	44
ABILIFY MAINTENA SRER	33	acetaminophen w/ codeine SOLN ..	7	acyclovir topical OINT	44
ABILIFY MYCITE	33	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	ADACEL SUSP	86
ABILIFY MYCITE MAINTENANCE KIT	33	acetazolamide CP12	50	ADALIMUMAB-AACF (2 PEN) AJKT .	3
ABILIFY MYCITE STARTER KIT ..	33	acetazolamide TABS	50	ADALIMUMAB-AATY 1-PEN KIT AJKT	3
abiraterone acetate	29	acetic acid (otic)	81	ADALIMUMAB-AATY 2-PEN KIT AJKT	3
ABRAXANE	31	acetylcysteine SOLN	42	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 40 MG/0.4ML	3
ABRILADA 1-PEN KIT AJKT	3	ACIDOPHILUS HIGH-POTENCY CAPS	18	ADALIMUMAB-ADAZ SOAJ	3
ABRILADA 2-PEN KIT AJKT	3	ACIDOPHILUS PEARLS CAPS ...	18	ADALIMUMAB-ADAZ SOSY	3
ABRILADA PSKT	3	ACIDOPHILUS PROBIOTIC BLEND CAPS	18	ADALIMUMAB-ADBM AJKT	3
ABRYSVO	88	ACIDOPHILUS SUPER PROBIOTIC CAPS	18	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT ..	3
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	42	ACIDOPHILUS/GOAT MILK CAPS	18	ADALIMUMAB-ADBM PSKT	3
ACAM2000	88	ACNE MEDICATION 10 LOTN ...	42	ADALIMUMAB-ADBM PSORIASIS/UEITIS STARTER AJKT	3
acamprosate calcium	83	ACNE MEDICATION 5 LOTN	42	ADALIMUMAB-FKJP AJKT	3
acarbose	15	ACTHAR	51	ADALIMUMAB-FKJP PSKT	3
ACCULA SARS-COV-2	48	ACTHIB SOLR IM	87	adapalene CREA	42
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	25	ACTIMMUNE	30	adapalene GEL	42
ACUTREND PLUS	60			ADAPALENE SOLN	42
ACE AEROSOL CLOUD ENHANCER MISC	67			adapalene-benzoyl peroxide GEL ..	42
acebutolol hcl CAPS	36				

ADBRY	47	MISC	67	2022 SUSY	88
ADCETRIS	28	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI ..	67	AFLURIA QUADRIVALENT 2022-2023 SUSP	88
ADDERALL TABS (Use amphetamine-dextroamphetamine) ..	1	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	67	AFLURIA QUADRIVALENT 2022-2023 SUSY	88
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) ..	1	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	67	AFLURIA QUADRIVALENT 2023-2024 SUSP	88
ADLARITY PTWK	83	AEROCHAMBER PLUS FLOW-VU/MASK MISC	67	AFLURIA QUADRIVALENT 2023-2024 SUSY	88
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	85	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	67	AFSTYLA	55
ADULT AEROSOL MASK MISC ..	67	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	67	AGAMATRIX ULTRA-THIN LANCETS 33G	60
ADULT MASK LARGE MISC	67	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	67	AIMSCO TWIST LANCETS 32G ..	60
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	10	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	67	AIMSCO TWIST LANCETS 33G ..	60
ADVANCED MOBILE LANCET 30G 60		AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	67	AIRDUO DIGIHALER 113/14	10
ADVANCED PROBIOTIC CAPS ..	18	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	67	AIRDUO DIGIHALER 232/14	10
ADVANCED PROBIOTIC-14 CAPS 18		AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	67	AIRDUO DIGIHALER 55/14	10
ADVATE	55	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	67	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	10
ADVIL TABS (Use ibuprofen)	4	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	67	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	11
ADVIN COVID-19 ANTIGEN HOME TEST KIT	48	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	67	AIRDUO RESPICLICK 55/14 AEPB 11	
ADYNOVATE	55	AEROCHAMBER/FLOWSIGNAL MISC	68	AIRS PEDIATRIC AEROSOL MASK MISC	68
AEROCHAMBER HOLDING CHAMBER DEVI	67	AEROTRACH PLUS MISC	68	AJOVY SOAJ	71
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	67	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI ..	68	AJOVY SOSY	71
AEROCHAMBER MV MISC	67	AFLURIA QUADRIVALENT 2021-2022 SUSP	88	albuterol sulfate AERS	11
AEROCHAMBER PLUS FLOW VU MISC	67	AFLURIA QUADRIVALENT 2021-2022 SUSP	88	albuterol sulfate NEBU 0.083 % ...	11
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	67	AFLURIA QUADRIVALENT 2021-2022 SUSP	88	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	11
AEROCHAMBER PLUS FLOW-VU		AFLURIA QUADRIVALENT 2021-		albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	11
		AFLURIA QUADRIVALENT 2021-		ALBUTEROL SULFATE NEBU	11

albuterol sulfate SYRP	11	ALPHANATE SOLR	55	AMJEVITA SOSY	3
albuterol sulfate TABS	11	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	55	amlodipine besylate TABS	36
alclometasone dipropionate CREA	44	ALPRAZOLAM INTENSOL CONC .	9	amlodipine besylate-atorvastatin calcium	37
alclometasone dipropionate OINT	.44	alprazolam TABS	9	amlodipine besylate-benazepril hcl 25	
ALCOHOL PREP PADS	66	alprazolam TB24	9	amlodipine besylate-olmesartan medoxomil	25
ALCOHOL PREP PADS-MISC ...	59	alprazolam TBDP	9	amlodipine besylate-valsartan	25
ALCOHOL SWABS	66	ALPROLIX	55	amlodipine-valsartan- hydrochlorothiazide	25
ALDURAZYME	52	ALTUVIIIIO	55	amoxapine	15
ALECENSA	29	alum & mag hydrox-simethicone LIQD	8	amoxicillin & pot clavulanate CHEW . 82	
alendronate sodium SOLN	51	alum & mag hydrox-simethicone SUSP	8	amoxicillin & pot clavulanate SUSR 82	
alendronate sodium TABS 35 MG, 70 MG	51	ALUMINUM HYDROXIDE SUSP 320 MG/5ML	8	amoxicillin & pot clavulanate TABS 125 MG-250 MG	83
alendronate sodium TABS 5 MG, 10 MG	51	amantadine hcl CAPS	31	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 83	
ALFERON N	30	amantadine hcl SOLN	31	amoxicillin & pot clavulanate TB12	83
alfuzosin hcl	55	amantadine hcl TABS	31	amoxicillin CAPS	82
ALIGN CAPS	18	ambrisentan	37	amoxicillin CHEW 125 MG, 250 MG . 82	
ALIGN EXTRA STRENGTH CAPS 18		amcinonide CREA	45	amoxicillin SUSR	82
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	68	amcinonide LOTN	45	amoxicillin TABS 875 MG	82
allopurinol	55	amcinonide OINT	45	amphetamine sulfate TABS	1
almotriptan malate	71	amiloride & hydrochlorothiazide ..	50	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALOE 10000 & PROBIOTICS CAPS . 18		amiloride hcl TABS	51		
alogliptin benzoate	16	aminocaproic acid SOLN OR 0.25 GM/ML	57		
alogliptin-metformin hcl	15	aminocaproic acid TABS 1000 MG 57			
alogliptin-pioglitazone	15	aminocaproic acid TABS 500 MG .	57		
ALORA PTTW	53	amiodarone hcl TABS 200 MG	10		
alosetron hcl	54	amitriptyline hcl TABS	15		
ALPHAGAN P (Use brimonidine tartrate)	79	AMJEVITA SOAJ	3		

amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	MG/2.4ML, 882 MG/3.2ML	33	atomoxetine hcl	2
amphetamine-dextroamphetamine TABS	1	ARMONAIR DIGIHALER	10	ATORVALIQ SUSP	24
ampicillin CAPS 500 MG	82	ARMOUR THYROID TABS	85	atorvastatin calcium TABS	24
anastrozole	29	arsenic trioxide 12 MG/6ML	30	atropine sulfate (ophthalmic) OINT	79
ANDEXXA 200 MG	22	ARZERRA	28	atropine sulfate (ophthalmic) SOLN	79
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	8	ASACOL HD TBEC (Use mesalamine)	54	ATROPINE SULFATE SOLN 1 %	.79
ANUSOL-HC EX (Use hydrocortisone (rectal))	8	ascorbic acid TABS	92	ATROVENT HFA	10
APLIGRAF DISK	48	ASMANEX TWISTHALER 120 METERED DOSES AEPB	10	AURORA LANCET SUPER THIN30G	60
APOKYN SOCT	31	ASMANEX TWISTHALER 14 METERED DOSES AEPB	10	AURORA LANCET THIN 23G	60
apomorphine hydrochloride SOCT	31	ASMANEX TWISTHALER 30 METERED DOSES AEPB	10	AUSTEDO PATIENT TITRATION KIT TBPK	84
APONVIE EMUL	23	ASMANEX TWISTHALER 60 METERED DOSES AEPB	10	AUSTEDO TABS	84
APO-VARENICLINE TABS	84	aspirin buffered (cal carb-mag carb- mag oxide)	5	AUSTEDO XR PATIENT TITRATION KIT TEPK	84
apraclonidine hcl	79	aspirin CHEW	5	AUSTEDO XR TB24	84
aprepitant CAPS	23	ASPIRIN SUPP 300 MG	6	AUVELITY	14
aprepitant MISC	23	aspirin TABS 325 MG	6	AUVI-Q SOAJ 0.3 MG/0.3ML	91
APTIVUS CAPS	33	aspirin TBEC 81 MG, 325 MG	6	AVASTIN	28
AQUORAL SOLN	74	ASPIRIN/OMEPRAZOLE 81 MG-40 MG	56	AVEED SOLN	8
ARALAST NP SOLR 500 MG, 1000 MG	85	ASPIRIN/OMEPRAZOLE ER	56	AVONEX PEN AJKT	84
ARESTIN	73	aspirin-dipyridamole	56	AVONEX PSKT	84
AREXVY	88	ASPRUZYO SPRINKLE PACK	9	azacitidine SUSR	27
aripiprazole SOLN OR	33	ASTAGRAF XL CP24	73	azathioprine TABS 50 MG	73
aripiprazole TABS	33	atazanavir sulfate CAPS	33	azathioprine TABS 75 MG, 100 MG	73
aripiprazole TBDP	33	atenolol & chlorthalidone	25	AZEDRA DOSIMETRIC	30
ARISTADA 441 MG/1.6ML, 662		atenolol TABS	36	AZEDRA THERAPEUTIC	30
		ATGAM	73	azelastine hcl (ophth)	81
				azelastine hcl	76
				azelastine hcl-fluticasone propionate	

SUSP	76	b-complex w/ c & folic acid TABS ..74	BENDAMUSTINE HYDROCHLORIDE SOLN	27
azithromycin SUSR 100 MG/5ML .	59	BD AUTOSHIELD DUO 30G X 5MM	BENDEKA SOLN	27
azithromycin SUSR 200 MG/5ML .	59	BD GLUCOSE CHEW	BENEFIX KIT	55
azithromycin TABS 250 MG	59	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	BENLYSTA SOLR	73
azithromycin TABS 500 MG	59	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	BENZNIDAZOLE	8
azithromycin TABS 600 MG	59	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	benzonatate 100 MG	41
AZSTARYS	2	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	benzonatate 200 MG	41
b complex w/ c CAPS	74	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	42
B-1 TABS	92	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	benzoyl peroxide LIQD 5 %, 10 %	.42
BACICAP CAPS	18	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	benztropine mesylate TABS	31
BACID CAPS	18	BD PEN NEEDLES	BERINERT KIT	56
bacitracin (topical) OINT	43	BD SWABS SINGLE USE	betaine	52
bacitracin zinc OINT	43	BD SWABS SINGLE USE BUTTERFLY	betamethasone dipropionate (topical) CREA	45
bacitracin-polymyxin b (ophth)	80	BD VERITOR AT-HOME COVID-19 TEST KIT	betamethasone dipropionate (topical) LOTN	45
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML	75	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 ..	betamethasone dipropionate (topical) OINT	45
baclofen SOLN OR 10 MG/5ML ...	75	BELEODAQ	betamethasone dipropionate augmented CREA	45
baclofen SOLN OR 5 MG/5ML	75	BELRAPZO SOLN	betamethasone dipropionate augmented GEL 0.05 %	45
baclofen SUSP	75	BENADRYL ALLERGY EXTRA STRENGTH TABS	betamethasone dipropionate augmented LOTN	45
baclofen TABS 10 MG, 20 MG	75	benazepril & hydrochlorothiazide .	betamethasone valerate CREA ...	45
baclofen TABS 5 MG	75	benazepril hcl 40 MG	betamethasone valerate FOAM ...	45
BAFIERTAM	84	benazepril hcl 5 MG, 10 MG, 20 MG .	betamethasone valerate LOTN	45
balsalazide disodium CAPS	54	25	betamethasone valerate OINT	45
BAQSIMI ONE PACK POWD	15	bendamustine hcl SOLR	betaxolol hcl (ophth) SOLN	79
BAQSIMI TWO PACK POWD	15			
BASAGLAR TEMPO PEN SOPN ..16				
BCG VACCINE	87			
b-complex vitamins CAPS	74			
b-complex vitamins TABS	74			
b-complex w/ c & folic acid CAPS .	74			

betaxolol hcl	36	bisacodyl TBEC	59	BREATHE EASE NEBULIZER MASK/INFANT MISC	68
bethanechol chloride	87	bismuth subsalicylate CHEW 262 MG	18	BREATHE EASE/LARGE MASK DEVI	68
BETHKIS NEBU (Use tobramycin) .	2	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	18	BREATHE EASE/MEDIUM MASK DEVI	68
BEVACIZUMAB IO 2.75 MG/0.11ML . 79		bisoprolol & hydrochlorothiazide ..	25	BREATHE EASE/SMALL MASK DEVI	68
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 79		bisoprolol fumarate	36	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI .	68
BEVESPI AEROSPHERE	11	BIVIGAM SOLN 10 %	82	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	68
bexarotene (topical)	44	BIVIGAM SOLN 5 GM/50ML	82	BREO ELLIPTA	11
bexarotene	30	BLEPHAMIDE S.O.P. OINT	80	BREZTRI AEROSPHERE	11
BEXSERO	87	BLINCYTO	28	BRIDION	22
BEYFORTUS	82	BONJESTA TBCR	23	BRILINTA	56
bicalutamide	29	BOOSTRIX SUSP	86	brimonidine tartrate 0.1 %, 0.15 %	79
BIKTARVY 120 MG-30 MG-15 MG 33		BOOSTRIX SUSY	86	brimonidine tartrate 0.2 %	79
BIKTARVY 200 MG-50 MG-25 MG 33		bortezomib SOLR IJ	30	brimonidine tartrate-timolol maleate . 79	
BILAC CAPS	18	BORTEZOMIB SOLR IV 3.5 MG ..	30	BRIUMVI	84
bimatoprost SOLN	81	bosentan TABS	37	BRIVIACT SOLN IV 50 MG/5ML ..	12
BINAXNOW COVID-19 AG CARD 48		BOSULIF TABS 100 MG, 500 MG	30	BRIXADI SOSY	7
BINAXNOW COVID-19 AG CARD HOME TEST KIT	48	BOTOX IJ	78	bromfenac sodium (ophth) 0.09 %	81
BIOHM PROBIOTIC SUPPLEMENT CAPS	18	BPROTECTED PEDIA POLY-VITE SOLN OR	75	bromocriptine mesylate CAPS	31
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS .	18	BPROTECTED PEDIA POLY- VITE/IRON SOLN	75	bromocriptine mesylate TABS 2.5 MG	31
BIO-KULT CAPS	18	BRAFTOVI 75 MG	30	brompheniramine & phenyleph ELIX . 41	
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	74	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	68	brompheniramine & pseudoeph ELIX 42	
BIOTHRAX	87	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	68	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	42
bisacodyl SUPP	59	BREATHE EASE NEBULIZER MASK/CHILD MISC	68	BUBBLES THE FISH II PEDIATRIC	

MASK/PVC MISC	68	butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium carbonate (antacid) CHEW 500 MG	8
budesonide (inhalation) SUSP	10	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	72
budesonide TB24	41	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	calcium polycarbophil TABS	58
budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	CAMCEVI	29
bumetanide TABS	50	butalbital-aspirin-caffeine CAPS	5	camphor & menthol LOTN	44
BUPHENYL POWD (Use sodium phenylbutyrate)	52	butalbital-aspirin-caffeine w/cod ...	7	CANASA SUPP (Use mesalamine) 54	
BUPHENYL TABS (Use sodium phenylbutyrate)	52	BUTRANS PTWK (Use buprenorphine)	7	candesartan cilexetil	25
buprenorphine hcl SUBL	7	BYETTA SOPN 10 MCG/0.04ML ..	16	candesartan cilexetil- hydrochlorothiazide	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	7	BYETTA SOPN 5 MCG/0.02ML ...	16	capecitabine	27
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	CABOMETYX TABS	30	CAPHOSOL SOLN	74
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	caffeine citrate SOLN OR	1	CAPLYTA	32
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	calcipotriene CREA	44	CAPRELSA	30
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	calcipotriene FOAM	44	capsaicin CREA 0.025 %, 0.075 % 47	
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	CALCIPOTRIENE FOAM	44	capsaicin CREA 0.1 %	47
buprenorphine PTWK	7	calcipotriene OINT	44	captopril & hydrochlorothiazide ...	25
bupropion hcl (smoking deterrent) 84		calcipotriene SOLN	44	captopril	25
bupropion hcl TABS	14	calcipotriene-betamethasone dipropionate OINT	45	CAPZASIN-P CREA	47
bupropion hcl TB12 100 MG	14	calcipotriene-betamethasone dipropionate SUSP	45	CARAC CREA (Use fluorouracil (topical))	44
bupropion hcl TB12 150 MG	14	calcitonin (salmon) IJ	51	CARBAGLU (Use carglumic acid) 52	
bupropion hcl TB12 200 MG	14	calcitonin (salmon) NA	51	carbamazepine CHEW	12
bupropion hcl TB24 150 MG	14	calcitriol CAPS	52	carbamazepine CP12	12
bupropion hcl TB24 300 MG	14	calcium acetate (phosphate binder) CAPS	54	carbamazepine SUSP	12
bupropion hcl TB24 450 MG	14	calcium acetate (phosphate binder) TABS	54	carbamazepine TABS	12
buspiron hcl	9			carbamazepine TB12	12
				carbamide peroxide (otic) 6.5 % ...	81

CARBATROL CP12 (Use carbamazepine)	12	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	38	cetirizine hcl SYRP OR	23
carbidopa	31	cefadroxil CAPS	38	cetirizine hcl TABS	23
carbidopa-levodopa TABS	31	cefadroxil SUSR	38	CHEMET	22
carbidopa-levodopa TBCR	31	cefadroxil TABS	38	CHEMSTRIP-K STRP	49
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	27	cefdinir CAPS	38	CHENODAL	53
CAREONE LANCET SUPER THIN/30G	60	cefdinir SUSR	38	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4
CAREONE LANCET THIN	60	cefixime CAPS	38	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4
CARESENS LANCETS	60	cefixime SUSR	38	chlordiazepoxide hcl CAPS	9
CARESTART COVID-19 ANTIGEN HOME TEST KIT	48	cefepodoxime proxetil SUSR	38	chlorhexidine gluconate (mouth-throat)	73
CARETOUCH TWIST LANCETS 28G	60	cefepodoxime proxetil TABS	38	chloroquine phosphate TABS 250 MG	27
CARETOUCH TWIST LANCETS 30G	60	cefprozil SUSR	38	chloroquine phosphate TABS 500 MG	27
CARETOUCH TWIST LANCETS MULTI COLOR/30G	60	cefprozil TABS	38	chlorpheniramine maleate SYRP ..	23
carglumic acid	52	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	38	chlorpheniramine maleate TABS ..	23
carisoprodol TABS 250 MG	75	cefuroxime axetil TABS	38	chlorpromazine hcl TABS	33
carisoprodol TABS 350 MG	75	celecoxib	4	chlorthalidone 25 MG, 50 MG	51
carisoprodol w/ aspirin & codeine ..	76	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	49	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	75
carteolol hcl (ophth)	79	CELONTIN (Use methsuximide) ..	13	CHLORZOXAZONE TABS 500 MG	75
carvedilol 25 MG	36	CENTANY OINT	43	CHOLBAM	53
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	36	cephalexin CAPS 250 MG, 500 MG 38		cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	92
carvedilol phosphate	36	cephalexin SUSR	38	cholecalciferol CAPS 125 MCG, 5000 UNIT	92
CASTIVA WARMING LOTN	47	CEPROTIN	56	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	91
CAYSTON	26	CEQUA SOLN	80	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML ...	92
cefaclor CAPS	38	CERDELGA	56	cholestyramine light PACK	24
CEFACLOR ER TB12	38	CEREZYME 400 UNIT	56		
		cetirizine hcl CAPS	23		
		cetirizine hcl CHEW	23		
		cetirizine hcl SOLN OR	23		

cholestyramine light POWD	24	citalopram hydrobromide TABS ...	14	clindamycin phosphate-benzoyl peroxide (refrigerate)	42
cholestyramine PACK	24	cladribine 10 MG/10ML	28	clindamycin phosphate-benzoyl peroxide GEL	42
cholestyramine POWD	24	clarithromycin SUSR	59	clindamycin phosphate-tretinoin ..	42
CHORIONIC GONADOTROPIN IM 51		clarithromycin TABS	59	CLINDESSE	90
CIBINQO	47	clarithromycin TB24	59	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT	49
ciclopirox SOLN	43	CLEANLET LANCETS 28G	60	clobazam SUSP	12
cilostazol	56	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	49	clobazam TABS	12
cimetidine TABS 200 MG	86	clemastine fumarate TABS 1.34 MG . 23		clobetasol propionate CREA 0.05 % . 45	
cimetidine TABS 300 MG, 400 MG 86		CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	68	clobetasol propionate emollient base 0.05 %	45
cimetidine TABS 800 MG	86	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	68	clobetasol propionate emulsion ...	45
cinacalcet hcl	52	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate FOAM	45
CINQAIR	10	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	68	clobetasol propionate GEL 0.05 %	45
CINRYZE SOLR IV	56	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate LIQD	45
CIPRO SUSR	53	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	68	clobetasol propionate LOTN	45
CIPRODEX (Use ciprofloxacin- dexamethasone)	81	clindamycin hcl 150 MG, 300 MG .	26	clobetasol propionate OINT 0.05 % 45	
ciprofloxacin hcl (ophth) SOLN	80	clindamycin palmitate hydrochloride . 26		clocortolone pivalate	45
ciprofloxacin hcl (otic)	81	clindamycin phosphate (topical) GEL 42		CLODERM (Use clocortolone pivalate)	45
ciprofloxacin hcl TABS 100 MG ...	53	clindamycin phosphate (topical) LOTN	42	clomipramine hcl	15
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	53	clindamycin phosphate (topical) SOLN	42	clonazepam TABS	12
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	53	clindamycin phosphate vaginal CREA	90	clonazepam TBDP	12
ciprofloxacin-dexamethasone	81			clonidine hcl (adhd) TB12	2
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	27			clonidine hcl TABS	25
CISPLATIN SOLR	27			clopidogrel bisulfate 300 MG	56
CITALOPRAM HYDROBROMIDE CAPS	14				
citalopram hydrobromide SOLN ...	14				

clopidogrel bisulfate 75 MG .....56	zidovudine) .....33	COSENTYX UNOREADY SOAJ .. 44
clorazepate dipotassium TABS 9	COMETRIQ KIT .....30	COSOPT (Use dorzolamide hcl- timolol maleate) 79
clotrimazole (topical) CREA 43	COMFORT ASSURED LANCETS SUPER THIN 28G 60	cosyntropin SOLR 48
clotrimazole (topical) SOLN 43	COMFORT LANCETS 60	COTELLIC .....30
clotrimazole vaginal CREA 1 % ...91	COMIRNATY 2023-24 SUSP 88	COVID-19 AG TEST KIT 49
clotrimazole vaginal CREA 2 % ...91	COMIRNATY 2023-24 SUSY 88	COVID-19 AT-HOME TEST KIT KIT . 49
clotrimazole w/ betamethasone CREA 43	COMIRNATY SUSP 88	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT .....49
clotrimazole w/ betamethasone LOTN 43	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ... 68	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT 49
clozapine TABS .....32	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI 68	CREON CPEP 50
clozapine TBDP .....32	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI 68	CRINONE GEL 91
CO MONITOR REPLACEMENT TPIECES MISC 68	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI 68	cromolyn sodium (nasal) 5.2 MG/ACT .....76
COAGADEX 55	COMPLERA .....33	cromolyn sodium (ophth) .....81
coal tar extract SHAM 0.5 % 48	CONCERTA TBCR (Use methylphenidate hcl) 2	cromolyn sodium NEBU 10
COARTEM 27	CONDOMS-MISC .....59	CRYSVITA 52
COBAS LIAT SARS-COV-2 ASSAY . 49	CONZIP CP24 (Use tramadol hcl) ..6	CULTURELLE ADULT ULTIMATEBALANCE CAPS 21
COBAS LIAT SARS-COV-2 CONTROL .....49	COPAXONE SOSY (Use glatiramer acetate) 84	CULTURELLE ADVANCED IMMUNE DEFENSE CAPS .....18
codeine sulfate TABS 30 MG 6	CORDRAN OINT 45	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS 21
CODEINE SULFATE TABS .....6	CORIFACT 55	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS 21
colchicine TABS .....55	CORTISONE ACETATE TABS ...41	CULTURELLE DIGESTIVE HEALTH CAPS 22
colchicine w/ probenecid .....55	CORTROPHIN 51	CULTURELLE DIGESTIVE HEALTH CHEW 22
colestipol hcl GRAN 24	COSENTYX SENSOREADY PEN SOAJ .....44	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS 21
colestipol hcl TABS 24	COSENTYX SOLN .....44	
COMBIGAN (Use brimonidine tartrate-timolol maleate) .....79	COSENTYX SOSY 44	
COMBIPATCH PTTW .....53		
COMBIVENT RESPIMAT AERS .. 11		
COMBIVIR (Use lamivudine-		

CULTURELLE HEALTH & WELLNESS CAPS	22	CVS LANCETS 21G	60	cyclopentolate hcl 1 %	79
CULTURELLE KIDS CHEW	18	CVS LANCETS MICRO THIN 33G 60		cyclophosphamide CAPS 50 MG ..	27
CULTURELLE KIDS PACK	18	CVS LANCETS MICRO-THIN 33G 60		CYCLOPHOSPHAMIDE TABS	27
CULTURELLE KIDS PROBIOTIC + FIBER PACK	18	CVS LANCETS ORIGINAL	60	cyclosporine (ophth) EMUL	80
CULTURELLE KIDS PURELY PRBIOTICS CHEW	18	CVS LANCETS THIN 26G	60	cyclosporine CAPS	73
CULTURELLE KIDS PURELY PROBIOTICS PACK	18	CVS LANCETS ULTRA THIN 30G 60		cyclosporine modified (for microemulsion) CAPS	73
CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	18	CVS LANCETS ULTRA-THIN 30G 60		cyclosporine modified (for microemulsion) SOLN	73
CULTURELLE PROBIOTICS KIDS PACK	18	CVS LANCETS ULTRA-THIN 30G 60		cyclosporine SOLN IV 50 MG/ML ..	73
CULTURELLE PRO-WELL CAPS ..	18	CVS MOOD SUPPORT PROBIOTIC CAPS	18	CYLTEZO AJKT	3
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..	22	CVS PREP PADS	66	CYLTEZO PSKT	3
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	66	CVS PROBIOTIC ADULT 50+ CAPS 18		CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CUVITRU SOLN	82	CVS PROBIOTIC CAPS	19	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
CVS ADULT 50+ PROBIOTIC CAPS 18		CVS PROBIOTIC MAXIMUM STRENGTH CAPS	18	CYMBALTA CPEP (Use duloxetine hcl)	14
CVS ADULT PROBIOTIC CAPS ..	18	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	18	cyproheptadine hcl SYRP	24
CVS ALCOHOL PREP PADS	66	CVS SENIOR PROBIOTIC CAPS ..	19	cyproheptadine hcl TABS	24
CVS COVID-19 AT HOME TESTKIT KIT	49	CVS SOFT GLUCOSE CHEW	16	CYRAMZA	28
CVS DAILY PROBIOTIC CAPS ...	18	CVS ULTRA THIN LANCETS	60	CYSTAGON CAPS	54
CVS DIGESTIVE PROBIOTIC CAPS	18	cyanocobalamin SOLN IJ 1000 MCG/ML	56	CYSTARAN	81
CVS DRY MOUTH SPRAY SOLN ..	74	cyclobenzaprine hcl CP24	75	cytarabine SOLN	28
CVS EVERYDAY CARE PROBIOTIC CAPS	18	cyclobenzaprine hcl TABS 5 MG, 10 MG	75	CYTOGAM	82
CVS GLUCOSE CHEW	16	cyclobenzaprine hcl TABS 7.5 MG 75		dabigatran etexilate mesylate CAPS .	12
		cyclobenzaprine hcl TABS 7.5 MG 76		DAILY DIGESTIVE PROBIOTIC CAPS	19
		CYCLOGYL 0.5 %	79	DAILY PROBIOTIC CAPS	19
		cyclopentolate hcl 0.5 %	79	dalfampridine	84
				dantrolene sodium CAPS	76

dapagliflozin propanediol	17	DESCOVY 120 MG-15 MG	33	CONC	41
dapsone	26	DESCOVY 200 MG-25 MG	33	dexamethasone sodium phosphate (ophth)	80
DAPTACEL	86	desipramine hcl TABS	15	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	41
DARAPRIM (Use pyrimethamine)	27	desloratadine TBDP	23	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	41
darifenacin hydrobromide	87	desmopressin acetate SOLN IJ	52	dexamethasone SOLN	41
darunavir TABS	33	DESMOPRESSIN ACETATE SOLN NA	52	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG	41
DARZALEX	28	desmopressin acetate spray	52	dexchlorpheniramine maleate SOLN	23
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	29	desmopressin acetate spray refrigerated	52	dexmedetomidine hcl in sodium chloride SOLN	58
DAURISMO	29	desmopressin acetate TABS	52	dexmedetomidine hcl SOLN	58
DAYHIST ALLERGY 12 HOUR RELIEF TABS	23	desogestrel & ethinyl estradiol	38	dexmethylphenidate hcl CP24	2
decitabine	28	desogestrel-ethinyl estradiol (biphasic)	38	dexmethylphenidate hcl TABS	2
deferasirox PACK	22	desogestrel-ethinyl estradiol (triphasic)	38	dexrazoxane hcl	31
deferasirox TABS	22	desonide CREA	45	DEXTENZA INST	80
deferasirox TBSO	22	desonide LOTN	45	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
deferiprone TABS	22	desonide OINT	45	dextroamphetamine sulfate CP24 5 MG	1
deferoxamine mesylate	22	desoximetasone CREA 0.05 %	45	dextroamphetamine sulfate SOLN	1
DEFITELIO	56	desoximetasone CREA 0.25 %	45	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
deflazacort TABS	41	desoximetasone GEL	45	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEFLUX	55	desoximetasone LIQD	45	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	42
DELSTRIGO	33	desoximetasone OINT	45	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100	
DENAVIR (Use penciclovir)	44	DESVENLAFAXINE ER	14		
DENGVAXIA	88	desvenlafaxine succinate 100 MG	15		
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	13	desvenlafaxine succinate 25 MG, 50 MG	15		
DEPO-SUBQ PROVERA 104 SUSY SC	40	DEX4 QUICK DISSOLVE GLUCOSE CHEW	16		
DERMACINRX PROBISOL CAPS	19	dexamethasone ELIX	41		
DERMACINRX PROBITRAN CAPS	19	DEXAMETHASONE INTENSOL			

MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	42	ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS	19	diltiazem hcl extended release beads	36
DHIVY TABS	31	DIGESTIVE ADVANTAGE CAPS .	19	diltiazem hcl TABS	36
DIATHRIVE LANCETS	60	DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	19	diltiazem hcl TB24	37
DIATHRIVE LANCETS ULTRA THIN 30G	60	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	19	dimethyl fumarate CDPK	84
diazepam CONC	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS	19	dimethyl fumarate CPDR	84
DIAZEPAM SOAJ	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS	19	diphenhydramine hcl (sleep) CAPS 58	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	9	DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	19	diphenhydramine hcl (sleep) LIQD 58	
DIAZEPAM SOLN IJ 5 MG/ML	9	digoxin SOLN OR 0.05 MG/ML	37	diphenhydramine hcl (sleep) TABS 25 MG	58
diazepam SOLN OR 5 MG/5ML	9	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	37	diphenhydramine hcl (sleep) TABS 50 MG	58
diazepam TABS	9	dihydroergotamine mesylate SOLN NA 4 MG/ML	71	diphenhydramine hcl (sleep) TBDP 58	
diazoxide	16	DILANTIN (Use phenytoin sodium extended)	13	diphenhydramine hcl CAPS	23
dibucaine	47	DILANTIN INFATABS CHEW (Use phenytoin)	13	diphenhydramine hcl ELIX 12.5 MG/5ML	23
diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	36	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23
diclofenac sodium (ophth)	81	diltiazem hcl coated beads CP24 240 MG	36	diphenhydramine hcl TABS 25 MG 23	
diclofenac sodium (topical) GEL EX 44		diltiazem hcl coated beads CP24 360 MG	36	diphenhydramine-acetaminophen (sleep) TABS	58
diclofenac sodium TB24	4	diltiazem hcl CP12	36	diphenoxylate w/ atropine LIQD ...	22
diclofenac sodium TBEC	4	diltiazem hcl CP24 120 MG, 240 MG 36		diphenoxylate w/ atropine TABS ..	22
dicloxacillin sodium	83	diltiazem hcl CP24 180 MG	36	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	86
dicyclomine hcl CAPS	86			dipyridamole	56
dicyclomine hcl SOLN OR	86			disopyramide phosphate CAPS	9
dicyclomine hcl TABS	86			disulfiram 250 MG	83
DIFFERIN LOTN	42			divalproex sodium CSDR	13
DIFF-STAT CAPS	19			divalproex sodium TB24	14
diflorasone diacetate CREA	45				
diflorasone diacetate OINT	45				
diflunisal TABS	6				
DIGESTIVE ADVANTAGE					

divalproex sodium TBEC	14	doxepin hcl CAPS 150 MG	15	DUPIXENT SOPN	47
docetaxel CONC 160 MG/8ML	31	doxepin hcl CONC	15	DUPIXENT SOSY 100 MG/0.67ML	47
DOCETAXEL CONC 160 MG/8ML	31	doxycycline (monohydrate) CAPS 50		dutasteride	55
		MG, 100 MG	85	dutasteride-tamsulosin hcl	55
DOCETAXEL SOLN 20 MG/2ML, 80		doxycycline (monohydrate) TABS 50		DYANAVEL XR CHER	1
MG/8ML, 160 MG/16ML	31	MG, 100 MG	85	DYSPORT	78
docetaxel SOLN	31	doxycycline hyclate CAPS	85	E.E.S. GRANULES SUSR (Use	
DOCIVYX SOLN 20 MG/2ML, 80		doxycycline hyclate TABS 100 MG		erythromycin ethylsuccinate)	59
MG/8ML, 160 MG/16ML	31	85		EASIVENT MISC	69
docusate sodium CAPS 100 MG, 250		doxylamine succinate (sleep)	58	EASIVENT/MASK-LARGE MISC ..	69
MG	59	doxylamine-pyridoxine TBEC	23	EASIVENT/MASK-MEDIUM MISC	69
docusate sodium CAPS 50 MG	59	droperidol SOLN 2.5 MG/ML	9	EASIVENT/MASK-SMALL MISC ..	69
docusate sodium LIQD	59	DROPLET LANCETS ULTRA THIN		EASY TOUCH ALCOHOL PREP	
docusate sodium SYRP	59	30G	60	PADS/MEDIUM	66
DOCUSATE SODIUM SYRP	59	DROPSAFE ALCOHOL PREP PADS		EASY TOUCH LANCETS 26G/PULL-	
docusate sodium TABS	59	.....	66	TOP	61
dofetilide	10	drospirenone-ethinyl estradiol	38	EASY TOUCH LANCETS 28G/PULL-	
donepezil hydrochloride TABS 23		drospirenone-ethinyl estradiol-		TOP	61
MG	83	levomefolate calcium	38	EASY TOUCH LANCETS	
donepezil hydrochloride TABS 5 MG,		DROXIA CAPS	56	28G/TWIST	61
10 MG	83	droxidopa	91	EASY TOUCH LANCETS 30G/PULL-	
donepezil hydrochloride TBDP	83	DRUG MART LANCETS THIN ...	60	TOP	61
DOPTelet	56	DRUG MART UNILET		EASY TOUCH LANCETS	
dorzolamide hcl	81	LANCETSSUPER THIN 30G	60	30G/TWIST	61
DORZOLAMIDE HCL	81	DRUG MART UNILET		EASY TOUCH LANCETS 32G/PULL-	
DORZOLAMIDE HCL/TIMOLOL		LANCETSULTRA THIN 28G	60	TOP	61
MALEATE	79	DRUG MART UNILET MICRO THIN		EASY TOUCH LANCETS	
dorzolamide hcl-timolol maleate ..	79	LANCETS 33G	60	32G/TWIST	61
DOVATO	33	DULERA 100 MCG/ACT-5		EASY TOUCH LANCETS	
doxazosin mesylate	25	MCG/ACT, 200 MCG/ACT-5		33G/TWIST	61
doxepin hcl (sleep)	58	MCG/ACT	11	EBASE CONTROLLER KIT MISC	69
doxepin hcl CAPS 10 MG, 25 MG, 50		DULERA 50 MCG/ACT-5 MCG/ACT .		econazole nitrate CREA	43
MG, 75 MG, 100 MG	15	11		ECOTEST COVID -19 IGG/IGM	
		duloxetine hcl CPEP	15		

RAPID TEST DEVICE	49	ELEVIDYS 22.5-23.4 KG	77	ELEVIDYS 52.5-53.4 KG	77
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6	ELEVIDYS 23.5-24.4 KG	77	ELEVIDYS 53.5-54.4 KG	77
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	6	ELEVIDYS 24.5-25.4 KG	77	ELEVIDYS 54.5-55.4 KG	77
ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 25.5-26.4 KG	77	ELEVIDYS 55.5-56.4 KG	77
EDURANT	33	ELEVIDYS 26.5-27.4 KG	77	ELEVIDYS 56.5-57.4 KG	77
efavirenz CAPS 200 MG	33	ELEVIDYS 27.5-28.4 KG	77	ELEVIDYS 57.5-58.4 KG	77
efavirenz CAPS 50 MG	33	ELEVIDYS 28.5-29.4 KG	77	ELEVIDYS 58.5-59.4 KG	77
efavirenz TABS	33	ELEVIDYS 29.5-30.4 KG	77	ELEVIDYS 59.5-60.4 KG	77
efavirenz-emtricitabine-tenofovir disoproxil fumarate	33	ELEVIDYS 30.5-31.4 KG	77	ELEVIDYS 60.5-61.4 KG	78
efavirenz-lamivudine-tenofovir disoproxil fumarate	33	ELEVIDYS 31.5-32.4 KG	77	ELEVIDYS 61.5-62.4 KG	78
ELAPRASE	52	ELEVIDYS 32.5-33.4 KG	77	ELEVIDYS 62.5-63.4 KG	78
ELELYSO	56	ELEVIDYS 33.5-34.4 KG	77	ELEVIDYS 63.5-64.4 KG	78
ELEPSIA XR TB24	12	ELEVIDYS 34.5-35.4 KG	77	ELEVIDYS 64.5-65.4 KG	78
eletriptan hydrobromide	71	ELEVIDYS 35.5-36.4 KG	77	ELEVIDYS 65.5-66.4 KG	78
ELEVIDYS 10.0-10.4 KG	77	ELEVIDYS 36.5-37.4 KG	77	ELEVIDYS 66.5-67.4 KG	78
ELEVIDYS 10.5-11.4 KG	77	ELEVIDYS 37.5-38.4 KG	77	ELEVIDYS 67.5-68.4 KG	78
ELEVIDYS 11.5-12.4 KG	77	ELEVIDYS 38.5-39.4 KG	77	ELEVIDYS 68.5-69.4 KG	78
ELEVIDYS 12.5-13.4 KG	77	ELEVIDYS 39.5-40.4 KG	77	ELEVIDYS 69.5 KG PLUS	78
ELEVIDYS 13.5-14.4 KG	77	ELEVIDYS 40.5-41.4 KG	77	ELIDEL (Use pimecrolimus)	47
ELEVIDYS 14.5-15.4 KG	77	ELEVIDYS 41.5-42.4 KG	77	ELIGARD KIT SC 7.5 MG	29
ELEVIDYS 15.5-16.4 KG	77	ELEVIDYS 42.5-43.4 KG	77	ELIGARD SC 22.5 MG, 30 MG, 45 MG	29
ELEVIDYS 16.5-17.4 KG	77	ELEVIDYS 43.5-44.4 KG	77	ELIQUIS STARTER PACK TBPK .	12
ELEVIDYS 17.5-18.4 KG	77	ELEVIDYS 44.5-45.4 KG	77	ELIQUIS TABS	12
ELEVIDYS 18.5-19.4 KG	77	ELEVIDYS 45.5-46.4 KG	77	ELLA	40
ELEVIDYS 19.5-20.4 KG	77	ELEVIDYS 46.5-47.4 KG	77	ELLEENCE SOLN	29
ELEVIDYS 20.5-21.4 KG	77	ELEVIDYS 47.5-48.4 KG	77	ELLUME COVID-19 HOME TEST KIT	49
ELEVIDYS 21.5-22.4 KG	77	ELEVIDYS 48.5-49.4 KG	77	ELMIRON CAPS	54
		ELEVIDYS 49.5-50.4 KG	77	ELOCTATE	55
		ELEVIDYS 50.5-51.4 KG	77	EMCYT	29
		ELEVIDYS 51.5-52.4 KG	77		

EMFLAZA SUSP	41	ENTADFI	55	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	69
EMGALITY SOAJ	71	ENTRESTO	37	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ...	69
EMGALITY SOSY 100 MG/ML	71	ENTYVIO SOPN	54	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	69
EMGALITY SOSY 120 MG/ML	71	ENVIVE CAPS	19	EQL COLOR LANCETS 21G	61
EMPLICITI	28	EPCLUSA PACK	35	EQL COLOR LANCETS MICRO THIN 33G	61
emtricitabine CAPS	33	EPCLUSA TABS	35	EQL DAILY PROBIOTIC CAPS ...	19
emtricitabine-tenofovir disoproxil fumarate	33	EPIFOAM FOAM	45	EQL DRY MOUTH ORAL RINSE SOLN	74
EMTRIVA CAPS (Use emtricitabine) . 33		epinastine hcl (ophth)	81	EQL PROBIOTIC COLON SUPPORT CAPS	19
EMTRIVA SOLN	33	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	91	EQL SUPER THIN LANCETS 30G 61	
EMVERM CHEW	9	epinephrine (anaphylaxis) SOAJ ..	91	EQL THIN LANCETS 26G	61
enalapril maleate & hydrochlorothiazide	25	epinephrine hcl (nasal)	77	ERBITUX	29
enalapril maleate TABS	25	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	91	ergocalciferol CAPS	92
ENBREL MINI SOCT	5	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	91	ergoloid mesylates TABS	84
ENBREL SOLN	5	EPIVIR SOLN (Use lamivudine) ...	33	ergotamine w/ caffeine TABS	71
ENBREL SOLR	5	EPIVIR TABS 150 MG (Use lamivudine)	33	eribulin mesylate 1 MG/2ML	31
ENBREL SOSY	5	EPIVIR TABS 300 MG (Use lamivudine)	33	ERIVEDGE	29
ENBREL SURECLICK SOAJ	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	57	ERLEADA 60 MG	29
ENCARE SUPP 100 MG	90	epoprostenol sodium	37	erlotinib hcl	29
ENGERIX-B SUSP 20 MCG/ML ...	88	EPRONTIA SOLN	12	ertapenem sodium IJ	26
ENGERIX-B SUSY	88	EPZICOM (Use abacavir sulfate- lamivudine)	34	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	59
enoxaparin sodium SOLN IJ 300 MG/3ML	12	EQ PROBIOTIC CPDR	19	erythromycin (acne aid) GEL	43
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	19	erythromycin (acne aid) SOLN	43
enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ SPACE CHAMBER ANTI- STATIC DEVI	69	erythromycin (ophth)	80
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12			ERYTHROMYCIN	80
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12			erythromycin base CPEP	59

erythromycin base TABS	59	EUFLEXXA SOSY	76	EZ-LETS LANCETS 30G	61
erythromycin ethylsuccinate SUSR 59		EULEXIN	29	FABRAZYME	52
erythromycin ethylsuccinate TABS	59	EVENITY	51	famciclovir	35
escitalopram oxalate SOLN	14	everolimus (immunosuppressant) .	73	famotidine TABS 10 MG	86
escitalopram oxalate TABS	14	everolimus TABS	30	famotidine TABS 20 MG, 40 MG ..	86
esomeprazole magnesium CPDR .	86	everolimus TBSO	30	FARXIGA	17
esomeprazole magnesium PACK .	86	EVOMELA	27	FARYDAK	30
ESPEROCT	55	EVOTAZ	34	FASENRA PEN SOAJ	10
estazolam	58	EXELON 13.3 MG/24HR (Use rivastigmine)	83	FASTEP COVID-19 ANTIGEN HOME TEST KIT	49
estradiol & norethindrone acetate TABS	53	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	83	FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	49
estradiol PTTW	53	exemestane	29	FEIBA	55
estradiol PTWK	53	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	25	felbamate SUSP	13
estradiol TABS	53	EXONDYS 51	78	felbamate TABS	13
estradiol vaginal CREA	91	EYLEA SOLN	79	felodipine	37
estradiol vaginal TABS	91	EYSUVIS SUSP	80	FEM-DOPHILUS WOMENS CAPS 19	
eszopiclone	58	E-Z JECT LANCETS	61	fenofibrate CAPS	24
ethambutol hcl TABS	27	E-Z JECT LANCETS 21G	61	fenofibrate micronized 134 MG, 200 MG	24
ethosuximide CAPS	13	E-Z JECT LANCETS COLOR	61	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	24
ethosuximide SOLN	13	E-Z JECT LANCETS SUPER THIN 30G	61	fenofibrate micronized 67 MG	24
ethynodiol diacet & eth estrad	38	E-Z JECT LANCETS THIN 26G ..	61	fenofibrate TABS 40 MG, 120 MG .	24
etodolac CAPS	4	ezetimibe	24	fenofibrate TABS 54 MG	24
etodolac TABS	4	ezetimibe-simvastatin	24	fenofibric acid	24
etodolac TB24	4	E-ZJECT LANCETS MICRO-THIN 33G	61	FENSOLVI SC	52
etonogestrel-ethinyl estradiol	40	EZ-LETS LANCETS 26G SUPER- SOFT	61	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etoposide CAPS	31	EZ-LETS LANCETS 28G ULTRA- SOFT	61	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	31				
etravirine 100 MG	34				
etravirine 200 MG	34				

FERRETT'S TABS	57	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	91	FLUARIX QUADRIVALENT 2022- 2023 SUSY	88
FERRIPROX SOLN	22	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	91	FLUARIX QUADRIVALENT 2023- 2024 SUSY	88
ferrous fumarate TABS 324 MG ...	57	flavoxate hcl	87	FLUBLOK QUADRIVALENT 2021- 2022	88
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	57	FLEBOGAMMA DIF SOLN 5 GM/50ML	82	FLUBLOK QUADRIVALENT 2022- 2023	88
ferrous gluconate TABS 27 MG, 240 MG	57	FLEBOGAMMA DIF SOLN	82	FLUBLOK QUADRIVALENT 2023- 2024	88
FERROUS GLUCONATE TABS 324 MG	57	flecainide acetate	9	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	88
ferrous sulfate dried TBCR 160 MG 57		FLEXICHAMBER DEVI	69	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	88
ferrous sulfate SOLN 15 MG/ML ...	57	FLORA VANCE CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	88
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	57	FLORAJEN DIGESTION CAPS ...	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	88
ferrous sulfate TABS 65 MG, 325 MG	57	FLORAJEN3 CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	89
ferrous sulfate TBEC 324 MG	57	FLORAJEN4KIDS CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	89
ferrous sulfate TBEC 325 MG	57	FLORANEX ONE CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	89
fesoterodine fumarate	87	FLORASAVE CPDR	19	fluconazole SUSR	23
FEVERALL JUNIOR STRENGTH SUPP	5	FLORASTOR ADVANCED CAPS .	19	fluconazole TABS 100 MG	23
fexofenadine hcl SUSP	23	FLORASTOR SELECT GUT BOOST CAPS	19	fluconazole TABS 150 MG	23
fexofenadine hcl TABS 180 MG ...	23	FLORASTOR SELECT IMMUNITY BOOST CAPS	19	fluconazole TABS 200 MG	23
fexofenadine hcl TABS 60 MG	23	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	10	fluconazole TABS 50 MG	23
FIBRICOR (Use fenofibric acid) ...	24	FLOVENT HFA 44 MCG/ACT	10	fludarabine phosphate SOLN	28
FIBRYGA	55	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	49	FLUDARABINE PHOSPHATE SOLN	28
FIFTY50 ALCOHOL PREP PADS	66	FLUAD QUADRIVALENT 2021-2022	88	fludarabine phosphate SOLR	28
FILTER AIR PP MISC	69	FLUAD QUADRIVALENT 2022-2023	88	fludrocortisone acetate TABS	41
finasteride	55	FLUAD QUADRIVALENT 2023-2024	88	FLULAVAL QUADRIVALENT 2021- 2022 SUSY	89
fingolimod hcl	84	FLUARIX QUADRIVALENT 2021- 2022 SUSY	88		
FIRDAPSE	27				
FIRMAGON	29				

FLULAVAL QUADRIVALENT 2022-2023 SUSY	89	fluphenazine hcl TABS	33	FLUZONE QUADRIVALENT 2021-2022 SUSP	89
FLULAVAL QUADRIVALENT 2023-2024 SUSY	89	flurandrenolide CREA	46	FLUZONE QUADRIVALENT 2021-2022 SUSY	89
FLUMIST QUADRIVALENT	89	flurandrenolide LOTN	46	FLUZONE QUADRIVALENT 2022-2023 SUSP	89
flunisolide (nasal) 0.025 %	76	flurazepam hcl	58	FLUZONE QUADRIVALENT 2022-2023 SUSY	89
fluocinolone acetonide (otic)	81	flurbiprofen sodium	81	FLUZONE QUADRIVALENT 2023-2024 SUSP	89
fluocinolone acetonide CREA	45	flurbiprofen TABS	4	FLUZONE QUADRIVALENT 2023-2024 SUSY	89
fluocinolone acetonide OIL	45	flutamide	29	FLUZONE QUADRIVALENT 2023-2024 SUSY	89
fluocinolone acetonide OINT	46	fluticasone propionate (inhalation) AEPB	10	FLUZONE QUADRIVALENT 2023-2024 SUSY	89
fluocinolone acetonide SOLN	46	fluticasone propionate (nasal) SUSP .	76	FLYP HYPERSONIQ CARTRIDGE MISC	69
fluocinonide CREA 0.05 %	46	fluticasone propionate CREA 0.05 %	46	FML OINT	80
fluocinonide CREA 0.1 %	46	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2
fluocinonide emulsified base	46	fluticasone propionate hfa 44 MCG/ACT	10	folic acid TABS 1 MG	56
fluocinonide GEL	46	fluticasone propionate LOTN	46	folic acid TABS 400 MCG, 800 MCG .	56
fluocinonide OINT	46	fluticasone propionate OINT	46	FOLOTYN	28
fluocinonide SOLN	46	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	fondaparinux sodium	12
fluorometholone (ophth) SUSP	80	fluticasone-salmeterol AERO	11	FORA LANCETS	61
fluorouracil (topical) CREA 0.5 % .	44	fluvastatin sodium CAPS	24	FORFIVO XL TB24 (Use bupropion hcl)	14
fluorouracil (topical) CREA 5 % ...	44	fluvastatin sodium TB24	24	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	19
fluorouracil (topical) SOLN	44	fluvoxamine maleate CP24	14	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR ...	19
fluoxetine hcl (pmdd) TABS	84	fluvoxamine maleate TABS	14	FORTIFY DAILY PROBIOTIC CAPS .	19
fluoxetine hcl CAPS	14	FLUZONE HIGH-DOSE PF 2021-2022	89	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	19
fluoxetine hcl CPDR	14	FLUZONE HIGH-DOSE PF 2022-2023	89	FORTIFY OPTIMA PROBIOTIC CPDR	19
fluoxetine hcl SOLN	14	FLUZONE HIGH-DOSE PF 2023-2024	89		
fluoxetine hcl TABS 10 MG	14				
fluoxetine hcl TABS 20 MG	14				
fluoxetine hcl TABS 60 MG	14				
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	14				
fluphenazine decanoate	33				

FORTIFY PROBIOTIC WOMENS CPDR	19	MG/5ML	50	gatifloxacin (ophth)	80
FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	19	furosemide TABS	50	GATTEX	54
fosamprenavir calcium TABS	34	FYLNETRA	57	GAUZE SPONGES	61
fosinopril sodium & hydrochlorothiazide	25	gabapentin CAPS 100 MG	12	GAZYVA	28
fosinopril sodium	25	gabapentin CAPS 300 MG, 400 MG . 12		gefitinib	29
FRAGMIN SOLN 10000 UNIT/4ML 12		gabapentin SOLN	13	GEL-ONE	76
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	61	gabapentin TABS 600 MG, 800 MG 13		GELSYN-3 SOSY	76
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	61	GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	13	gemfibrozil TABS	24
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	61	GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	13	GEMTESA	87
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	61	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	76	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	49
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	61	GALAFOLD	52	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	49
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide CP24	83	GENORAVANCE CAPS	19
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide SOLN	83	GENOTROPIN CART SC	51
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	61	galantamine hydrobromide TABS	83	GENOTROPIN MINIQUICK PRSY 51	
frovatriptan succinate	71	GAMASTAN	82	gentamicin sulfate (ophth) OINT	80
FULL KIT NEBULIZER SET MISC	69	GAMIFANT 10 MG/2ML, 50 MG/10ML	73	gentamicin sulfate (ophth) SOLN	80
FULPHILA	57	GAMMAGARD LIQUID	82	gentamicin sulfate (topical) CREA	43
furosemide SOLN OR 10 MG/ML, 40		GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	82	gentamicin sulfate (topical) OINT	43
		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	82	GENTLE-LET GP LANCETS	62
		GAMMAPLEX SOLN 5 GM/50ML	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	62
		GAMMAPLEX SOLN	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 62	
		GAMUNEX-C	82	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	62
		GARDASIL 9 SUSP	89	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	62
		GARDASIL 9 SUSY	89	GENVISC 850 SOSY	76
				GENVOYA	34

GILENYA	84	GNP LANCETS 21G	62	HADLIMA PUSHTOUCH SOAJ	3
GILOTRIF	29	GNP LANCETS THIN 26G	62	HADLIMA SOSY	3
ginger (zingiber officinalis) CAPS 250 MG	2	GNP PROBIOTIC COLON SUPPORT CAPS	19	halcinonide CREA	46
GLASSIA SOLN	85	GNP QUICK DISSOLVE GLUCOSE CHEW	16	halobetasol propionate CREA	46
glatiramer acetate SOSY	84	GNP STERILE LANCETS 28G	62	halobetasol propionate FOAM	46
glimepiride 1 MG, 2 MG	17	GNP STERILE LANCETS 30G	62	halobetasol propionate OINT	46
glimepiride 4 MG	17	GNP STERILE LANCETS 33G	62	haloperidol decanoate	32
glipizide TABS 2.5 MG	17	GNP STERILE LANCETS 30G	62	haloperidol lactate CONC	32
glipizide TABS 5 MG, 10 MG	17	GOJJI STERILE LANCETS 30G	62	haloperidol lactate SOLN	32
glipizide TB24	17	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	62	haloperidol TABS	32
glipizide-metformin hcl	15	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	62	HARVONI PACK	35
GLUCAGEN HYPOKIT	16	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	62	HARVONI TABS	35
glucagon (rdna)	16	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	62	HAVRIX	89
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	16	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	49	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	62
GLUCO TO GO CHEW	16	granisetron hcl TABS	22	H-E-B INCONTROL LANCETS MICRO THIN 33G	62
GLUCOSE CHEW	16	GRANIX SOLN	57	H-E-B INCONTROL LANCETS SUPER THIN 30G	62
glyburide micronized 1.5 MG, 3 MG, 6 MG	17	GRANIX SOSY	57	H-E-B INCONTROL LANCETS ULTRA THIN 28G	62
glyburide TABS	17	griseofulvin microsize SUSP	23	HEMGENIX	55
glyburide-metformin	15	griseofulvin microsize TABS	23	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	55
glycerin (laxative) SUPP 2 GM	59	griseofulvin ultramicrosize	23	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	55
glycine diluent	83	guaifenesin-codeine SOLN	42	HEPAGAM B SOLN IJ	82
glycopyrrolate TABS 1 MG, 2 MG	86	guaifenesin-codeine SYRP	42	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12
GLYXAMBI	15	guanfacine hcl (adhd)	2	HEPLISAV-B SOSY	89
GNP ACIDOPHILUS HIGH POTENCY CAPS	19	guanfacine hcl	25		
GNP ADVANCED PROBIOTIC CAPS	19	GVOKE KIT SOLN	16		
GNP ALCOHOL SWABS	66	GYNAZOLE-1	91		
GNP GLUCOSE CHEW	16				

HERCEPTIN HYLECTA	29	PNKT	4	hydrocortisone (topical) CREA 1 %	46
HIBERIX SOLR IJ	87	HUMIRA PSKT	4	hydrocortisone (topical) CREA 2.5 %	46
HIGH POTENCY PROBIOTIC CAPS		HUMULIN 70/30 SUSP	17	hydrocortisone (topical) LOTN 1 %	46
19		HUMULIN N SUSP	17	hydrocortisone (topical) LOTN 2.5 % .	46
HIZENTRA SOLN	82	HUMULIN R SOLN IJ	17	hydrocortisone (topical) OINT 0.5 % .	46
HM STERILE ALCOHOL PREP		HUMULIN R U-500		hydrocortisone (topical) OINT 1 %	46
PADS	66	(CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 2.5 % .	46
HULIO AJKT	3	HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone (topical) SOLN 1 %	46
HULIO PSKT	3	SC	17	hydrocortisone acetate (topical)	
HUMALOG JUNIOR KWIKPEN		HYALGAN SOLN	76	CREA 1 %	46
SOPN	16	HYALGAN SOSY	76	hydrocortisone acetate (topical) OINT	
HUMALOG KWIKPEN SOPN 100		HYCAMTIN CAPS	31	.....	46
UNIT/ML	16	hydralazine hcl TABS	26	hydrocortisone acetate (topical) OINT	
HUMALOG MIX 50/50 KWIKPEN		hydrochlorothiazide CAPS	51	.....	46
SUPN	16	hydrochlorothiazide TABS 25 MG, 50		hydrocortisone acetate (topical) OINT	
HUMALOG MIX 50/50 SUSP	16	MG	51	.....	46
HUMALOG MIX 75/25 KWIKPEN		hydrocodone bitartrate CP12	6	hydrocortisone butyrate CREA	46
SUPN	16	hydrocodone bitartrate-homatropine		hydrocortisone butyrate hydrophilic	
HUMALOG MIX 75/25 SUSP	16	methylbromide SOLN	41	lipo base	46
HUMALOG SOLN IJ	17	hydrocodone-acetaminophen SOLN		hydrocortisone butyrate LOTN	46
HUMALOG TEMPO PEN SOPN ..	16	108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone butyrate OINT	46
HUMATE-P SOLR	55	MG/10ML-5 MG/10ML, 325		hydrocortisone butyrate SOLN	46
HUMIRA PEDIATRIC CROHNS		MG/15ML-7.5 MG/15ML	7	HYDROCORTISONE CREA	46
DISEASE STARTER PACK PSKT 80		hydrocodone-acetaminophen TABS		hydrocortisone TABS	41
MG/0.8ML	3	325 MG-10 MG	7	hydrocortisone vaginal	91
HUMIRA PEN PNKT 40 MG/0.8ML	.4	hydrocodone-acetaminophen TABS		hydrocortisone valerate CREA	46
HUMIRA PEN PNKT	4	325 MG-5 MG	7	hydrocortisone valerate OINT	46
HUMIRA PEN-CD/UC/HS STARTER		hydrocodone-acetaminophen TABS		hydrocortisone w/acetic acid	81
PNKT 40 MG/0.8ML	4	325 MG-7.5 MG	7	HYDROMORPHONE HCL SUPP ...	6
HUMIRA PEN-CD/UC/HS STARTER		hydrocortisone (intrarectal)	8	hydromorphone hcl TABS	6
PNKT 80 MG/0.8ML	3	hydrocortisone (rectal) EX 1 %	8		
HUMIRA PEN-PEDIATRIC UC		hydrocortisone (rectal) EX 2.5 % ...	8		
STARTER PACK PNKT	4	hydrocortisone (topical) CREA 0.5 %			
HUMIRA PEN-PS/UV STARTER		46			

hydromorphone hcl TB24	6	ULCERATIVE COLITIS STARTER PACK SOAJ	4	ID NOW COVID-19 2.0 CONTROL SWAB KIT	49
hydroxyprogesterone caproate (antineoplastic)	29	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	4	ID NOW COVID-19 CONTROL SWAB KIT	49
hydroxyprogesterone caproate OIL 83		HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	4	IDACIO (2 PEN) AJKT	4
hydroxyurea	30	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	4	IDACIO (2 SYRINGE) PSKT	4
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	9	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4		IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	4
hydroxyzine hcl SYRP	9	HYRIMOZ SENSOREADY PENS SOAJ	4	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	4
hydroxyzine hcl TABS	9	HYRIMOZ SOAJ	4	IDELVION	55
hydroxyzine pamoate CAPS 25 MG, 100 MG	9	HYRIMOZ SOSY	4	IGALMI FILM	58
hydroxyzine pamoate CAPS 50 MG	9	HY-VEE LANCETS	62	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	49
HYMOVIS	76	HY-VEE THIN LANCETS	62	ILEVRO	81
hyoscyamine sulfate ELIX	86	ibandronate sodium SOLN	51	ILUVIEN	80
hyoscyamine sulfate SOLN OR 0.125 MG/ML	86	ibandronate sodium TABS	51	imatinib mesylate	30
hyoscyamine sulfate SUBL 0.125 MG	86	IBRANCE CAPS	30	IMBRUVICA CAPS 140 MG	30
hyoscyamine sulfate TABS 0.125 MG	86	IBSRELA	54	IMBRUVICA CAPS 70 MG	30
hyoscyamine sulfate TB12 0.375 MG 86		ibuprofen CHEW	4	IMBRUVICA TABS	30
hyoscyamine sulfate TBDP 0.125 MG	86	ibuprofen SUSP	4	IMCIVREE	1
HYPERHEP B SOLN IM	82	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	4	imipramine hcl TABS	15
HYPERHEP B SOSY 110 UNIT/0.5ML	82	ibuprofen-diphenhydramine citrate 58		imipramine pamoate	15
HYPERRHO S/D MINI-DOSE SOSY IM	82	ibuprofen-diphenhydramine hcl ...	58	imiquimod 5 %	47
HYPERRHO S/D SOSY IM 1500 UNIT	82	icatibant acetate SOLN	56	IMLYGIC	31
HYQVIA	82	icatibant acetate SOSY	56	IMOVAX RABIES (H.D.C.V.) SUSR 89	
HYRIMOZ CROHN'S DISEASE AND		ICLUSIG 15 MG, 45 MG	30	IMPEKLO LOTN	46
		ID NOW COVID-19	49	INCRELEX	52
		ID NOW COVID-19 2.0	49	indapamide TABS 1.25 MG, 2.5 MG . 51	
				INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	49

indomethacin CAPS 25 MG, 50 MG	4	INSULIN LISPRO SOLN IJ	17	ISOPTO ATROPINE SOLN	79
indomethacin CPR	4	INSULIN SYRINGES	67	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
INFANRIX	86	INTELENCE (Use etravirine)	34	isosorbide mononitrate TABS	9
INFANTS ADVIL SUSP (Use ibuprofen)	4	INTELENCE	34	isosorbide mononitrate TB24	9
INFANTS SILAPAP SOLN OR	5	INTELENCE 200 MG (Use etravirine)	34	isotretinoin 10 MG, 20 MG, 40 MG	43
INGREZZA CAPS	84	INTELISWAB COVID-19 RAPID TEST KIT	49	isradipine CAPS	37
INLYTA	28	INTRON A SOLR	30	ITCH RELIEF CREA	44
INNOSPIRE REPLACEMENT FILTER MISC	69	INVEGA HAFYERA	32	itraconazole CAPS	23
INPEFA	37	INVEGA SUSTENNA	32	itraconazole SOLN	23
INSPIREASE DRUG DELIVERYSYSTEM MISC	69	INVEGA TRINZA	32	IXCHIQ	89
INSPIREASE RESERVOIR BAGS 69		INVOKANA	17	IXEMPRA KIT	31
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	17	IPOLE INACTIVATED IPV	89	IXINITY SOLR	55
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	17	ipratropium bromide (nasal) 0.03 % 76		JAKAFI	30
INSULIN GLARGINE SOLN	17	ipratropium bromide (nasal) 0.06 % 76		JANSSEN COVID-19 VACCINE	89
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	17	ipratropium bromide SOLN 0.02 %	10	JANUMET TABS	15
INSULIN GLARGINE-YFGN SOLN 17		ipratropium-albuterol SOLN	11	JANUMET XR TB24	15
INSULIN GLARGINE-YFGN SOPN 17		irbesartan	25	JANUVIA	16
INSULIN LISPRO JUNIOR KWIKPEN SOPN	17	irbesartan-hydrochlorothiazide	26	JARDIANCE	17
INSULIN LISPRO KWIKPEN SOPN 17		irinotecan hcl	31	JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	20
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	17	IRON CHEWS PEDIATRIC CHEW 57		JARRO-DOPHILUS EPS CPDR	20
		IRON TABS 28 MG	57	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	20
		ISENTRESS CHEW 100 MG	34	JARRO-DOPHILUS EPS PROBIOTIC CPDR	20
		ISENTRESS CHEW 25 MG	34	JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	20
		ISENTRESS PACK	34	JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	20
		ISENTRESS TABS	34	JENTADUETO TABS	15
		isoniazid SYRP	27		
		isoniazid TABS	27		

JEVTANA	31	%	81	KROGER LANCETS THIN	62
JIVI	55	ketorolac tromethamine (ophth) 0.5 %	81	KROGER LANCETS THIN 26G ..	62
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	24	ketorolac tromethamine TABS	4	KROGER LANCETS ULTRATHIN30G	62
JYNARQUE TABS	53	KETOSTIX STRP	49	KRYSTEXXA	55
JYNARQUE TBPK	53	ketotifen fumarate (ophth) 0.035 % 81		K-TAB TBCR 8 MEQ (Use potassium chloride)	72
JYNNEOS	89	KEY-E CHEW	92	KYLEENA	40
KADCYLA	28	KEYTRUDA	28	KYMRIAH	28
KALBITOR	56	KHAPZORY	31	KYPROLIS	30
KALETRA SOLN (Use lopinavir-ritonavir)	34	KINNEY LANCETS	62	labetalol hcl TABS 100 MG	36
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	34	KINNEY THIN LANCETS	62	labetalol hcl TABS 200 MG	36
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	34	KINRIX SUSY	86	labetalol hcl TABS 300 MG	36
KALYDECO PACK 50 MG, 75 MG	85	KITABIS PAK NEBU (Use tobramycin)	2	LACTEROL CAPS	20
KALYDECO TABS	85	KLOXXADO LIQD	22	lactic acid (ammonium lactate) CREA	47
KANJINTI 420 MG	28	KOATE SOLR	55	lactic acid (ammonium lactate) LOTN 12 %	47
KANUMA	52	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	55	LACTO-PECTIN CAPS	20
KAZANO (Use alogliptin-metformin hcl)	15	KOGENATE FS KIT	55	lactulose (encephalopathy)	54
KCENTRA	55	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	15	lactulose SOLN	59
KEMOPLAT SOLN	27	KONVOMEPEP SUSR	87	LAGEVRIO	36
KEPIVANCE 6.25 MG	30	KOVALTRY	55	lamivudine SOLN	34
KESIMPTA	84	KRINTAFEL	27	lamivudine TABS 150 MG	34
ketconazole (topical) CREA	43	KROGER HEALTHPRO TWIST LANCETS/26G	62	lamivudine TABS 300 MG	34
ketconazole (topical) SHAM 2 %	43	KROGER LANCETS	62	lamivudine-zidovudine	34
KETONE STRP	49	KROGER LANCETS 21G	62	lamotrigine CHEW	13
KETONE TEST STRIPS STRP	49	KROGER LANCETS MICRO THIN33G	62	lamotrigine KIT 25 MG	13
ketoprofen CAPS 50 MG	4	KROGER LANCETS SUPER THIN 62	62	lamotrigine TABS	13
ketoprofen CP24	4			lamotrigine TB24	13
ketorolac tromethamine (ophth) 0.4 %	62			lamotrigine TBDP	13

LANCETS	63	letrozole	29	levonorgestrel & eth estradiol TABS	39
LANCETS 30G	63	leucovorin calcium TABS 5 MG, 25		levonorgestrel (emergency oc) 1.5	
LANCETS SUPER THIN 28G	63	MG	31	MG	40
LANCETS THIN	63	LEUKERAN	27	levonorgestrel-eth estradiol	
LANCETS ULTRA THIN	63	LEUKINE SOLR IJ	57	(triphasic)	39
lanolin (topical) CREA	48	LEUPROLIDE ACETATE INJ	29	levonorgestrel-ethinyl estradiol (91-	
lanolin (topical) OINT	48	leuprolide acetate KIT IJ 1 MG/0.2ML		day) 0.03 MG-0.15 MG	39
lanolin XX	83	.....	29	levonorgestrel-ethinyl estradiol	
LANOLIN XX	83	LEUPROLIDE		(continuous)	39
LANOLOR CREA	48	ACETATE/BUPIVACAINE		levothyroxine sodium CAPS 13 MCG,	
LANOXIN TABS 125 MCG, 250 MCG		HYDROCHLORIDE	29	25 MCG, 50 MCG, 75 MCG, 88	
(Use digoxin)	37	levabuterol hcl	11	MCG, 100 MCG, 112 MCG, 125	
LANREOTIDE ACETATE	53	levabuterol tartrate	11	MCG, 137 MCG, 150 MCG	85
lansoprazole CPDR	86	levamlodipine maleate	37	levothyroxine sodium TABS	85
lansoprazole TBDD	87	LEVEMIR FLEXPEN SOPN	17	LEVULAN KERASTICK SOLR	44
lanthanum carbonate CHEW	54	LEVEMIR FLEXTOUCH SOPN	17	LEXIVA SUSP	34
lapatinib ditosylate	30	LEVEMIR SOLN	17	LEXIVA TABS (Use fosamprenavir	
LEADER QUICK DISSOLVE		levetiracetam SOLN OR 100 MG/ML,		calcium)	34
GLUCOSE CHEW	16	500 MG/5ML	13	LIALDA TBEC (Use mesalamine) .	54
LEDIPASVIR/SOFOSBUVIR TABS		levetiracetam TABS	13	LIBTAYO	28
35		levetiracetam TB24	13	LICEMD GEL	48
leflunomide	5	levobunolol hcl 0.5 %	79	lidocaine CREA 4 %	47
lenalidomide	73	levocarnitine (metabolic modifiers)		LIDOCAINE CREA	47
LENVIMA 10 MG DAILY DOSE ..	28	SOLN OR 1 GM/10ML	52	lidocaine hcl (mouth-throat) 2 % ...	73
LENVIMA 12MG DAILY DOSE ...	28	levocarnitine (metabolic modifiers)		lidocaine hcl CREA 3 %	47
LENVIMA 14 MG DAILY DOSE ..	28	TABS	52	lidocaine hcl CREA 4 %	47
LENVIMA 18 MG DAILY DOSE ..	28	levocetirizine dihydrochloride SOLN		lidocaine hcl GEL 2 %	47
LENVIMA 20 MG DAILY DOSE ..	28	23		lidocaine hcl PRSY	47
LENVIMA 24 MG DAILY DOSE ..	28	levofloxacin (ophth) 0.5 %	80	lidocaine-prilocaine CREA	47
LENVIMA 4 MG DAILY DOSE	28	levofloxacin SOLN OR	53	LILETTA 20.1 MCG/DAY	40
LENVIMA 8 MG DAILY DOSE	28	levofloxacin TABS	53	LINZESS	54
		levoleucovorin calcium SOLN	31	LIORESAL INTRATHECAL SOLN IT	
		levoleucovorin calcium SOLR	31		

0.05 MG/ML, 10 MG/5ML	76	loperamide hcl CAPS	22	LUPRON DEPOT (1-MONTH) KIT IM	29
liothyronine sodium TABS	85	loperamide hcl TABS	22	LUPRON DEPOT (3-MONTH) KIT IM	29
LIPOFEN CAPS (Use fenofibrate)	24	lopinavir-ritonavir SOLN	34	LUPRON DEPOT (4-MONTH) IM	29
LIQREV SUSP	37	lopinavir-ritonavir TABS 25 MG-100 MG	34	LUPRON DEPOT (6-MONTH) IM	29
lisdexamfetamine dimesylate CAPS 1	1	lopinavir-ritonavir TABS 50 MG-200 MG	34	LUPRON DEPOT-PED (1-MONTH)	52
lisdexamfetamine dimesylate CHEW	1	loratadine CAPS	23	LUPRON DEPOT-PED (3-MONTH)	52
lisinopril & hydrochlorothiazide	26	loratadine CHEW	23	LUPRON DEPOT-PED (6-MONTH)	52
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	25	loratadine SOLN	24	IM	52
LITETOUCH MASK LARGE MISC	69	loratadine TABS	24	lurasidone hcl	32
LITETOUCH MASK MEDIUM MISC	69	loratadine TBDP 10 MG	24	LUTATHERA	30
LITETOUCH MASK SMALL MISC	69	lorazepam CONC	9	LUZU (Use luliconazole)	43
lithium	32	lorazepam TABS 0.5 MG, 2 MG	9	LYBALVI	84
lithium carbonate CAPS	32	lorazepam TABS 1 MG	9	LYRA DIRECT SARS-COV-2 ASSAY	49
lithium carbonate TABS	32	LORBRENA	30	LYRA SARS-COV-2 ASSAY	49
lithium carbonate TBCR	32	LOREEV XR CS24	9	LYSODREN	29
LITHOBID TBCR (Use lithium carbonate)	32	losartan potassium & hydrochlorothiazide	26	LYUMJEV TEMPO PEN SOPN	17
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	76	losartan potassium	25	LYVISPAH PACK	76
LIVE BETTER LANCET SUPERTHIN 30G	63	lovastatin TABS 10 MG, 20 MG	24	MACI	75
LIVE BETTER LANCET ULTRATHIN 28G	63	lovastatin TABS 40 MG	24	MAGE CPDR	20
LO LOESTRIN FE TABS	39	loxapine succinate	32	MAGNEBIND 400	72
LOCOID LIPOCREAM	46	LUCENTIS SOLN 0.3 MG/0.05ML	79	magnesium citrate	59
LOKELMA	73	LUCENTIS SOSY	79	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	59
LONGS LANCETS STANDARD	63	LUCIRA CHECK IT COVID-19TEST KIT KIT	49	magnesium oxide (mg supplement) TABS 400 MG	72
LONGS LANCETS THIN	63	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	49	magnesium oxide TABS 400 MG	8
LONSURF	29	luliconazole	43	MAKENA SOAJ	83
		LUMIZYME	52		
		LUMOXITI	28		

malathion	48	MEIJER LANCETS UNIVERSAL33G	63	metformin hcl SOLN	15
maraviroc TABS 150 MG	34	MEIJER SUPER THIN LANCETS	63	metformin hcl TABS 500 MG, 850 MG, 1000 MG	15
maraviroc TABS 300 MG	34	MEKINIST TABS	30	metformin hcl TABS 625 MG	15
MATULANE	30	MEKTOVI	30	metformin hcl TB24 500 MG, 1000 MG	15
MAVYRET PACK	35	melatonin TABS 3 MG, 5 MG	2	metformin hcl TB24 500 MG, 750 MG	15
MAVYRET TABS	35	meloxicam TABS	4	methadone hcl TABS 10 MG	6
MAXI-TUSS PE LIQD	42	melphalan	27	methadone hcl TABS 5 MG	6
MAYZENT STARTER PACK TBPk 84	84	melphalan hcl	27	methamphetamine hcl	1
MAYZENT TABS	84	memantine hcl CP24	83	methazolamide TABS	50
meclizine hcl CHEW	22	memantine hcl SOLN	84	methenamine mandelate	27
meclizine hcl TABS 12.5 MG, 25 MG 22	22	memantine hcl TABS	84	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	26
medroxyprogesterone acetate (contraceptive) SUSP IM	40	MENACTRA	87	methimazole TABS	85
medroxyprogesterone acetate (contraceptive) SUSY IM	40	MENQUADFI	87	METHITEST TABS	8
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	83	MENVEO SOLN	87	methocarbamol TABS 500 MG	76
mefloquine hcl	27	MENVEO SOLR	87	methocarbamol TABS 750 MG	76
MEGA PROBIOTIC CAPS	20	meperidine hcl SOLN OR 50 MG/5ML	6	METHOTREXATE	3
megestrol acetate SUSP	29	meperidine hcl TABS 50 MG	6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
megestrol acetate TABS	29	meprobamate	9	methotrexate sodium TABS 2.5 MG 28	28
MEIJER ALCOHOL SWABS EXTRA-THICK	66	mercaptopurine TABS	28	methsuximide	13
MEIJER COLOR LANCETS UNIVERSAL 33G	63	mesalamine ENEM	54	methyldopa TABS	25
MEIJER LANCETS	63	mesalamine SUPP	54	methylergonovine maleate TABS ..	81
MEIJER LANCETS THIN	63	mesalamine TBEC 1.2 GM	54	METHYLIN SOLN (Use methylphenidate hcl)	2
MEIJER LANCETS UNIVERSAL21G	63	mesalamine TBEC 800 MG	54	methylphenidate hcl CHEW	2
MEIJER LANCETS UNIVERSAL30G	63	mesalamine w/ cleanser	54		
		mesna SOLN	31		
		MESNEX TABS	31		
		META BIOTIC/BIO-ACTIVE 12 CAPS	20		
		metaxalone	76		

methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metronidazole (topical) GEL 0.75 % 48	MIRENA	41
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) LOTN	mirtazapine TABS	14
methylphenidate hcl CP24	2	metronidazole TABS	mirtazapine TBDP	14
methylphenidate hcl CPCR	2	metronidazole vaginal	misoprostol	87
methylphenidate hcl SOLN	2	metirosine	mitoxantrone hcl 2 MG/ML	29
methylphenidate hcl TABS	2	miconazole nitrate (topical) CREA	M-M-R II SOLR	89
methylphenidate hcl TB24	2	.....	MODERNA COVID-19 VACCINE	
methylphenidate hcl TBCR 10 MG, 20 MG	2	miconazole nitrate vaginal CREA 2 %	SUSP	89
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	.....	MODERNA COVID-19	
methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal CREA 4 %	VACCINE,BIVALENT ORIGINAL	
methylprednisolone TABS 4 MG, 8 MG	41	.....	AND OMICRON	89
methylprednisolone TBPK	41	miconazole nitrate vaginal KIT	MODERNA COVID-19	
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	54	miconazole nitrate vaginal SUPP 100 MG	VACCINE/6MO-11Y/2023-24 SUSP .	89
metoclopramide hcl TABS 10 MG .	54	.....	MODERNA COVID-19	
metoclopramide hcl TABS 5 MG ..	54	miconazole nitrate vaginal SUPP 200 MG	VACCINE/BIVALENT/6MO-5Y ...	89
metolazone	51	.....	MODERNA COVID-19	
metoprolol & hydrochlorothiazide TABS	26	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	VACCINE/BIVALENT/BA.4/BA.5 .	89
metoprolol succinate TB24 200 MG 36		MICROCHAMBER DEVI	MODERNA COVID-19 VACCINE6-11Y SUSP	89
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	36	MICROCHAMBER MISC	MODERNA COVID-19	
metoprolol tartrate TABS 100 MG .	36	MICROFLOR 33 CAPS	VACCINE6MO-5Y SUSP	89
metoprolol tartrate TABS 25 MG, 50 MG	36	MICROSPACER MISC	moexipril hcl	25
metoprolol tartrate TABS 37.5 MG, 75 MG	36	midazolam hcl SOLN IJ	MOI-STIR SOLN	74
metronidazole (topical) CREA	48	midodrine hcl	mometasone furoate (nasal) SUSP	77
		mifepristone (hyperglycemia) .....	.....	46
		miglitol	mometasone furoate OINT	46
		miglustat	mometasone furoate SOLN	46
		MINIELITE FILTER	MOMMYS BLISS PROBIOTIC PACK	20
		REPLACEMENTS MISC .....	.....	20
		minocycline hcl CAPS	MONOLET LANCETS	63
		minoxidil 2.5 MG, 10 MG	MONOLET OPD LANCETS	63
		MIRCERA 120 MCG/0.3ML	MONOVISC	76

montelukast sodium CHEW	10	MINERALS TABS-ASSORTED BRAND	74	NAGLAZYME	52
montelukast sodium PACK	10	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	74	naloxone hcl LIQD	22
montelukast sodium TABS	10	MULTIVITAMIN INFANT & TODDLER SOLN OR	75	naloxone hcl SOCT	22
morphine sulfate beads	6	MULTIVITAMIN INFANT/TODDLER SOLN OR	75	naloxone hcl SOLN 0.4 MG/ML ...	22
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	mupirocin calcium (topical)	43	naloxone hcl SOLN 4 MG/10ML ...	22
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	6	mupirocin OINT	43	naloxone hcl SOSY	22
MORPHINE SULFATE SOLN OR 20 MG/5ML	6	MVASI	28	naltrexone hcl	22
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML	6	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 74	74	NAMENDA TITRATION PAK TABS (Use memantine hcl)	84
morphine sulfate SUPP	6	MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	20	naphazoline w/ pheniramine 0.3 %-0.025 %	80
morphine sulfate TABS	6	MVW COMPLETE FORMULATIONPROBIOTIC	20	naphazoline w/ pheniramine 0.315 %-0.027 %	80
morphine sulfate TBCR	6	MVW COMPLETE PROBIOTIC FORMULATION CPDR	20	naproxen sodium TABS 220 MG ...	5
MOTRIN CHILDRENS CHEW (Use ibuprofen)	5	MYALEPT	52	naproxen sodium TABS 275 MG, 550 MG	5
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5	mycophenolate mofetil CAPS	73	naproxen sodium-diphenhydramine hcl	58
MOUNJARO	16	mycophenolate mofetil hcl	73	naproxen SUSP	5
MOUTH KOTE REMINT SOLN ...	74	mycophenolate mofetil SUSR	73	naproxen TABS	5
MOUTH KOTE SOLN	74	mycophenolate mofetil TABS	73	naproxen TBEC	5
MOVANTIK	54	mycophenolate mofetil sodium	73	naproxen-esomeprazole magnesium	5
moxifloxacin hcl (ophth) SOLN OP 80		MYFEMBREE	53	naratriptan hcl	71
moxifloxacin hcl TABS	53	MYLERAN TABS	27	NARCAN LIQD (Use naloxone hcl)	22
MULPLETA	57	MYOBLOC	78	NATAZIA	39
MULTIPLE VITAMINS TABS-ASSORTED BRAND	74	MYRBETRIQ SRER	87	nateglinide	17
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	74	NABI-HB SOLN IM	82	NATPARA	51
multiple vitamins w/ iron TABS ...	74	nabumetone	5	NATROBA (Use spinosad)	48
MULTIPLE VITAMINS W/		nadolol TABS 20 MG, 40 MG, 80 MG	36	NATRUL PROBIOTIC CAPS	20
				NATURAL FIBER LAXATIVE POWD	58

NEBULIZER AIR TUBE/PLUGS MISC	69	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	87	nitrofurantoin macrocrystal 50 MG, 100 MG	27
nefazodone hcl	14	NEXIUM PACK (Use esomeprazole magnesium)	87	nitrofurantoin monohyd macro	27
neomycin sulfate TABS	2	NEXIUM PACK	87	nitroglycerin CPCR	9
neomycin-bacitracin zn-polymyxin	80	NEXPLANON	40	nitroglycerin PT24	9
neomycin-bacitracin-polymyxin OINT 43		NGENLA	51	nitroglycerin SUBL	9
neomycin-polymy-dexameth OINT	80	niacin (antihyperlipidemic) TBCR ..	24	NIVA THYROID TABS	85
neomycin-polymy-dexameth SUSP 80		niacin CPCR 250 MG, 500 MG	92	NIVESTYM SOLN	57
neomycin-polymyxin w/ pramoxine 43		niacin TABS 500 MG	92	NIVESTYM SOSY	57
neomycin-polymyxin-gramicidin ...	80	niacin TBCR	92	NIX LICE KILLING SPRAY LIQD XX . 48	
neomycin-polymyxin-hc (ophth) ...	80	NIACIN TR TBCR	92	NIZORAL SHAM	43
neomycin-polymyxin-hc (otic) SOLN . 81		nicardipine hcl CAPS	37	NORDITROPIN FLEXPPO SOPN .	52
neomycin-polymyxin-hc (otic) SUSP . 81		nicotine MISC XX	84	norelgestromin-ethinyl estradiol ...	40
NESINA (Use alogliptin benzoate) 16		nicotine polacrilex GUM	84	norethin acet & estrad-fe CAPS ...	39
NEULASTA ONPRO KIT PSKT ...	57	nicotine polacrilex LOZG	84	norethin acet & estrad-fe CHEW ...	39
NEULASTA SOSY	57	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	85	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	39
NEUPOGEN SOLN	57	NICOTINE TRANSDERMAL SYSTEM KIT	84	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...	39
NEUPOGEN SOSY	57	NICOTROL INHALER INHA	85	norethindrone & eth estradiol 35 MCG-1 MG	39
nevirapine SUSP	34	NICOTROL NS SOLN	85	norethindrone & ethinyl estradiol-fe 39	
nevirapine TABS	34	nifedipine CAPS	37	norethindrone (contraceptive)	41
nevirapine TB24 100 MG	34	nifedipine TB24 30 MG, 90 MG ...	37	norethindrone acet & eth estra ...	39
nevirapine TB24 400 MG	34	nifedipine TB24 60 MG	37	norethindrone acetate TABS	83
NEXABIOTIC CPDR	20	nimodipine CAPS	37	norethindrone acetate-ethinyl estradiol	53
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	87	NINLARO	30	norethindrone acetate-ethinyl estradiol-fe	39
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	87	nisoldipine	37	norethindrone-eth estradiol (triphasic)	

.....	39	NP THYROID 30 TABS	85	ODOMZO	29
norgestimate-ethinyl estradiol (triphasic)	39	NP THYROID 60 TABS	85	OFEV	85
norgestimate-ethinyl estradiol	39	NP THYROID 90 TABS	86	ofloxacin (ophth)	80
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	40	NPLATE 250 MCG, 500 MCG	57	ofloxacin (otic)	81
NORLIQVA SOLN	37	NUCALA SOAJ	10	ofloxacin 300 MG, 400 MG	53
NORPACE CAPS (Use disopyramide phosphate)	9	NUCALA SOLR	10	OHC COVID-19 ANTIGEN SELF TEST KIT	49
nortriptyline hcl CAPS	15	NUCALA SOSY	10	olanzapine SOLR	32
nortriptyline hcl SOLN	15	NULOJIX	73	olanzapine TABS	32
NORVIR CAPS	34	NUMOISYN LIQD	74	olanzapine TBDP	32
NORVIR PACK	34	NUPLAZID CAPS	32	olmesartan medoxomil	25
NORVIR SOLN	34	NUPLAZID TABS 10 MG	32	olmesartan medoxomil-amlodipine- hydrochlorothiazide	26
NORVIR TABS (Use ritonavir)	34	NURTEC	71	olmesartan medoxomil- hydrochlorothiazide	26
NOSE CLIP MISC	69	NUVESSA	91	olopatadine hcl (nasal)	76
NOVA SUREFLEX LANCETS	63	NUWIQ KIT	55	olopatadine hcl	81
NOVAREL IM 5000 UNIT	51	NUWIQ SOLR	55	OLPRUVA THPK	52
NOVAVAX COVID-19 VACCINE ..	90	nystatin (mouth-throat)	73	OLUMIANT	3
NOVAVAX COVID-19 VACCINE/2023-24	90	nystatin (topical) CREA	43	omega-3-acid ethyl esters	24
NOVOEIGHT	55	nystatin (topical) OINT	43	omeprazole CPDR	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	17	nystatin (topical) POWD EX	43	omeprazole TBEC	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	17	nystatin TABS	23	omeprazole-sodium bicarbonate CAPS	87
NOVOLOG MIX 70/30 RELION SUSP	17	nystatin-triamcinolone CREA	43	omeprazole-sodium bicarbonate PACK	87
NOVOLOG MIX 70/30 SUSP	17	nystatin-triamcinolone OINT	43	OMNITROPE SOCT	52
NOVOSEVEN RT	55	NYVEPRIA	57	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	49
NP THYROID 120 TABS	85	OBIZUR	55	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	49
NP THYROID 15 TABS	85	OCALIVA	53	ONCASPAR	30
		OCTAGAM SOLN 5 GM/50ML	82		
		OCTAGAM SOLN	82		
		octreotide acetate SOLN	53		
		octreotide acetate SOSY	53		
		ODEFSEY	34		

ondansetron hcl SOLN OR 4 MG/5ML .....22	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....69	OSENI (Use alogliptin-pioglitazone) . 15
ondansetron hcl TABS 4 MG, 8 MG 22	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL .90	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....3
ondansetron TBDP .....22	OPVEE NA .....22	oxaprozin TABS .....5
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....63	OPZELURA .....47	OXAYDO TABS 5 MG .....6
ONETOUCH DELICA PLUS LANCETS FINE 30G .....63	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN .....74	oxazepam CAPS .....9
ONETOUCH ULTRA 2 KIT .....63	ORALAIR ADULT STARTER PACK SUBL .....2	oxcarbazepine SUSP .....13
ONETOUCH ULTRA STRP .....50	ORALAIR SUBL .....2	oxcarbazepine TABS .....13
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....63	ORENITRAM TITRATION KIT MONTH 1 TEPK .....37	OXERVATE .....80
ONETOUCH ULTRASOFT LANCETS .....63	ORENITRAM TITRATION KIT MONTH 2 TEPK .....37	oxiconazole nitrate CREA .....44
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....63	ORENITRAM TITRATION KIT MONTH 3 TEPK .....37	oxybutynin chloride SOLN .....87
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....63	ORFADIN SUSP .....52	oxybutynin chloride TABS 2.5 MG .87
ONETOUCH VERIO REFLECT KIT 63	ORIAHNN .....53	oxybutynin chloride TABS 5 MG ...87
ONETOUCH VERIO TEST STRIPS STRP .....50	ORILISSA .....51	oxybutynin chloride TB24 .....87
ONGLYZA (Use saxagliptin hcl) ..16	ORKAMBI PACK .....85	oxycodone hcl CAPS .....6
ONPATTRO .....85	ORKAMBI TABS .....85	oxycodone hcl CONC 100 MG/5ML 6
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML .....28	orphenadrine citrate TB12 .....76	oxycodone hcl SOLN .....6
OPTICHAMBER DIAMOND DEVI .69	orphenadrine w/ aspirin & caff ....76	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....6
OPTICHAMBER DIAMOND MISC .69	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG .....76	oxycodone hcl T12A 80 MG .....6
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....69	ORTHOVISC .....76	oxycodone hcl TABS .....6
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC .....69	oseltamivir phosphate CAPS 30 MG . 36	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....7
	oseltamivir phosphate CAPS 45 MG, 75 MG .....36	oxymorphone hcl TB12 15 MG .....6
	oseltamivir phosphate SUSR .....36	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 6
		oyster shell .....72
		OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML .....16

OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML	16	MISC	70	peg 3350-kcl-sod bicarb-sod chloride-sod sulfat SOLR	58
OZURDEX IMPL	80	PARI SOFT PLASTIC PEDIATRIC MASK MISC	70	peg 3350-potassium chloride-sod bicarbonate-sod chloride	59
paclitaxel protein-bound particles	31	PARI VORTEX ADULT MASK	70	PEGASYS SOLN	35
PACLITAXEL PROTEIN- BOUNDPARTICLES	31	paricalcitol SOLN	52	PEGASYS SOSY	35
paliperidone	32	paroxetine hcl TABS	14	pemetrexed disodium SOLR 100 MG, 500 MG	28
PALYNZIQ	52	paroxetine hcl TB24	14	PENBRAYA	88
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	51	paroxetine mesylate (vasomotor)	85	penciclovir	44
PAMIDRONATE DISODIUM SOLN 51		PARSABIV	52	penicillamine TABS	72
pantoprazole sodium PACK	87	PAXLOVID 100 MG-150 MG	35	penicillin v potassium SOLR	82
pantoprazole sodium TBEC 20 MG 87		pazopanib hcl	30	penicillin v potassium TABS	82
pantoprazole sodium TBEC 40 MG 87		PC LANCETS SUPER THIN 30G	63	PENTACEL	86
PANZYGA	82	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	75	pentoxifylline	56
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	40	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	75	PERFECT LANCETS 30G	63
PARI ALTERA NEBULIZER HANDSET MISC	69	PEARLS IC CAPS	20	perindopril erbumine	25
PARI BABY CONVERSION KITSIZE 1 MISC	69	ped multivitamins w/fl & iron SOLN 74		PERJETA	28
PARI BABY CONVERSION KITSIZE 2 MISC	70	PEDIARIX SUSY	86	permethrin AERO	48
PARI BABY CONVERSION KITSIZE 3 MISC	70	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 70		permethrin CREA	48
PARI ERAPID NEBULIZER HANDSET MISC	70	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	75	permethrin LIQD EX	48
PARI EXPIRATORY FILTER VALVE SET DEVI	70	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	75	perphenazine TABS	33
PARI MASK SET MISC	70	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	75	perphenazine-amitriptyline	84
PARI SOFT PLASTIC ADULT MASK		PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	75	PFIZER-BIONTECH COVID- 19VACCINE SUSP	90
		pediatric vitamins acd w/ fluoride SOLN	75	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP	90
		PEDVAX HIB SUSP	88	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 90	
				PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP	90
				PFIZER-BIONTECH COVID-	

19VACCINE/6MO-4Y/2023-24 SUSP.....90	phenytoin CHEW .....13	POCKET CHAMBER DEVI .....70
PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP ..90	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....13	POCKET SPACER DEVI .....70
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ...90	phenytoin sodium extended 200 MG, 300 MG .....13	podofilox SOLN .....47
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y ...90	phenytoin SUSP .....13	POLIVY 140 MG .....28
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 90	PHILLIPS COLON HEALTH CAPS 20	polyethylene glycol 3350 PACK ...59
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 90	PHOTOFRIN .....30	polyethylene glycol 3350 POWD ..59
PFLEX MISC .....70	phytonadione TABS 5 MG .....92	polymyxin b-trimethoprim .....80
PH 12 STERILE DILUENT FORFLOLAN .....83	PIFELTRO .....34	polysaccharide iron complex CAPS 150 MG .....57
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..70	PILLOW MASK/ADULT MISC .....70	polyvinyl alcohol 1.4 %79
PHARMACY COUNTER LANCETS . 63	PILLOW MASK/CHILD MISC .....70	POLY-VI-SOL SOLN OR .....75
PHEBURANE PLLT .....52	PILLOW MASK/PEDIATRIC MISC 70	POLY-VITA SOLN OR .....75
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....55	pilocarpine hcl (oral) 5 MG .....74	POLY-VITA/IRON SOLN .....75
phenelzine sulfate .....14	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 79	POLY-VITE PEDIATRIC SOLN OR 75
phenobarbital ELIX .....58	PILOT COVID-19 AT-HOME TEST KIT .....50	POMALYST .....29
phenobarbital TABS .....58	pimecrolimus .....47	PONVORY 14-DAY STARTER PACK TBPK .....84
phenylephrine hcl (mydriatic) SOLN 2.5 %79	pindolol TABS .....36	PONVORY TABS .....84
phenylephrine hcl (oral) TABS .....77	pioglitazone hcl .....17	PORTRAZZA .....29
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....42	pioglitazone hcl-glimepiride .....15	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..72
phenylephrine-dm SOLN .....42	pioglitazone hcl-metformin hcl TABS . 15	potassium bicarbonate TBEF .....72
phenylephrine-shark liver oil-cocoa butter .....8	pirfenidone CAPS .....85	potassium chloride CPCR 10 MEQ 72
phenylephrine-shark liver oil-mineral oil-petrolatum .....8	pirfenidone TABS 534 MG .....85	potassium chloride CPCR 8 MEQ .72
	piroxicam CAPS .....5	potassium chloride microencapsulated crystals er ....72
	PLEGRIDY SOSY IM .....84	potassium chloride PACK OR 20 MEQ .....72
	plerixafor .....57	potassium chloride SOLN OR 10 %, 20 %72
	PNEUMOVAX 23 .....88	potassium chloride TBCR 8 MEQ, 10
	PNEUMOVAX 23/1 DOSE .....88	

MEQ	72	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML	41	PREVYMIS TABS	35
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	54	prednisolone SOLN	41	PREZCOBIX	34
potassium citrate-citric acid PACK .	54	PREDNISONONE INTENSOL CONC	41	PREZISTA SUSP	34
potassium iodide (expectorant) SOLN	42	prednisone SOLN	41	PREZISTA TABS (Use darunavir) .	34
POTELIGEO	28	prednisone TABS	41	PREZISTA TABS 150 MG	34
PRADAXA CAPS (Use dabigatran etexilate mesylate)	12	prednisone TBPK	41	PREZISTA TABS 75 MG, 600 MG, 800 MG	34
PRADAXA CAPS	12	PREFERRED PLUS LANCETS COLORED 21G	64	PRIALT	5
PRADAXA PACK	12	PREFERRED PLUS LANCETS SUPER THIN 30G	64	PRIMADOPHILUS BIFIDUS CPDR 20	
pralatrexate	28	PREFERRED PLUS LANCETS THIN 26G	64	PRIMIDAR CAPS	20
PRALUENT SOAJ	25	pregabalin CAPS	13	primidone 125 MG	13
pramipexole dihydrochloride TABS 31		pregabalin SOLN	13	primidone 50 MG, 250 MG	13
pramipexole dihydrochloride TB24	31	PREGNYL IM	51	PRIORIX SUSR	90
pramoxine hcl (rectal) FOAM EX ...	8	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	51	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	82
prasugrel hcl	56	PREHEVBRIO	90	PRIVIGEN SOLN 5 GM/50ML	82
pravastatin sodium	24	PREMARIN	91	PRO COMFORT ALCOHOL PADS 66	
prazosin hcl CAPS	25	PREMARIN TABS	53	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	70
PRECISION THINS GP LANCET .	63	PREMPHASE	53	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	70
PRED MILD	80	PREMPRO	53	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	70
PRED-G SUSP	80	PRENATAL VITAMINS-ASSORTED BRAND	75	PROAIR DIGIHALER	11
prednicarbate OINT	46	PRENATAL VITAMINS-ASSORTED GENERIC	75	PROAIR HFA AERS (Use albuterol sulfate)	11
prednisolone acetate (ophth)	81	PREORBOTIC CAPS	20	probenecid	55
PREDNISOLONE ACETATE P-F .	81	PREVIDENT RINSE SOLN	73	PROBINATE CAPS	20
PREDNISOLONE SODIUM PHOSPHATE	81	PREVNAR 13	88	PROBIO DEFENSE CAPS	20
prednisolone sodium phosphate SOLN 15 MG/5ML	41	PREVNAR 20	88	PROBIOMAX COMPLETE DF CAPS	20
prednisolone sodium phosphate SOLN 20 MG/5ML	41	PREVYMIS SOLN	35		

PROBIOMAX DAILY DF CAPS	20	RY CAPS	21	PROMELLA IN PREBIOTIC CAPS	21
PROBIOMAX IG 26 DF CAPS	20	PROBIOTIC+TURMERIC EXTRACT		PROMEROL CAPS	21
PROBIOMAX LEAN DF CAPS	20	CAPS	21	promethazine & phenylephrine SYRP	
PROBIOMAX SB DF CAPS	20	PROBIOTIC-10 ULTIMATE CAPS	21	.....	42
PROBIONEXX CAPS	20	PROBITROL CAPS	21	promethazine hcl SOLN OR 6.25	
PROBIOTIC & ACIDOPHILUS		PROBIZEN CAPS	21	MG/5ML	24
FORMULA EXTRA STRENGTH		PROCARE SPACER CHAMBER		promethazine hcl SUPP	24
CAPS	20	W/ADULT MASK DEVI	70	promethazine hcl TABS	24
PROBIOTIC + OMEGA-3 CAPS	20	PROCARE SPACER CHAMBER		promethazine w/codeine SOLN	42
PROBIOTIC 10 ULTRA STRENGTH		W/CHILD MASK DEVI	70	promethazine w/codeine SYRP	42
CAPS	20	PROCHAMBER VALVED		PRONEB ULTRA FILTER SET MISC	
PROBIOTIC ACIDOPHILUS CAPS		HOLDINGCHAMBER DEVI	70	.....	70
20		prochlorperazine	33	propafenone hcl TABS	9
PROBIOTIC BLEND CAPS	20	prochlorperazine edisylate 10		propranolol hcl CP24	36
PROBIOTIC CAPS	21	MG/2ML	33	propranolol hcl SOLN OR 20	
PROBIOTIC COLON SUPPORT		prochlorperazine maleate TABS	33	MG/5ML, 40 MG/5ML	36
CAPS	20	PROCRIT	57	propranolol hcl TABS	36
PROBIOTIC DAILY CAPS	20	PROCYSBI CPDR	54	propylthiouracil	85
PROBIOTIC DIGESTIVE SUPPORT		PROCYSBI PACK	54	PROQUAD SUSR	90
CAPS	20	PRODIGY TWIST TOP LANCETS		PROTONIX PACK (Use pantoprazole	
PROBIOTIC DIGESTIVE SUPPORT		64		sodium)	87
EXTRA STRENGTH CAPS	22	PROFILNINE	55	protriptyline hcl	15
PROBIOTIC DIGESTIVE		PRO-FLORA IMMUNE CAPS	21	PROVENGE	28
SUPPORT/INULIN CAPS	20	progesterone CAPS 100 MG	83	PROVENTIL HFA AERS (Use	
PROBIOTIC MATURE ADULT CAPS		progesterone CAPS 200 MG	83	albuterol sulfate)	11
.....	20	PROGLYCEM (Use diazoxide)	16	pseudoephedrine hcl TABS	77
PROBIOTIC PEARLS ADVANTAGE		PROGRAF PACK	73	pseudoephedrine hcl TB12	77
CAPS	20	PROGRAF SOLN	73	pseudoephedrine-ibuprofen TABS	42
PROBIOTIC PEARLS CAPS	20	PROLEUKIN	30	PSS SELECT GP LANCETS	64
PROBIOTIC PEARLS MAX		PROLIA SOSY	51	PSS SELECT SAFETY LANCETS	
POTENCY CAPS	20	PROMACTA PACK 12.5 MG	57	64	
PROBIOTIC PEARLS WOMENS		PROMACTA TABS	57	psyllium CAPS 0.52 GM	58
CAPS	20				
PROBIOTIC/PREBIOTIC/CRANBER					

psyllium POWD 28.3 %, 30 %, 30.9 % %, 33 %, 43 %, 58.6 %, 100 %	58	QELBREE	2	CAPS	21
PULMICORT FLEXHALER AEPB	10	QUAD-PROBIOTIC CAPS	21	RA PROBIOTIC COMPLEX CAPS	21
PULMOZYME	85	QUADRACEL SUSP	86	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	21
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 70		QUADRACEL SUSY	86	RA PROBIOTIC MAXIMUM STRENGTH CAPS	21
PURIXAN SUSP	28	quetiapine fumarate TABS	32	RABAVERT	90
PX LANCETS MICROTHIN 33G	64	quetiapine fumarate TB24	32	rabeprazole sodium TBEC	87
PX LANCETS ULTRA THIN	64	QUICKVUE AT-HOME COVID-19 TEST KIT	50	raloxifene hcl	52
pyrantel pamoate SUSP 144 MG/ML 9		QUICKVUE SARS ANTIGEN TEST	50	ramelteon	58
pyrazinamide	27	quinapril hcl	25	ramipril CAPS	25
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %	48	quinapril-hydrochlorothiazide 12.5 MG-10 MG	26	ranitidine hcl TABS 75 MG, 150 MG	86
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	48	quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	ranolazine TB12	9
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	48	quinapril-hydrochlorothiazide 25 MG- 20 MG	26	RAPAFLO 4 MG (Use silodosin)	55
pyridostigmine bromide TABS 60 MG	27	quinidine gluconate TBCR	9	RAPID RESPONSE COVID-19	50
pyridostigmine bromide TBCR	27	quinidine sulfate TABS	9	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	50
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	92	QULIPTA	71	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
pyrimethamine	27	QUVIVIQ	58	RAVICTI	52
QC ALCOHOL SWABS	66	RA ALCOHOL SWABS	66	REALITY LANCETS	64
QC LANCETS SUPER THIN	64	RA ARTHRITIS PAIN RELIEF CREA 48		REALITY SWABS	66
QC LANCETS ULTRA THIN	64	RA DRY MOUTH SOLN	74	REBINYN	55
QC UNILET LANCETS 28G/ULTRA THIN	64	RA E-ZJECT LANCETS 28G	64	RECOMBINATE SOLR	56
QC UNILET LANCETS 33G/MICRO THIN	64	RA E-ZJECT LANCETS THIN 26G 64		RECOMBIVAX HB SUSP	90
QDOLO SOLN (Use tramadol hcl)	6	RA E-ZJECT LANCETS THIN 28G 64		RECOMBIVAX HB SUSY	90
		RA E-ZJECT LANCETS ULTRATHIN 30G	64	RELEUKO SOLN	57
		RA PROBIOTIC COLON CARE		RELEUKO SOSY	57

RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RETIN-A GEL 0.01 % (Use tretinoin) .	43	risedronate sodium TABS 150 MG	51
RELION ALCOHOL SWABS	66	RETIN-A GEL 0.025 % (Use tretinoin)	43	risedronate sodium TABS 35 MG .	51
RELION KETONE TEST STRIPS STRP	50	RETISERT	81	risedronate sodium TABS 5 MG, 30 MG	51
RELION LANCETS MICRO-THIN33G	64	RETROVIR CAPS (Use zidovudine) .	34	risedronate sodium TBEC	51
RELION LANCETS THIN 26G	64	RETROVIR SYRP (Use zidovudine) .	34	RISPERDAL CONSTA (Use risperidone microspheres)	32
RELION LANCETS ULTRA-THIN30G	64	REVCIVI	52	risperidone microspheres	32
RELION ULTRA THIN LANCETS/30G	64	REVLIMID	73	risperidone SOLN	32
RELION ULTRA THIN LANCETS30G	64	REXALL LANCETS ULTRA THIN	64	risperidone TABS	32
RELION ULTRA THIN PLUS LANCETS 32G	64	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	34	risperidone TBDP	32
RELION ULTRA THIN PLUS LANCETS 33G	64	REYATAZ PACK	34	RITEFLO DEVI	70
REMODULIN SOLN IJ	37	REZVOGLAR KWIKPEN	17	ritonavir TABS	34
RENAGEL (Use sevelamer hcl) ..	54	RHO GAM ULTRA-FILTERED PLUS SOSY IM	82	RITUXAN	28
REVELA TABS (Use sevelamer carbonate)	54	RHOPHYLAC SOSY IJ	82	rivastigmine 13.3 MG/24HR	84
repaglinide	17	RIASTAP	56	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	84
REPATHA SOSY	25	ribavirin (hepatitis c) CAPS	35	rivastigmine tartrate CAPS	84
REPATHA SURECLICK SOAJ	25	ribavirin (hepatitis c) TABS 200 MG	35	RIXUBIS SOLR	56
REPLACEMENT AIR FILTER MISC .	70	riboflavin TABS	92	rizatriptan benzoate TABS	72
REPLACEMENT FILTERS MISC ..	70	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	48	rizatriptan benzoate TBDP	72
RESTASIS EMUL (Use cyclosporine (ophth))	80	rifampin CAPS	27	ROCKLATAN	80
RESTASIS MULTIDOSE EMUL ...	80	RIGHTEST GL300 LANCETS	64	ROCTAVIAN	56
RESTORA CAPS	21	riluzole TABS	77	ROLVEDON	57
RETACRIT	57	rimantadine hydrochloride TABS ..	36	romidepsin SOLR	30
RETIN-A CREA (Use tretinoin)	43	RINVOQ	3	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	32
		RISAQUAD CAPS	21	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	32
		RISAQUAD-2 CAPS	21	ropinirole hydrochloride TB24	32
				rosuvastatin calcium TABS	24
				ROTARIX SUSP	90

ROTARIX SUSR	90	SCHOOLTIME SHAMPOO SHAM	48	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .	70
ROTATEQ SOLN	90	SD PROBIOTIC-10 COMPLEXULTRA CAPS	21	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	71
RUBRACA	30	selegiline hcl CAPS	32	SIDESTREAM PLUS ADULT FACE MASK MISC	71
RUCONEST	56	selegiline hcl TABS	32	SIGNIFOR	53
rufinamide SUSP	13	selenium sulfide LOTN 1 %	44	SIGNIFOR LAR	53
RUKOBIA	34	selenium sulfide LOTN 2.5 %	44	SIKLOS TABS	56
RYALTRIS	76	selenium sulfide SHAM 1 %	44	sildenafil citrate (pulmonary hypertension) SOLN	37
SABRIL PACK (Use vigabatrin) ...	13	SELZENTRY SOLN	34	sildenafil citrate (pulmonary hypertension) SUSR	37
SABRIL TABS (Use vigabatrin) ...	13	SELZENTRY TABS 25 MG, 75 MG 34		sildenafil citrate (pulmonary hypertension) TABS	38
salicylic acid GEL 6 %	47	SEMGLEE SOLN	17	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	71
saline SOLN	76	SEMGLEE SOPN	17	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	71
salsalate	6	sennosides TABS 8.6 MG	59	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	71
SAMI THE SEAL REPLACEMENTFILTERS MISC ..	70	sennosides-docusate sodium TABS 59		silodosin	55
SANDIMMUNE CAPS (Use cyclosporine)	73	SEREVENT DISKUS	11	silver sulfadiazine	44
SANDIMMUNE SOLN OR	73	sertraline hcl CONC	14	SIMBRINZA	79
SANDOSTATIN LAR DEPOT KIT .	53	sertraline hcl TABS	14	simethicone CHEW 80 MG	53
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	90	SERTRALINE HYDROCHLORIDE CAPS	14	simethicone LIQD OR 20 MG/0.3ML .	53
sapropterin dihydrochloride PACK .	52	sevelamer carbonate PACK	54	simethicone SUSP	53
sapropterin dihydrochloride TABS .	52	sevelamer carbonate TABS	54		
SAVELLA TABS	84	sevelamer hcl	54		
SAVELLA TITRATION PACK MISC	84	SEVENFACT	56		
saxagliptin hcl	16	SHOPKO UNILET LANCETS			
saxagliptin-metformin hcl	15	SUPER THIN 30G	64		
SAXENDA	1	SHOPKO UNILET LANCETS ULTRA THIN 28G	64		
SB ALCOHOL PREP PADS	66	SIDESTREAM ADULT FACE MASK MISC	70		
SB LANCETS THIN	64	SIDESTREAM PEDIATRIC FACEMASK MISC	71		
SB LANCETS ULTRA THIN	64				

SIMPLYTHICK	83	SOANZ TABS 20 MG	50	SOLIRIS	56
SIMPLYTHICK EASY MIX	83	sodium bicarbonate (antacid) TABS		SOMATULINE DEPOT	53
SIMPLYTHICK EASYMIX	83	325 MG, 650 MG	8	SOMAVERT	51
simvastatin TABS 5 MG, 10 MG, 20		sodium chloride (gu irrigant) 0.9 %	54	SOOTHENEB NBL 100 CHILD	
MG, 40 MG	24	sodium chloride (inhalant) AERS ..	42	MASK MISC	71
simvastatin TABS 80 MG	24	sodium chloride (inhalant) NEBU 0.9		SOOTHENEB NBL 100	
sirolimus SOLN	73	%, 7 %	42	MEDICATION CUP MISC	71
sirolimus TABS	73	sodium citrate & citric acid	54	SOOTHENEB NBL 100 MESH CAP	
SIVEXTRO TABS	27	sodium fluoride (dental) CREA	73	MISC	71
SKYLA	41	sodium fluoride (dental) GEL	73	SOOTHENEB NBL100 ADULT	
SKYRIZI PEN SOAJ	44	sodium fluoride (dental) SOLN 0.2 %		MASK MISC	71
SKYRIZI SOCT	54	73		sorafenib tosylate	30
SKYRIZI SOLN	54	sodium fluoride CHEW 0.25 MG, 0.5		SORBITOL OR 70 %	59
SKYRIZI SOSY	44	MG, 1 MG, 2.2 MG	72	SORILUX FOAM	44
SKYSONA	84	sodium fluoride SOLN 0.125		sotalol hcl (afib/afI)	36
SKYTROFA	52	MG/DROP	72	sotalol hcl TABS 240 MG	36
SM ACIDOPHILUS PEARLS CAPS		sodium fluoride SOLN 0.5 MG/ML	72	sotalol hcl TABS 80 MG, 120 MG,	
21		SODIUM OXYBATE SOLN	83	160 MG	36
SM ADVANCED PROBIOTIC ULTRA		sodium phenylbutyrate POWD	52	SOTYKTU	44
POTENCY CAPS	21	sodium phenylbutyrate TABS	52	SOVALDI PACK	35
SM ALCOHOL PREP PADS	66	sodium phosphates ENEM	59	SOVALDI TABS	35
SM GLUCOSE CHEW	16	sodium polystyrene sulfonate POWD		SPEEDY SWAB RAPID COVID-19	
SM IPECAC SYRUP	22	73		ANTIGEN SELF-TEST KIT	50
SM MICRO THIN LANCETS 33G	64	sodium polystyrene sulfonate SUSP		SPEVIGO SOLN	44
SMART SENSE COLOR LANCETS		OR 15 GM/60ML	73	SPIKEVAX COVID-19 VACCINE	
UNIVERSAL 33G	64	SOFIA SARS ANTIGEN FIA	50	SUSP	90
SMART SENSE STANDARD		SOFIA2 SARS ANTIGEN FIA	50	SPIKEVAX COVID-19	
LANCETS UNIVERSAL 21G	65	SOFOSBUVIR/VELPATASVIR TABS		VACCINE/2023-24 SUSP	90
SMART SENSE SUPER THIN		.....	35	SPIKEVAX COVID-19	
LANCETS UNIVERSAL 30G	65	SOGROYA	52	VACCINE/2023-24 SUSY	90
SMART SENSE THIN		SOHONOS 5 MG	76	spinosad	48
LANCETSUNIVERSAL 26G	65	SOLESTA	72	SPINRAZA	78
		solifenacin succinate TABS	87	SPIRIVA HANDIHALER CAPS (Use	

tiotropium bromide monohydrate) .	10	DECONGESTANT SOLN	77	SUPER PROBIOTIC CAPS	21
spironolactone & hydrochlorothiazide	50	sulfacetamide sodium (acne)	43	SUPER PROBIOTIC DIGESTIVE	
.....		sulfacetamide sodium (ophth) SOLN .	80	SUPPORT CAPS	21
spironolactone TABS	51			SUPER THIN LANCETS	65
SPRYCEL	30	sulfacetamide sodium LIQD	44	SUPERIOR PROBIOTIC CAPS ...	21
STAMARIL SUSR	90	sulfacetamide sodium w/ sulfur LOTN		SUPPRELIN LA	52
stannous fluoride CONC	73	10 %-5 %	43	SURELITE LANCETS	65
stavudine CAPS	34	sulfacetamide sodium w/ sulfur SUSP		SUSTIVA CAPS 200 MG (Use	
STERILANCE TL	65	10 %-5 %	43	efavirenz)	34
STIMATE SOLN NA	53	sulfacetamide sod-prednisolone		SUSTIVA CAPS 50 MG (Use	
STIMUFEND	57	SOLN	81	efavirenz)	34
STIOLTO RESPIMAT	11	sulfamethoxazole-trimethoprim SUSP		SUSTIVA TABS (Use efavirenz) ..	35
STIVARGA	30	.....	26	SYLVANT	73
STRENSIQ	52	sulfamethoxazole-trimethoprim TABS		SYMBICORT (Use budesonide-	
STRIBILD	34	.....	26	formoterol fumarate dihydrate)	11
SUBLOCADE SOSY	7	sulfasalazine TABS	54	SYMDEKO	85
SUBOXONE FILM SL 0.5 MG-2 MG		sulfasalazine TBEC	54	SYMFI (Use efavirenz-lamivudine-	
(Use buprenorphine hcl-naloxone hcl		sulindac TABS	5	tenofovir disoproxil fumarate)	35
dihydrate)	7	sumatriptan	72	SYMFI LO (Use efavirenz-	
SUBOXONE FILM SL 1 MG-4 MG		sumatriptan succinate SOAJ 4		lamivudine-tenofovir disoproxil	
(Use buprenorphine hcl-naloxone hcl		MG/0.5ML	72	fumarate)	35
dihydrate)	7	sumatriptan succinate SOAJ 6		SYMTUZA	35
SUBOXONE FILM SL 2 MG-8 MG		MG/0.5ML	72	SYNAGIS SOLN	82
(Use buprenorphine hcl-naloxone hcl		sumatriptan succinate SOCT 4		SYNAREL	52
dihydrate)	7	MG/0.5ML	72	SYNOJOYNT SOSY	76
SUBOXONE FILM SL 3 MG-12 MG		sumatriptan succinate SOCT 6		SYNRIBO	30
(Use buprenorphine hcl-naloxone hcl		MG/0.5ML	72	SYNTHROID TABS (Use	
dihydrate)	7	sumatriptan succinate SOLN 6		levothyroxine sodium)	86
SUCRAID	50	MG/0.5ML	72	SYNVISC ONE SOSY	76
sucralfate SUSP	86	sumatriptan succinate TABS	72	SYNVISC SOSY	76
sucralfate TABS	86	sumatriptan-naproxen sodium	71	TAB-A-VITE MULTIVITAMIN/IRON	
SUDAFED CHILDRENS LIQD	77	sunitinib malate	30	AND BETA-CAROTENE TABS	74
SUDAFED PE CHILDRENS NASAL		SUNLENCA TBPK	34	TABLOID	28
		SUPARTZ FX SOSY	76		

TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	46	temazepam 15 MG, 30 MG	58	TEZSPIRE SOAJ	10
tacrolimus (topical) OINT 0.03 % ..	47	temazepam 7.5 MG, 22.5 MG	58	TEZSPIRE SOSY	10
tacrolimus (topical) OINT 0.1 % ...	47	TEMODAR SOLR	27	TGT LANCET MICRO THIN 33G ..	65
tacrolimus CAPS	73	temozolomide CAPS	27	TGT LANCET THIN 26G	65
tadalafil (pulmonary hypertension) TABS	38	temsirolimus	30	TGT LANCET ULTRA THIN 30G ..	65
TADLIQ SUSP	38	TENIVAC INJ	86	THALOMID	73
TAFINLAR CAPS	30	tenofovir disoproxil fumarate TABS 35		THEO-24 CP24 100 MG	11
TAGRISSE	29	terazosin hcl	25	THEO-24 CP24 200 MG, 300 MG, 400 MG	11
TAKHZYRO SOLN	56	terbinafine hcl (topical) CREA	44	theophylline ELIX	11
TALZENNA 0.25 MG, 1 MG	30	terbinafine hcl TABS	23	theophylline SOLN	11
tamoxifen citrate TABS	29	terbutaline sulfate TABS	11	theophylline TB12 100 MG, 200 MG, 300 MG	12
tamsulosin hcl	55	terconazole vaginal CREA 0.4 % ..	91	theophylline TB12 450 MG	11
TASCENSO ODT	84	terconazole vaginal CREA 0.8 % ..	91	theophylline TB24	12
TASIGNA	30	terconazole vaginal SUPP	91	thiamine hcl TABS	92
tasimelteon CAPS	58	teriparatide (recombinant) SOPN ..	51	thiamine mononitrate TABS 100 MG .	92
TAVALISSE	56	TESTOPEL PLLT	8	THINLETS GP LANCETS	65
tazarotene CREA	44	testosterone cypionate SOLN IM 200 MG/ML	8	thioridazine hcl	33
TDVAX SUSP	86	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	thiothixene	33
TECENTRIQ	28	testosterone GEL TD 1 %	8	THRESHOLD IMT MISC	71
TECHLITE AST LANCETS	65	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	8	THROMBATE III	56
TECHLITE LANCETS	65	testosterone SOLN	8	THYMOGLOBULIN	73
TEGLUTIK SUSP	77	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	86	THYROGEN 0.9 MG	48
TEGRETOL-XR TB12 (Use carbamazepine)	13	tetrabenazine	84	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	86
TEGSEDI	85	tetracaine hcl (ophth)	80	tiagabine hcl 12 MG, 16 MG	13
telmisartan	25	tetrahydrozoline hcl (ophth) 0.05 % 80		tiagabine hcl 2 MG, 4 MG	13
telmisartan-amlodipine	26			TIBSOVO	30
telmisartan-hydrochlorothiazide ...	26			TICOVAC	90

TIGLUTIK SUSP	77	tobramycin-dexamethasone SUSP 81	tramadol hcl CP24 100 MG, 200 MG, 300 MG	6
timolol maleate (ophth) SOLG 0.25 %	79	TOBEX OINT	tramadol hcl SOLN	6
timolol maleate (ophth) SOLN 0.5 % . 79		TODAYS HEALTH SUPER THINLANCETS 30G	tramadol hcl TABS 100 MG	7
timolol maleate (ophth) SOLN	79	65	tramadol hcl TABS 50 MG	7
timolol maleate TABS	36	TODAYS HEALTH ULTRA THINLANCETS 28G	tramadol hcl TB24	7
TIMOLOL/BRIMONIDE/DORZOLAMI DE	79	65	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	7
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	79	TOLECTIN 600 TABS 600 MG	tramadol-acetaminophen	7
tioconazole vaginal 6.5 %	91	5	trandolapril 1 MG, 2 MG	25
tiopronin TABS	55	tolmetin sodium CAPS	trandolapril 4 MG	25
tiotropium bromide monohydrate CAPS	10	5	trandolapril-verapamil hcl	26
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	86	tolmetin sodium TABS 600 MG	tranexamic acid TABS	58
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	86	tolnaftate CREA	tranylcypromine sulfate	14
TIVICAY PD TBSO	35	44	TRAVATAN Z SOLN (Use travoprost)	81
TIVICAY TABS	35	tolterodine tartrate CP24	travoprost SOLN	81
tizanidine hcl CAPS	76	87	trazodone hcl TABS 300 MG	14
tizanidine hcl TABS	76	tolterodine tartrate TABS	trazodone hcl TABS 50 MG, 100 MG, 150 MG	14
TOBI NEBU (Use tobramycin)	3	87	TRECTOR	27
TOBRADEX OINT	81	tolvaptan TABS	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	29
tobramycin (ophth) SOLN	80	53	TRELSTAR MIXJECT 3.75 MG ...	29
tobramycin NEBU	3	TOPAMAX SPRINKLE CPSP (Use topiramate)	treprostinil SOLN IJ	37
tobramycin sulfate SOLN IJ	3	13	tretinoin (chemotherapy)	30
tobramycin sulfate SOLR	3	13	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	43
		topiramate CPSP	tretinoin GEL 0.01 %	43
		topiramate TABS 25 MG	tretinoin GEL 0.025 %	43
		topiramate TABS 50 MG, 100 MG, 200 MG	tretinoin GEL 0.05 %	43
		13	tretinoin microsphere	43
		topotecan hcl SOLN		
		31		
		TOPOTECAN HCL SOLN		
		31		
		topotecan hcl SOLR		
		31		
		toremifene citrate		
		29		
		torsemide TABS 20 MG		
		50		
		torsemide TABS 5 MG, 10 MG, 100 MG		
		51		
		TOTECT		
		31		
		TOVIAZ (Use fesoterodine fumarate)		
		87		
		TPOXX CAPS		
		36		
		TRADJENTA		
		16		

TRETTEN	56	TRILURON SOSY	76	TYBOST	35
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	trimethoprim TABS	26	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	5
triamcinolone acetonide (mouth) ..	74	trimipramine maleate CAPS	15	TYPHIM VI SOLN	88
triamcinolone acetonide (topical) AERS	47	TRIUMEQ PD TBSO	35	TYPHIM VI SOSY	88
triamcinolone acetonide (topical) CREA 0.025 %	47	TRIUMEQ TABS	35	UBRELVY	71
triamcinolone acetonide (topical) CREA 0.1 %	47	TRIVISC SOSY	76	UDENYCA SOAJ	57
triamcinolone acetonide (topical) CREA 0.5 %	47	TRIZIVIR	35	UDENYCA SOSY	57
triamcinolone acetonide (topical) LOTN	47	tropicamide SOLN 0.5 %	79	ULTILET CLASSIC LANCETS	65
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	47	tropicamide SOLN 1 %	79	ULTRAFLOA IMMUNE HEALTH CAPS	21
triamcinolone acetonide (topical) OINT 0.05 %	47	trospium chloride CP24	87	UNILET COMFORTOUCH LANCET 65	
triamcinolone acetonide (topical) OINT 0.5 %	47	trospium chloride TABS	87	UNILET EXCELITE	65
triamcinolone acetonide-dimethicone-silicone	47	TRUBIOTICS CAPS	21	UNILET EXCELITE II	65
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	50	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	21	UNILET G.P. LANCET	65
triamterene & hydrochlorothiazide TABS	50	TRUEPLUS GLUCOSE CHEW ...	16	UNILET G.P. SUPERLITE LANCET . 65	
triazolam	58	TRUEPLUS GLUCOSE ON THE GO CHEW	16	UNILET GP 28 ULTRA THIN	65
trientine hcl 250 MG	72	TRUEPLUS LANCETS 26G	65	UNILET LANCET	65
trifluoperazine hcl TABS	33	TRUEPLUS LANCETS 28G	65	UNILET LANCETS MICRO-THIN33G	65
trihexyphenidyl hcl SOLN	31	TRUEPLUS LANCETS 28G SUPER THIN	65	UNILET LANCETS SUPER-THIN30G	65
trihexyphenidyl hcl TABS	31	TRUEPLUS LANCETS 30G	65	UNILET LANCETS ULTRA-THIN 28G	65
TRIKAFTA TBPK 100 MG-50 MG .	85	TRUEPLUS LANCETS 30G ULTRA THIN	65	UNILET SUPERLITE LANCET ...	65
TRILEPTAL SUSP (Use oxcarbazepine)	13	TRUEPLUS LANCETS 33G	65	UNITUXIN	28
		TRULICITY	16	UNIVERSAL 1 LANCETS THIN26G .	66
		TRUMENBA	88	UNIVERSAL 1 LANCETS ULTRA THIN 30G	66
		TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	35		
		TUBING/WING TIP MISC	71		
		TWINRIX SUSY	90		
		TYBLUME CHEW	40		

UNIVERSAL 1 LANCETS/33G/MICRO-THIN66	VALUE PLUS LANCETS SUPERTHIN 30G66	VECTIBIX 100 MG/5ML, 400 MG/20ML29
UP4 PROBIOTICS ADULT CAPS .21	VALUE PLUS LANCETS THIN 26G . 66	VENCLEXTA STARTING PACK TBPK28
UP4 PROBIOTICS MENS CAPS .21	VALUMARK LANCET SUPER THIN 30G66	VENCLEXTA TABS28
UP4 PROBIOTICS ULTRA CAPS .21	VALUMARK LANCET ULTRA THIN 28G66	VENLAFAXINE BESYLATE ER . . .15
UP4 PROBIOTICS WOMENS CAPS 21	vancomycin hcl CAPS 125 MG26	venlafaxine hcl CP24 150 MG15
urea CREA 40 %47	vancomycin hcl CAPS 250 MG26	venlafaxine hcl CP24 37.5 MG15
urea LOTN 40 %47	vancomycin hcl SOLR IV 1 GM, 1000 MG26	venlafaxine hcl TABS15
ursodiol CAPS53	vancomycin hcl SOLR IV 500 MG .26	venlafaxine hcl TB2415
ursodiol TABS 250 MG53	vancomycin hcl SOLR OR 25 MG/ML26	VENTOLIN HFA AERS (Use albuterol sulfate)11
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML32	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM26	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG37
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML32	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG26	verapamil hcl CP24 300 MG37
valacyclovir hcl 1 GM, 1000 MG . . .35	VANDAZOLE91	verapamil hcl CP24 360 MG37
valacyclovir hcl 500 MG35	VAQTA90	verapamil hcl TABS37
valganciclovir hcl TABS35	varenicline tartrate TABS85	verapamil hcl TBCR37
valproate sodium SOLN OR 250 MG/5ML14	varenicline tartrate TBPK85	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)37
valproic acid CAPS14	VARIVAX INJ90	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)37
valrubicin29	VAXCHORA88	VERELAN PM CP24 300 MG (Use verapamil hcl)37
valsartan SOLN25	VAXELIS SUSP86	VESICARE LS SUSP87
valsartan TABS25	VAXELIS SUSY86	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS21
valsartan-hydrochlorothiazide . . .26	VAXNEUVANCE88	VIACTIV DIGESTIVE HEALTH CHEW22
VALTOCO 10 MG DOSE LIQD . . .12	VCF VAGINAL CONTRACEPTIVE FILM FILM90	VICTOZA16
VALTOCO 15 MG DOSE LQPK . . .12	VCF VAGINAL CONTRACEPTIVEGEL GEL90	VIDA MIA UNILET LANCETS SUPER THIN 30G66
VALTOCO 20 MG DOSE LQPK . . .12	VECAMYL26	
VALTOCO 5 MG DOSE LIQD12		
VALUE PLUS LANCETS STANDARD 21G66		

VIDA MIA UNILET LANCETS ULTRA THIN 28G	66	VIZIMPRO	29	WEBCOL ALCOHOL PREP LARGE 2 PLY	66
VIEKIRA PAK TBPB	35	VOCABRIA	35	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	66
vigabatrin PACK	13	VOGELXO PUMP GEL TD (Use testosterone)	8	WEGOVY	1
vigabatrin TABS	13	VONVENDI	56	WELLPRO 31 CAPS	21
VIJOICE	73	VORAXAZE	31	white petrolatum-mineral oil	79
VIMIZIM	52	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	71	WILATE KIT	56
vincristine sulfate	31	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	71	WINDMILL TRAINER MISC	71
VIRACEPT TABS 250 MG	35	VORTEX VALVED HOLDING CHAMBER DEVI	71	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	82
VIRACEPT TABS 625 MG	35	VOSEVI	35	WOMENS 50 BILLION CAPS	21
VIREAD POWD	35	VOTRIENT	30	XACIATO GEL	91
VIREAD TABS (Use tenofovir disoproxil fumarate)	35	VPRIV	56	XALKORI CAPS	30
VIREAD TABS	35	VSL#3 CAPS	21	XARELTO STARTER PACK TBPB 12	
VISBIOME PROBIOTIC HIGH POTENCY CAPS	21	VTAMA	44	XARELTO SUSR	12
VISCO-3 SOSY	76	VYNDAMAX	38	XARELTO TABS 10 MG, 20 MG ..	12
VISTOGARD	22	VYNDAQEL	38	XARELTO TABS 15 MG	12
VISUDYNE	80	VYVANSE CAPS	1	XARELTO TABS 2.5 MG	12
VITAMIN D3 LIQD OR 5000 UNIT/ML	92	VYVANSE CHEW	1	XCOPRI TBPB	13
VITAMIN E CAPS 200 UNIT	92	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	66	XELJANZ SOLN	3
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	92	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	66	XELSTRYM	1
VITAMIN E CHEW	92	WALGREENS GLUCOSE CHEW ..	16	XEOMIN	78
vitamins w/ lipotropics CAPS	75	WALGREENS THIN LANCETS ..	66	XEROSTOMIA RELIEF SPRAY SOLN	74
VITRAKVI CAPS	30	warfarin sodium TABS	12	XGEVA SOLN	51
VITRAKVI SOLN	30	WEBCOL ALCOHOL PREP LARGE 1 PLY	66	XIAFLEX	72
VIVIMUSTA SOLN	27			XIIDRA	80
VIVITROL	22			XOFLUZA	36
VIVOTIF	88			XOLAIR SOLR	10

XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	10	ZELAC CAPS	21	zoledronic acid CONC	51
XOPENEX HFA (Use levalbuterol tartrate)	11	ZELBORAF	30	zoledronic acid SOLN 4 MG/100ML	51
XOSPATA	30	ZEMAIRA SOLR 1000 MG	85	zoledronic acid SOLN 5 MG/100ML	51
XPERT XPRESS SARS-COV-2 ..	50	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	50	ZOLEDRONIC ACID SOLN	51
XTANDI CAPS	29	ZEPATIER	35	ZOLGENSMA 10.1-10.5 KG	78
XYBIOTIC CAPS	21	ZEPOSIA STARTER KIT CPPK ..	84	ZOLGENSMA 10.6-11.0 KG	78
XYNTHA	56	ZEVALIN Y-90	28	ZOLGENSMA 11.1-11.5 KG	78
XYNTHA SOLOFUSE	56	ZIAGEN SOLN (Use abacavir sulfate)	35	ZOLGENSMA 11.6-12.0 KG	78
XYREM SOLN	83	ZIAGEN TABS (Use abacavir sulfate)	35	ZOLGENSMA 12.1-12.5 KG	78
YERVOY	28	zidovudine CAPS	35	ZOLGENSMA 12.6-13.0 KG	78
YESCARTA	29	zidovudine SYRP	35	ZOLGENSMA 13.1-13.5 KG	78
YF-VAX INJ	90	zidovudine TABS	35	ZOLGENSMA 13.6-14.0 KG	78
YONDELIS	27	ZIEXTENZO	57	ZOLGENSMA 14.1-14.5 KG	78
YOSPRALA 81 MG-40 MG	56	zileuton TB12	10	ZOLGENSMA 14.6-15.0 KG	78
YUFLYMA 1-PEN KIT AJKT	4	ZILRETTA SRER	41	ZOLGENSMA 15.1-15.5 KG	78
YUFLYMA 2-PEN KIT AJKT	4	ZIMHI SOSY	22	ZOLGENSMA 15.6-16.0 KG	78
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	4	zinc oxide (topical) OINT 20 %	48	ZOLGENSMA 16.1-16.5 KG	78
YUFLYMA CD/UC/HS STARTER AJKT	4	zinc sulfate CAPS	72	ZOLGENSMA 16.6-17.0 KG	78
YUSIMRY	4	ZINPLAVA	82	ZOLGENSMA 17.1-17.5 KG	78
YUTIQ	81	ziprasidone hcl	32	ZOLGENSMA 17.6-18.0 KG	78
zafirlukast	10	ziprasidone mesylate	32	ZOLGENSMA 18.1-18.5 KG	78
zaleplon	58	ZOLADEX 10.8 MG	29	ZOLGENSMA 18.6-19.0 KG	78
ZALTRAP	28	ZOLADEX 3.6 MG	29	ZOLGENSMA 19.1-19.5 KG	78
ZARXIO	57			ZOLGENSMA 19.6-20.0 KG	78
ZAVZPRET	71			ZOLGENSMA 2.6-3.0 KG	78
ZEGALOGUE SOAJ	16			ZOLGENSMA 20.1-20.5 KG	78
ZEGALOGUE SOSY	16			ZOLGENSMA 20.6-21.0 KG	78
				ZOLGENSMA 3.1-3.5 KG	78
				ZOLGENSMA 3.6-4.0 KG	78

ZOLGENSMA 4.1-4.5 KG	78	ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
ZOLGENSMA 4.6-5.0 KG	78	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
ZOLGENSMA 5.1-5.5 KG	78	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	7
ZOLGENSMA 5.6-6.0 KG	78	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 6.1-6.5 KG	78	ZULRESSO	14
ZOLGENSMA 6.6-7.0 KG	78	ZYDELIG	30
ZOLGENSMA 7.1-7.5 KG	78	ZYKADIA TABS	30
ZOLGENSMA 7.6-8.0 KG	78	ZYNTEGLO	56
ZOLGENSMA 8.1-8.5 KG	78	ZYPREXA RELPREVV	32
ZOLGENSMA 8.6-9.0 KG	78		
ZOLGENSMA 9.1-9.5 KG	78		
ZOLGENSMA 9.6-10.0 KG	78		
ZOLINZA	30		
zolmitriptan SOLN 2.5 MG	72		
zolmitriptan TABS	72		
zolmitriptan TBDP	72		
ZOLPIDEM TARTRATE CAPS	58		
zolpidem tartrate SUBL	58		
zolpidem tartrate TABS	58		
zolpidem tartrate TBCR	58		
ZOMIG SOLN 2.5 MG	72		
ZONISADE SUSP	13		
zonisamide CAPS	13		
ZORYVE	44		
ZOVIRAX CREA (Use acyclovir topical)	44		
ZOVIRAX OINT (Use acyclovir topical)	44		
ZTALMY	13		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8		