

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 Combos, Insulins
Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos
Gastrointestinal - Hepatitis C Agents
Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters

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, Antihyperkinesia, 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	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	1	MP
Amphetamines			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	AL(At least 3 yrs old); MP
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP	DYANAVEL XR TBCR	NP	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	2	Generic for Adderall; QL(3 EA daily); MP	<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 EA daily); MP; PA
<i>amphetamine sulfate TABS</i>	1	Generic for Evekeo; MP; PA	<i>lisdexamfetamine dimesylate CHEW</i>	1	MP; PA
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	1	MP	<i>methamphetamine hcl</i>	1	Generic for Desoyxn; MP; PA
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP	MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	MP
<i>amphetamine-dextroamphetamine TABS</i>	1	Generic for Adderall; QL(3 EA daily); MP	VYVANSE CAPS	2	QL(1 EA daily); MP; PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1	Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP	VYVANSE CHEW	NP	MP; PA
<i>dextroamphetamine sulfate CP24 5 MG</i>	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP	XELSTRYM	NP	
<i>dextroamphetamine sulfate SOLN</i>	NP	Generic for Procentra; MP; PA	Analeptics		
<i>dextroamphetamine sulfate SOLN</i>	2	Generic for Procentra; MP; PA	<i>caffeine citrate SOLN PO</i>	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP	Anorexiants Non-Amphetamine		
			<i>phentermine hcl-topiramate</i>	NP	PA
			QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	NP	PA
			Anti-Obesity Agents		
			WEGOVY	NP	PA
			ZEPBOUND SOAJ	NP	PA
			ZEPBOUND SOLN	NP	PA
			Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP	<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	Generic for Kapvay; MP	<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP	<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
ONYDA XR SUER	NP		<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
QELBREE	NP	MP	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	AL(At least 6 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	Generic for Aptensio XR; MP; PA	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
AZSTARYS	NP	MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP	Allergenic Extracts		
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	Generic for Focalin XR; MP; PA	ORALAIR SUBL	2	PA
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	Generic for Methylin; MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl CHEW</i>	1	MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA	<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
<i>methylphenidate hcl CP24</i>	NP	Generic for Aptensio XR; MP; PA	Alternative Medicine - M's		
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA	<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
			AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETHKIS NEBU (<i>tobramycin</i>)	2	SP; PA	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	2	SP; PA	ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
RINVOQ LQ SOLN	2	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	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-ADBM(CD/UC/HS STRT) AJKT	NP	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	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PED>=40KG CROHNS START PSKT	2	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	2	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	2	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HADLIMA SOSY	2	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
			YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YUSIMRY	NP	SP; PA	MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	0	MP
Interleukin-6 Receptor Inhibitors			MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	0	MP
TOFIDENCE	NP	SP; PA	<i>nabumetone</i>	1	MP
TYENNE SOAJ	NP	SP; PA	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
TYENNE SOLN	NP	SP; PA	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
TYENNE SOSY	NP	SP; PA	<i>naproxen-esomeprazole magnesium</i>	NP	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>naproxen SUSP</i>	1	MP
ADVIL TABS (<i>ibuprofen</i>)	0	MP	<i>naproxen TABS</i>	1	MP
<i>celecoxib</i>	1	QL(2 EA daily); PA	<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	0	MP; RX/OTC	<i>oxaprozin TABS</i>	1	MP
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	0	MP; RX/OTC	<i>piroxicam CAPS</i>	1	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP	<i>tolmetin sodium CAPS</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>tolmetin sodium TABS 600 MG</i>	1	MP
<i>etodolac CAPS</i>	1	MP	VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
<i>etodolac TABS</i>	1	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>etodolac TB24</i>	1	MP	OTEZLA TABS	2	SP; PA
<i>flurbiprofen TABS</i>	1	MP	OTEZLA TBPK	2	SP; PA
<i>ibuprofen CHEW</i>	0	MP	Pyrimidine Synthesis Inhibitors		
<i>ibuprofen SUSP</i>	0	MP	<i>leflunomide</i>	1	QL(1 EA daily); MP
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP	Soluble Tumor Necrosis Factor Receptor Agents		
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	ENBREL MINI SOCT	2	SP; PA
<i>indomethacin CPCR</i>	1	MP	ENBREL SURECLICK SOAJ	2	SP; PA
INFANTS ADVIL SUSP (<i>ibuprofen</i>)	0	MP	ENBREL SOLN	2	SP; PA
<i>ketoprofen CAPS 50 MG</i>	1	MP	ENBREL SOSY	2	SP; PA
<i>ketoprofen CP24</i>	1	MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP	Analgesic Combinations		
<i>meloxicam TABS</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)	<i>aspirin CHEW</i>	0	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1		ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)	<i>aspirin TABS 325 MG</i>	0	
Analgesics - Sodium Channel Pain Signal Inhibitors			<i>aspirin TBEC 81 MG, 325 MG</i>	0	
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)	<i>diflunisal TABS</i>	1	MP
Analgesics Other			ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>)	0	
<i>acetaminophen CHEW</i>	0		ECOTRIN TBEC (<i>aspirin</i>)	0	
<i>acetaminophen ELIX</i>	0		<i>salsalate</i>	1	
<i>acetaminophen LIQD 160 MG/5ML</i>	0		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		Opioid Agonists		
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)	<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	<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)
TYLENOL CHILDRENS CHEWABLES CHEW (<i>acetaminophen</i>)	0		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
Analgesics-Peptide Channel Blockers			<i>hydrocodone bitartrate CP12</i>	NP	
PRIALT	2	SP; PA	HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
Salicylates			<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
			<i>hydromorphone hcl TB24</i>	1	PA
			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
			<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
			<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
<i>morphine sulfate beads</i>	NP	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl T12A 80 MG</i>	1	PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>QDOLO SOLN (tramadol hcl)</i>	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA
<i>tramadol hcl SOLN</i>	NP	
<i>TRAMADOL HCL SOLN (tramadol hcl)</i>	NP	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TB24</i>	1	PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML 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>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<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)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
Opioid Partial Agonists		
<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)	ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)	ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)	ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 EA daily)	Androgens		
<i>buprenorphine hcl SUBL</i>	1	PA	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	2	PA
<i>buprenorphine PTWK</i>	1	PA	AVEED SOLN	2	SP; PA
BUTRANS PTWK (<i>buprenorphine</i>)	2	PA	FORTESTA GEL TD (<i>testosterone</i>)	NP	PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP	<i>methyltestosterone TABS</i>	1	
SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)	TESTOPEL PLLT	2	SP; PA
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ML per 30 day(s) retail)
SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)	<i>testosterone GEL TD 1 %</i>	NP	
SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 EA daily)	<i>testosterone GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)	<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)	<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 1.62 %</i>	NP	PA
			<i>testosterone GEL TD 1 %</i>	2	
			<i>testosterone SOLN</i>	1	PA
			VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		
			<i>hydrocortisone (intrarectal)</i>	1	QL(420 ML per fill retail)
			Rectal Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMORRHOIDAL 0.25 %-85.5 %-3 %	2	QL(48 EA per fill retail)	<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	2	QL(12 GM per fill retail)	Antacids - Magnesium Salts		
Rectal Local Anesthetics			<i>magnesium oxide TABS 400 MG</i>	1	
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)	ANTHELMINTICS - Drugs to Treat Worm Infections		
PROCTOFOAM FOAM EX 1 %	2	QL(15 GM per fill retail)	Anthelmintics		
Rectal Steroids			BENZNIDAZOLE	2	SP; PA
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)	EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)	<i>ivermectin</i>	1	
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC	PIN RID CHEW	2	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
PREPARATION H EX 1 %	2	RX/OTC	<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC	STROMECTOL (<i>ivermectin</i>)	2	
ANTACIDS			ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antacid Combinations			Antianginals-Other		
<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ML daily)	ASPRUZYO SPRINKLE PACK	NP	
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)	<i>ranolazine TB12</i>	1	
Antacids - Aluminum Salts			Nitrates		
ALUMINUM HYDROXIDE GEL SUSP	2		<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
Antacids - Bicarbonate			<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)	ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
Antacids - Calcium Salts			<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
			NITRO-BID OINT	2	MP
			<i>nitroglycerin CPCR</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
<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		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	NP	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	NP	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
<i>diazepam SOLN IJ 5 MG/ML</i>	NP	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	1	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	NP	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>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		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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 IN (<i>tiotropium bromide</i>)	2	
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	
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>	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	
ASMANEX (120 METERED DOSES) AEPB	2	
ASMANEX (14 METERED DOSES) AEPB	2	
ASMANEX (30 METERED DOSES) AEPB	2	
ASMANEX (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)

Drug Name	Drug Tier	Requirements/ Limits
<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	2	QL(1 EA per 25 day(s) retail)
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	
AIRDUO DIGIHALER	NP	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
AIRSUPRA	NP	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
<i>albuterol sulfate SYRP</i>	1	MP	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 GM daily)
<i>albuterol sulfate TABS</i>	1		XOPENEX HFA (<i>levalbuterol tartrate</i>)	2	
BEVESPI AEROSPHERE	NP		Xanthines		
BREO ELLIPTA	2		THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
BREZTRI AEROSPHERE	NP		THEO-24 CP24 100 MG	2	MP
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)	<i>theophylline ELIX</i>	1	
COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)	<i>theophylline SOLN</i>	1	QL(475 ML per fill retail); MP
DULERA 50 MCG/ACT-5 MCG/ACT	2		<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)	<i>theophylline TB12 450 MG</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(2 EA daily)	<i>theophylline TB24</i>	1	MP
<i>fluticasone-salmeterol AERO</i>	NP		ANTICOAGULANTS - Blood Thinners		
<i>ipratropium-albuterol SOLN</i>	1	QL(12 ML daily)	Coumarin Anticoagulants		
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP		<i>warfarin sodium TABS</i>	1	MP
<i>levalbuterol hcl</i>	1		Direct Factor Xa Inhibitors		
<i>levalbuterol tartrate</i>	1		ELIQUIS (1.5 MG PACK) TBSO PO	2	
PROAIR DIGIHALER	NP		ELIQUIS (2 MG PACK) TBSO PO	2	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)	ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)	ELIQUIS CPSP PO 0.15 MG	2	
STIOLTO RESPIMAT	2		ELIQUIS TABS	2	QL(4 EA daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)	ELIQUIS TBSO PO 0.5 MG	2	
<i>terbutaline sulfate TABS</i>	1	MP	<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
			<i>rivaroxaban TABS 2.5 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XARELTO STARTER PACK TBPB	2		<i>clonazepam TABS</i>	1	QL(4 EA daily)
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2		<i>clonazepam TBDP</i>	1	
XARELTO TABS 15 MG	2	QL(2 EA daily)	LIBERVANT FILM	NP	
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	2		VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
Heparins And Heparinoid-Like Agents			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ML per 30 day(s) retail)	VALTOCO 5 MG DOSE LIQD	2	QL(10 EA 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)	Anticonvulsants - Misc.		
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ML per 30 day(s) retail)	BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ML per 30 day(s) retail)	<i>carbamazepine CHEW 100 MG</i>	1	MP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ML per 30 day(s) retail)	<i>carbamazepine CHEW 200 MG</i>	1	
<i>fondaparinux sodium</i>	1	PA	<i>carbamazepine CP12</i>	NP	MP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	<i>carbamazepine SUSP</i>	1	MP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		<i>carbamazepine TABS</i>	1	MP
Thrombin Inhibitors			<i>carbamazepine TB12</i>	1	MP
<i>dabigatran etexilate mesylate CAPS</i>	1		CARBATROL CP12 (<i>carbamazepine</i>)	2	MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP		ELEPSIA XR TB24	NP	
PRADAXA PACK	NP	SP	EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
Anticonvulsants - Benzodiazepines			<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>clobazam SUSP</i>	1		<i>gabapentin SOLN</i>	1	MP
<i>clobazam TABS</i>	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
			LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
			LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
			<i>lamotrigine CHEW</i>	1	MP
			<i>lamotrigine KIT 25 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine TABS</i>	1	MP
<i>lamotrigine TB24</i>	1	
<i>lamotrigine TBDP</i>	1	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
<i>levetiracetam TABS</i>	1	MP
<i>levetiracetam TB24</i>	1	MP
MOTPOLY XR CP24	NP	
<i>oxcarbazepine SUSP</i>	NP	MP
<i>oxcarbazepine TABS</i>	1	MP
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>primidone 125 MG</i>	1	
<i>rufinamide SUSP</i>	1	SP
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	MP
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	MP
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>topiramate CPSP 50 MG</i>	1	
<i>topiramate SOLN 25 MG/ML</i>	1	
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	2	MP
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPB	NP	

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TABS	NP	
GABA Modulators		
SABRIL PACK (<i>vigabatrin</i>)	2	SP; PA
SABRIL TABS (<i>vigabatrin</i>)	2	SP; PA
<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>vigabatrin PACK</i>	NP	SP; PA
<i>vigabatrin TABS</i>	NP	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (<i>methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	NP	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	NP	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP	<i>citalopram hydrobromide TABS</i>	1	MP
<i>valproic acid CAPS</i>	1	MP	<i>escitalopram oxalate SOLN</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>escitalopram oxalate TABS</i>	1	MP
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>fluoxetine hcl CAPS</i>	1	MP
<i>mirtazapine TABS</i>	1	MP	<i>fluoxetine hcl CPDR</i>	NP	
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl SOLN</i>	1	
Antidepressant Combinations			<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
AUVELITY	NP		<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
Antidepressants - Misc.			<i>fluoxetine hcl TABS 60 MG</i>	1	
<i>bupropion hcl TABS</i>	1	MP	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP	<i>fluvoxamine maleate CP24</i>	NP	
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP	<i>fluvoxamine maleate TABS</i>	1	
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP	<i>paroxetine hcl TABS</i>	1	MP
<i>bupropion hcl TB24 450 MG</i>	2		<i>paroxetine hcl TB24</i>	1	
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	PA
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP	SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	PA
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>sertraline hcl CONC</i>	NP	
GABA Receptor Modulator - Neuroactive Steroid			<i>sertraline hcl TABS</i>	1	MP
ZULRESSO	2	SP; PA	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	
ZURZUVAE	NP	SP	Serotonin Modulators		
Monoamine Oxidase Inhibitors (MAOIs)			<i>nefazodone hcl</i>	1	
<i>phenelzine sulfate</i>	1		RALDESY SOLN PO 10 MG/ML	NP	
<i>tranylcypromine sulfate</i>	1		<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>trazodone hcl TABS 300 MG</i>	1	
CITALOPRAM HYDROBROMIDE CAPS	NP				
<i>citalopram hydrobromide SOLN</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine pamoate</i>	1	
CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>nortriptyline hcl CAPS</i>	1	
CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>nortriptyline hcl SOLN</i>	1	
DESVENLAFAXINE ER	2		<i>protriptyline hcl</i>	1	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP	<i>trimipramine maleate CAPS</i>	1	
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	Alpha-Glucosidase Inhibitors		
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>acarbose</i>	1	
VENLAFAXINE BESYLATE ER	NP		<i>miglitol</i>	1	
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP	Antidiabetic Combinations		
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP	<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily); MP
<i>venlafaxine hcl TABS</i>	1	MP	DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	<i>glipizide-metformin hcl</i>	1	MP
Tricyclic Agents			<i>glyburide-metformin</i>	1	MP
<i>amitriptyline hcl TABS</i>	1	MP	GLYXAMBI	2	
<i>amoxapine</i>	1		JANUMET XR TB24	2	
<i>clomipramine hcl</i>	1		JANUMET TABS	2	
<i>desipramine hcl TABS</i>	1		JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); MP
<i>doxepin hcl CAPS 150 MG</i>	1		KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NP	
<i>doxepin hcl CONC</i>	1		OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); MP
<i>imipramine hcl TABS</i>	1		<i>pioglitazone hcl-glimepiride</i>	NP	
			<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
			<i>saxagliptin-metformin hcl</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP		GVOKE KIT SOLN	NP	
ZITUVIMET TABS	NP		<i>mifepristone (hyperglycemia)</i>	1	SP; PA
Biguanides			PROGLYCEM (<i>diazoxide</i>)	2	
GLUMETZA TB24 (<i>metformin hcl</i>)	NP		TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl SOLN</i>	1		TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP	WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TABS 625 MG</i>	NP		ZEGALOGUE SOAJ	2	
<i>metformin hcl TABS 750 MG</i>	1		ZEGALOGUE SOSY	2	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP	<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP
Diabetic Other			BRYNOVIN SOLN PO 25 MG/ML	NP	
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)	JANUVIA	2	
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)	NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily); MP
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP	ONGLYZA (<i>saxagliptin hcl</i>)	NP	
CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	<i>saxagliptin hcl</i>	1	
CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP	SITAGLIPTIN	NP	
<i>diazoxide</i>	NP		TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
FT GLUCOSE CHEW 4 GM	2	QL(1.67 EA daily); MP	ZITUVIO	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	2	QL(1 EA per fill retail); MP	Incretin Mimetic Agents		
<i>glucagon SOLR IJ 1 MG</i>	1	QL(1 EA per fill retail); MP	<i>exenatide SOPN 10 MCG/0.04ML</i>	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
GLUCO TO GO CHEW	2	QL(1.67 EA daily); MP	<i>exenatide SOPN 5 MCG/0.02ML</i>	1	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
GLUCOSE CHEW	2	QL(1.67 EA daily); MP	<i>liraglutide</i>	NP	QL(0.3 ML daily); PA
GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOUNJARO	NP	PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE SOLN	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA	INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
OZEMPIC (2 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
RYBELSUS TABS	NP	PA	INSULIN GLARGINE-YFGN SOPN	2	
TRULICITY	2	PA	INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA	INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
Insulin			INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG JUNIOR KWIKPEN SOPN	NP		INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)	LEVEMIR FLEXPEN SOPN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)	LEVEMIR SOLN	NP	
HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)	LYUMJEV TEMPO PEN SOPN	NP	
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)	MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
HUMALOG MIX 75/25 SUSP	NP	QL(40 ML per 30 day(s) retail)	MERIOLOG SOLN SC 100 UNIT/ML	NP	
HUMALOG TEMPO PEN SOPN	NP		NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	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 FLEXPEN SUPN	NP	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	NP	QL(40 ML per 30 day(s) retail)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2		NOVOLOG MIX 70/30 SUSP	NP	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 (YFGN) SOLN	NP	
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)	SEMGLEE (YFGN) SOPN	NP	
INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)	Insulin Sensitizing Agents		
			<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Meglitinide Analogues			ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
<i>nateglinide</i>	1	QL(3 EA daily); MP	ALIGN CAPS 10 MG	2	RX/OTC
<i>repaglinide</i>	1		ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			BACICAP CAPS	2	RX/OTC
<i>dapagliflozin propanediol</i>	NP		BACID CAPS	2	RX/OTC
FARXIGA (<i>dapagliflozin propanediol</i>)	2		BILAC CAPS	2	RX/OTC
INVOKANA	NP	MP	BIOCORE DAILY CAPS	2	RX/OTC
JARDIANCE	2	QL(1 EA daily)	BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
Sulfonylureas			BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC
<i>glimepiride</i> 1 MG, 2 MG	1	QL(4 EA daily); MP	BIO-KULT CAPS	2	RX/OTC
<i>glimepiride</i> 3 MG	1		BIOSTORA CAPS	2	RX/OTC
<i>glimepiride</i> 4 MG	1	QL(2 EA daily); MP	BIOZEN CAPS	2	RX/OTC
<i>glipizide</i> TABS 5 MG, 10 MG	1	MP	<i>bismuth subsalicylate</i> CHEW 262 MG	1	
<i>glipizide</i> TABS 2.5 MG	1		<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1	
<i>glipizide</i> TB24	1	MP	COMPLETE PROBIOTIC PEARLS CAPS	2	RX/OTC
<i>glyburide</i> micronized 1.5 MG, 3 MG, 6 MG	1	MP	CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC
<i>glyburide</i> TABS	1	MP	CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			CULTURELLE KID PROBIOTIC+FIBER PACK	2	
Antidiarrheal/Probiotic Agents - Misc.			CULTURELLE KIDS PURELY CHEW	2	
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PACK	2	
ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE KIDS CHEW	2	
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	CULTURELLE KIDS PACK	2	
ACTIPHLOA CAPS	2	RX/OTC			
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC			
ADVANCED PROBIOTIC CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC	DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2		DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC
CULTURELLE PRO-WELL CAPS	2	RX/OTC	DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CHILDRENS PACK	2		DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CAPS	2	RX/OTC	ENVIVE CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	EQ PROBIOTIC CAPS	2	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC	EQ PROBIOTIC CPDR	2	
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC	EQL DAILY PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC	EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC	FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC	FLORA VANCE CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC	FLORAJEN DIGESTION CAPS	2	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	FLORAJEN KIDS CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC	FLORASAVE CPDR	2	
DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC	FLORASTOR DIGEST DE-STRESS CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC
			FLORRAXIS CAPS	2	RX/OTC
			FORTIFY 30 BILLION PROBIOT 50+ CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2		LACTOVIVE CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC EX ST CPDR	2		LUMIVA CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC	MAGE CPDR	2	
FORTIFY OPTIMA PROBIOTIC CPDR	2		MEGA PROBIOTIC CAPS	2	RX/OTC
FORTIFY OPTIMA WOMENS ADV CARE CPDR	2		META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
FORTIFY PROBIOTIC WOMENS EX ST CPDR	2		MICROBALANCE CAPS	2	RX/OTC
FORTIFY PROBIOTIC WOMENS CPDR	2		MICROFLOR 33 CAPS	2	RX/OTC
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	MICROFLOR CAPS	2	RX/OTC
FT PROBIOTIC ADVANCED CAPS	2	RX/OTC	MOMMY'S BLISS PROBIOTIC PACK	2	
GENORAVANCE CAPS	2	RX/OTC	MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC	MVW COMPLETE PROBIOTIC CPDR	2	
GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC	NATRUL PROBIOTIC CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	NEXABIOTIC CPDR	2	
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC	PEARLS IC CAPS	2	RX/OTC
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2		PHILLIPS COLON HEALTH CAPS	2	RX/OTC
JARRO-DOPHILUS EPS CPDR	2		PREORBOTIC CAPS	2	RX/OTC
JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC	PRIMADOPHILUS BIFIDUS CPDR	2	
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC	PRIMIDAR CAPS	2	RX/OTC
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2		PROBINATE CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIO DEFENSE CAPS	2	RX/OTC
			PROBIOFLEXX CAPS	2	RX/OTC
			PROBIOMAX COMPLETE DF CAPS	2	RX/OTC
			PROBIOMAX DAILY DF CAPS	2	RX/OTC
			PROBIOMAX IG 26 DF CAPS	2	RX/OTC
			PROBIOMAX LEAN DF CAPS	2	RX/OTC
			PROBIOMAX SB DF CAPS	2	RX/OTC
			PROBIONEXX CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC	RISAQUAD CAPS	2	RX/OTC
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC	SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC ADVANCED FORMULA CAPS	2	RX/OTC	SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS	2	RX/OTC	SUPER PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	SUPERIOR PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC	SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC	SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC	TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC	TRUBIOTICS CAPS	2	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC	ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC
PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC	UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC	UP4 PROBIOTICS MENS CAPS	2	RX/OTC
PROBIOTIC PRODUCT CAPS	2	RX/OTC	UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC	UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
PROBITROL CAPS	2	RX/OTC	VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC
PROBIZEN CAPS	2	RX/OTC	VISBIOME GI CARE CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
PRORIVA CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
RELIBIOTIC CAPS	2	RX/OTC	CULTURELLE ADULT ULT BALANCE CAPS	2	
RESTORA CAPS	2	RX/OTC			
RISAQUAD-2 CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
CULTURELLE DIGESTIVE DAILY CAPS	2	
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE HEALTH (INULIN) CAPS	2	
CULTURELLE ULTIMATE STRENGTH CAPS	2	
GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT 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 SOLN	2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
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 0.4 MG/ML</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (<i>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
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
ZURNAI IJ 1.5 MG/0.5ML	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOLN PO 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 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 16 MG</i>	1	
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant CAPS</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole TABS 200 MG</i>	1	
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)
<i>desloratadine TBDP</i>	NP	
<i>fexofenadine hcl SUSP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)	<i>colestipol hcl TABS</i>	1	MP
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)	Fibric Acid Derivatives		
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC	<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>loratadine CAPS</i>	1		<i>fenofibrate micronized 43 MG, 130 MG</i>	1	
<i>loratadine CHEW</i>	1		<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)	<i>fenofibrate CAPS</i>	2	MP
<i>loratadine TABS</i>	1		<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>loratadine TBDP 10 MG</i>	1		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
Antihistamines - Phenothiazines			<i>fenofibric acid</i>	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	FENOGLIDE TABS (<i>fenofibrate</i>)	NP	
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)	FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)	<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
Antihistamines - Piperidines			LIPOFEN CAPS (<i>fenofibrate</i>)	NP	MP
<i>cyproheptadine hcl SYRP</i>	1		HMG CoA Reductase Inhibitors		
<i>cyproheptadine hcl TABS</i>	1		ATORVALIQ SUSP	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
Antihyperlipidemics - Combinations			<i>fluvastatin sodium CAPS</i>	NP	
<i>ezetimibe-simvastatin</i>	1		<i>fluvastatin sodium TB24</i>	NP	
Antihyperlipidemics - Misc.			LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	
<i>omega-3-acid ethyl esters</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
Bile Acid Sequestrants			<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>cholestyramine light PACK</i>	1	MP	<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>cholestyramine light POWD</i>	1	MP	<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>cholestyramine PACK</i>	1	MP	<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>cholestyramine POWD</i>	1	MP	<i>simvastatin TABS 80 MG</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Intestinal Cholesterol Absorption Inhibitors			<i>ramipril CAPS</i>	1	QL(2 EA daily); MP
<i>ezetimibe</i>	1		<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA	Agents for Pheochromocytoma		
Nicotinic Acid Derivatives			<i>metyrosine</i>	1	SP; PA
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP	Angiotensin II Receptor Antagonists		
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			ARB LI PO 10 MG/ML	NP	
LEQVIO	NP	SP; PA	<i>candesartan cilexetil</i>	1	
PRALUENT SOAJ	2	SP; PA	<i>irbesartan</i>	1	QL(1 EA daily); MP
REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA	<i>losartan potassium</i>	1	QL(1 EA daily); MP
REPATHA SURECLICK SOAJ	2	SP; PA	<i>olmesartan medoxomil</i>	1	
REPATHA SOSY	2	SP; PA	<i>telmisartan</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>valsartan SOLN</i>	NP	
ACE Inhibitors			<i>valsartan TABS</i>	1	QL(1 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP	Antiadrenergic Antihypertensives		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP	<i>clonidine hcl TABS</i>	1	MP
<i>captopril</i>	1	QL(3 EA daily); MP	<i>doxazosin mesylate</i>	1	MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP	<i>guanfacine hcl</i>	1	MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP	<i>methyldopa TABS</i>	1	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	<i>prazosin hcl CAPS</i>	1	MP
<i>moexipril hcl</i>	NP		<i>terazosin hcl</i>	1	MP
<i>perindopril erbumine</i>	NP		Antihypertensive Combinations		
<i>quinapril hcl</i>	1	QL(1 EA daily); MP	ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
<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>	NP	QL(2 EA daily); MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily); MP
<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>	NP	QL(2 EA daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<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>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>trandolapril-verapamil hcl</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMEYL	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 250 MG, 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URETRON D/S TABS 81.6 MG	2	
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 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HCL 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		
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 (<i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	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 IV	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEMOPLAT SOLN	2	SP; PA	CYRAMZA	2	SP; PA
LEUKERAN	2		INLYTA	2	SP; PA
<i>melphalan</i>	1		LENVIMA (10 MG DAILY DOSE)	2	SP; PA
<i>melphalan hcl IV</i>	1	SP; PA	LENVIMA (12 MG DAILY DOSE)	2	SP; PA
MYLERAN TABS	2		LENVIMA (14 MG DAILY DOSE)	2	SP; PA
TEMODAR SOLR	2	SP; PA	LENVIMA (18 MG DAILY DOSE)	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
VIVIMUSTA SOLN	2	SP; PA	LENVIMA (24 MG DAILY DOSE)	2	SP; PA
YONDELIS	2	SP; PA	LENVIMA (4 MG DAILY DOSE)	2	SP; PA
Antimetabolites			LENVIMA (8 MG DAILY DOSE)	2	SP; PA
<i>azacitidine SUSR</i>	1	SP; PA	MVASI	2	SP; PA
<i>capecitabine</i>	1	SP; PA	ZALTRAP	2	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA	Antineoplastic - Antibodies		
<i>cytarabine SOLN</i>	1	SP; PA	ADCETRIS	2	SP; PA
<i>decitabine</i>	1	SP; PA	ARZERRA	2	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA	BLINCYTO	2	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA	DARZALEX	2	SP; PA
<i>fludarabine phosphate SOLR</i>	1	SP; PA	EMPLICITI	2	SP; PA
FOLOTYN	2	SP; PA	GAZYVA	2	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1		KADCYLA	2	SP; PA
<i>mercaptopurine TABS</i>	1		KEYTRUDA	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		LIBTAYO	2	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA	POLIVY 140 MG	2	SP; PA
<i>pralatrexate</i>	1	SP; PA	POTELIGEO	2	SP; PA
TABLOID	2	SP; PA	RITUXAN	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		TECENTRIQ	2	SP; PA
Antineoplastic - Angiogenesis Inhibitors			UNITUXIN	2	SP; PA
AVASTIN	2	SP; PA	YERVOY	2	SP; PA
			ZEVALIN Y-90	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Anti-HER2 Agents			EULEXIN	2	
KANJINTI 420 MG	2	SP; PA	<i>exemestane</i>	1	
PERJETA	2	SP; PA	FIRMAGON 80 MG	2	SP; PA
Antineoplastic - BCL-2 Inhibitors			FIRMAGON (240 MG DOSE)	2	SP; PA
VENCLEXTA STARTING PACK TBPB	2	SP; PA	<i>letrozole</i>	1	QL(1 EA daily); MP
VENCLEXTA TABS	2	SP; PA	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1	
Antineoplastic - Cellular Immunotherapy			LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA
KYMRIAH	2	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
PROVENGE	2	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
YESCARTA	2	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (4-MONTH) IM	2	SP; PA
ERBITUX	2	SP; PA	LUPRON DEPOT (6-MONTH) IM	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA	LUTRATE DEPOT INJ 22.5 MG	2	
<i>gefitinib</i>	1	SP; PA	LYSODREN	2	SP; PA
GILOTRIF	2	SP; PA	<i>megestrol acetate SUSP</i>	1	
PORTRAZZA	2	SP; PA	<i>megestrol acetate TABS</i>	1	
TAGRISO	2	SP; PA	<i>tamoxifen citrate TABS</i>	1	MP
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA	<i>toremifene citrate</i>	1	PA
VIZIMPRO	2	SP; PA	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			TRELSTAR MIXJECT 3.75 MG	2	SP; PA
DAURISMO	2	SP; PA	VABRINTY SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ERIVEDGE	2	SP; PA	XTANDI CAPS	2	SP; PA
ODOMZO	2	SP; PA	ZOLADEX 10.8 MG	2	SP; PA
Antineoplastic - Hormonal and Related Agents			ZOLADEX 3.6 MG	2	SP; PA
<i>abiraterone acetate</i>	1	SP; PA	Antineoplastic - Immunomodulators		
<i>anastrozole</i>	1	MP	POMALYST	2	SP; PA
<i>bicalutamide</i>	1	QL(1 EA daily)	Antineoplastic Antibiotics		
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA	IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
ELLEENCE SOLN	2	SP; PA	JAKAFI	2	SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA	KYPROLIS	2	SP; PA
<i>valrubicin</i>	1	SP; PA	<i>lapatinib ditosylate</i>	1	SP; PA
Antineoplastic Combinations			LORBRENA	2	SP; PA
HERCEPTIN HYLECTA	2	SP; PA	MEKINIST TABS	2	SP; PA
LONSURF	2	SP; PA	MEKTOVI	2	SP; PA
Antineoplastic Enzyme Inhibitors			<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA
ALECENSA	2	SP; PA	NINLARO	2	SP; PA
BELEODAQ	2	SP; PA	<i>pazopanib hcl</i>	1	SP; PA
<i>bortezomib SOLR IJ</i>	1	SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA	<i>romidepsin SOLR</i>	1	SP; PA
BOSULIF TABS 100 MG, 500 MG	2	SP; PA	RUBRACA	2	SP; PA
BRAFTOVI 75 MG	2	SP; PA	<i>sorafenib tosylate</i>	1	SP; PA
CABOMETYX TABS	2	SP; PA	STIVARGA	2	SP; PA
CAPRELSA	2	SP; PA	<i>sunitinib malate</i>	1	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA	TAFINLAR CAPS	2	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA	TALZENNA 0.25 MG, 1 MG	2	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA	<i>temsirolimus</i>	1	SP; PA
COTELLIC	2	SP; PA	TIBSOVO	2	SP; PA
<i>dasatinib</i>	1	SP; PA	VITRAKVI CAPS	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	VITRAKVI SOLN	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	VOTRIENT	2	SP; PA
IBRANCE CAPS	2	SP; PA	XALKORI CAPS	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA	XOSPATA	2	SP; PA
<i>imatinib mesylate TABS</i>	1	SP; PA	ZELBORAF	2	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA	ZOLINZA	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA	ZYDELIG	2	SP; PA
			ZYKADIA TABS	2	SP; PA
			Antineoplastic Enzymes		
			ONCASPARG	2	SP; PA
			Antineoplastic Radiopharmaceuticals		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZEDRA DOSIMETRIC	2	SP; PA	DOCIVYX SOLN	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA	<i>eribulin mesylate</i>	1	SP; PA
LUTATHERA	2	SP; PA	<i>etoposide CAPS</i>	1	SP; PA
Antineoplastics Misc.			<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA	IXEMPRA KIT	2	SP; PA
ALFERON N	2	SP; PA	JEVTANA	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA	PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>bexarotene</i>	1	SP; PA	<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP	<i>vincristine sulfate</i>	1	SP; PA
MATULANE	2	SP; PA	Oncolytic Viral Agents		
PHOTOFRIN	2	SP; PA	IMLYGIC	2	SP; PA
PROLEUKIN	2	SP; PA	Topoisomerase I Inhibitors		
SYNRIBO	2	SP; PA	HYCANTIN CAPS	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA	<i>irinotecan hcl</i>	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents			<i>topotecan hcl SOLN</i>	1	SP; PA
<i>dexrazoxane hcl</i>	1	SP; PA	<i>topotecan hcl SOLR</i>	1	SP; PA
KHAPZORY 175 MG	2	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1		Antiparkinson Adjunctive Therapy		
<i>levoleucovorin calcium SOLN</i>	1	SP; PA	<i>carbidopa</i>	1	
<i>levoleucovorin calcium SOLR</i>	1	SP; PA	Antiparkinson Anticholinergics		
<i>mesna SOLN</i>	1	SP; PA	<i>benztropine mesylate TABS</i>	1	MP
<i>mesna TABS</i>	1	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	1	MP
MESNEX TABS	2	SP; PA	<i>trihexyphenidyl hcl TABS</i>	1	MP
VORAXAZE	2	SP; PA	Antiparkinson Dopaminergics		
Mitotic Inhibitors			<i>amantadine hcl CAPS</i>	1	MP
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA	<i>amantadine hcl SOLN</i>	1	MP
DOCETAXEL CONC 160 MG/8ML	2	SP; PA	<i>amantadine hcl TABS</i>	1	MP
<i>docetaxel SOLN</i>	1	SP; PA	APOKYN SOCT	2	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA	<i>apomorphine hydrochloride SOCT</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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>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

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS	2	
VRAYLAR CPPK	2	
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	SP
FANAPT TITRATION PACK B	NP	
FANAPT TITRATION PACK C	NP	
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	1	
RISPERDAL CONSTA (<i>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	

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
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
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	2	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	2	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
<i>aripiprazole TABS</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
ARISTADA 662 MG/2.4ML	2	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 441 MG/1.6ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	EDURANT	0	QL(1 EA daily)
ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	EDURANT PED PO 2.5 MG	0	
OPIPZA FILM	NP		<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)
Thioxanthenes			<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)
<i>thiothixene</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Antiretrovirals			<i>efavirenz TABS</i>	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
APRETUDE	0		EMTRIVA CAPS (<i>emtricitabine</i>)	0	QL(1 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	EMTRIVA SOLN	0	QL(24 ML daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	0		EPIVIR TABS 150 MG (<i>lamivudine</i>)	0	QL(2 EA daily)
COMBIVIR (<i>lamivudine-zidovudine</i>)	0	QL(2 EA daily)	EPZICOM (<i>abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
DELSTRIGO	0	QL(1 EA daily)	EVOTAZ	0	QL(1 EA daily)
DESCOVY 120 MG-15 MG	0		<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	GENVOYA	0	QL(1 EA daily)
DOVATO	0		INTELENCE	0	QL(4 EA daily)
			INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)
			INTELENCE (<i>etravirine</i>)	0	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25 MG	0	QL(12 EA daily)	PREZCOBIX	0	
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)	PREZISTA SUSP	0	QL(12 ML daily)
ISENTRESS PACK	0	QL(2 EA daily)	PREZISTA TABS (<i>darunavir</i>)	0	QL(2 EA daily)
ISENTRESS TABS	0	QL(2 EA daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
KALETRA SOLN	0	QL(160 ML per fill retail)	PREZISTA TABS 150 MG	0	QL(3 EA daily)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	0	QL(4 EA daily)	RETROVIR CAPS (<i>zidovudine</i>)	0	QL(6 EA daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)	RETROVIR SYRP (<i>zidovudine</i>)	0	QL(60 ML daily)
<i>lamivudine</i> SOLN	0	QL(30 ML daily)	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	0	QL(2 EA daily)
<i>lamivudine</i> TABS 150 MG	0	QL(2 EA daily)	REYATAZ PACK	0	QL(6 EA daily)
<i>lamivudine</i> TABS 300 MG	0	QL(1 EA daily)	<i>ritonavir</i> TABS	0	QL(12 EA daily)
<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)	RUKOBIA	0	
LEXIVA SUSP	0	QL(56 ML daily)	SELZENTRY SOLN	0	QL(35 ML daily)
LEXIVA TABS (<i>fosamprenavir calcium</i>)	0	QL(4 EA daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
<i>lopinavir-ritonavir</i> SOLN	0	QL(160 ML per fill retail)	STRIBILD	0	
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	0	QL(6 EA daily)	SUNLENCA SOLN	0	SP
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	0	QL(4 EA daily)	SUNLENCA TABS PO 300 MG	0	SP
<i>maraviroc</i> TABS 150 MG	0	QL(2 EA daily)	SUNLENCA TBPK 300 MG	0	SP
<i>maraviroc</i> TABS 300 MG	0	QL(4 EA daily)	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine</i> SUSP	0	QL(40 ML daily)	SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine</i> TABS	0	QL(2 EA daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine</i> TB24 400 MG	0	QL(1 EA daily)	<i>tenofovir disoproxil fumarate</i> TABS	0	QL(1 EA daily)
NORVIR CAPS	0	QL(12 EA daily)	TIVICAY PD TBSO	0	
NORVIR PACK	0		TIVICAY TABS	0	
NORVIR TABS (<i>ritonavir</i>)	0	QL(12 EA daily)	TRIUMEQ PD TBSO	0	
ODEFSEY	0		TRIUMEQ TABS	0	
PIFELTRO	0	QL(1 EA daily)			
PREZCOBIX	0	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	PEGASYS SOLN	2	SP; PA
TYBOST	0	QL(1 EA daily)	PEGASYS SOSY	2	SP; PA
VIRACEPT TABS 625 MG	0	QL(4 EA daily)	<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
VIRACEPT TABS 250 MG	0	QL(9 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA
VIREAD POWD	0		SOFOSBUVIR-VELPATASVIR TABS	2	SP
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	SOVALDI PACK	NP	SP; PA
VIREAD TABS	0	QL(1 EA daily)	SOVALDI TABS	NP	SP; PA
YEZTUGO SOLN 463.5 MG/1.5ML	0	SP	VOSEVI	NP	SP; PA
YEZTUGO TABS PO 300 MG	0	SP	ZEPATIER	NP	SP; PA
ZIAGEN SOLN (<i>abacavir sulfate</i>)	0	QL(30 ML daily)	Herpes Agents		
<i>zidovudine CAPS</i>	0	QL(6 EA daily)	<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)	<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)
<i>zidovudine TABS</i>	0	QL(2 EA daily)	<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
Antiviral Combinations			<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
PAXLOVID (150/100)	0		<i>famciclovir</i>	1	
PAXLOVID (300/100 & 150/100)	0		<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
PAXLOVID (300/100)	0		<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
CMV Agents			Influenza Agents		
PREVYMIS SOLN	2	SP; PA	<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
PREVYMIS TABS	2	SP; PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)	<i>oseltamivir phosphate SUSR</i>	1	QL(120 ML per fill retail)
Hepatitis Agents			<i>rimantadine hydrochloride TABS</i>	NP	PA
EPCLUSA PACK	NP	SP; PA	XOFLUZA (40 MG DOSE) 40 MG	NP	
EPCLUSA TABS	NP	SP; PA	XOFLUZA (80 MG DOSE) 80 MG	NP	
HARVONI PACK	NP	SP; PA	Misc. Antivirals		
HARVONI TABS	NP	SP; PA	LAGEVRIO	0	
LEDIPASVIR-SOFOSBUVIR TABS	2	SP			
MAVYRET PACK	2	SP			
MAVYRET TABS	2	SP			

Drug Name	Drug Tier	Requirements/ Limits
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>	NP	QL(1 EA daily); MP
<i>COREG CR (carvedilol phosphate)</i>	NP	QL(1 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	1	
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 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>bisoprolol fumarate 2.5 MG</i>	1	
<i>LOPRESSOR SOLN PO 10 MG/ML</i>	NP	
<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	
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP
Beta Blockers Non-Selective		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	NP	MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/afl)</i>	1	QL(2 EA daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP
<i>timolol maleate TABS</i>	NP	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>CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)</i>	NP	MP
<i>CONJUPRI (levamlodipine maleate)</i>	2	
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 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 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 120 MG, 240 MG</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl CP24 180 MG</i>	1	MP	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	Cardiac Glycosides		
<i>felodipine</i>	1	QL(1 EA daily); MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>isradipine CAPS</i>	NP		<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
<i>levamlodipine maleate</i>	1		LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	2	MP
<i>nicardipine hcl CAPS</i>	NP	MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP	Cardiovascular Agents Misc. - Combinations		
<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP	<i>amlodipine besylate-atorvastatin calcium</i>	NP	
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
<i>nimodipine CAPS</i>	NP		ENTRESTO CPSP	NP	
<i>nisoldipine</i>	NP		ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
NORLIQVA SOLN	NP		OPSYNVI	NP	SP; PA
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP		<i>sacubitril-valsartan TABS</i>	1	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP	Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
<i>verapamil hcl CP24 300 MG</i>	NP	MP	INPEFA	NP	
<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP	Prostaglandin Vasodilators		
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 EA daily); MP	<i>epoprostenol sodium</i>	1	SP; PA
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP	ORENITRAM MONTH 1 TEPK	NP	SP
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP	ORENITRAM MONTH 2 TEPK	NP	SP
VERELAN PM CP24 100 MG, 200 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP			
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP			
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 3 TEPK	NP	SP	<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
REMODULIN SOLN IJ	NP	SP; PA	<i>cephalexin SUSR</i>	1	
<i>treprostinil SOLN IJ</i>	1	SP; PA	Cephalosporins - 2nd Generation		
Pulmonary Hypertension - Endothelin Receptor Antagonists			CEFACLOR ER TB12	NP	
<i>ambrisentan</i>	1	SP	<i>cefaclor CAPS</i>	1	
<i>bosentan TABS</i>	1	SP	<i>cefaclor SUSR 250 MG/5ML</i>	1	
LETAIRIS (<i>ambrisentan</i>)	NP	SP	<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
TRACLEER TABS (<i>bosentan</i>)	NP	SP	<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
LIQREV SUSP	NP	SP	Cephalosporins - 3rd Generation		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA	<i>cefдинир CAPS</i>	1	QL(20 EA per fill retail)
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA	<i>cefдинир SUSR</i>	1	QL(60 ML per fill retail)
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA	<i>cefіxime CAPS</i>	1	
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA	<i>cefіxime SUSR</i>	1	
TADLIQ SUSP	NP	SP; PA	<i>cefpodoxime proxetil SUSR</i>	1	
Transthyretin Stabilizers			<i>cefpodoxime proxetil TABS</i>	1	
VYNDAMAX	2	QL(1 EA daily); SP; PA	<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
VYNDAQEL	2	QL(4 EA daily); SP; PA	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			Combination Contraceptives - Oral		
Cephalosporins - 1st Generation			<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefadroxil CAPS</i>	1				
<i>cefadroxil SUSR</i>	1				
<i>cefadroxil TABS</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel-ethinyl estradiol (continuous)</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	LO LOESTRIN FE TABS	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	NATAZIA	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>norethin acet & estrad-fe CAPS</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	<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</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-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>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

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acetate-ethinyl estradiol-fe</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>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
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/ Limits
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	0	PV
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives		
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
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	Progestin Contraceptives - Oral		
<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	<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<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	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Progestin Contraceptives - IUD			Glucocorticosteroids		
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>budesonide TB24</i>	NP	
LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	CORTISONE ACETATE TABS	2	
MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>deflazacort SUSP</i>	1	SP; PA
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<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)
			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	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	
			<i>hydrocortisone TABS</i>	1	
			<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 5 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
<i>prednisolone SOLN</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
UCERIS TB24 (<i>budesonide</i>)	NP	
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 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
<i>benzonatate 100 MG</i>	1	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
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 EA per fill retail)
<i>dextromethorphan-guaifenesin SYRP 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>pseudoephedrine-ibuprofen TABS</i>	1	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
Misc. Respiratory Inhalants		
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Acne Products			DIFFERIN CREA (<i>adapalene</i>)	NP	
ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NP	
<i>adapalene-benzoyl peroxide GEL</i>	1		DIFFERIN LOTN	NP	
<i>adapalene CREA</i>	1		<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)
<i>adapalene GEL</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene GEL</i>	1	RX/OTC	<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
ADAPALENE SOLN	2		RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
AKLIEF	NP		RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ATRALIN GEL (<i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
BENZAC AC WASH LIQD 5 %	2	RX/OTC	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
BENZOYL PEROXIDE GEL	2		<i>tretinoin microsphere 0.04 %, 0.1 %</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1		<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1		<i>tretinoin CREA 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
BENZOYL PEROXIDE LOTN 5 %, 10 %	2		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)	Antibiotics - Topical		
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	1				
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1				
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1				
<i>clindamycin phosphate-tretinoin</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)	<i>nystatin-triamcinolone CREA</i>	1	QL(60 GM per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)	<i>nystatin-triamcinolone OINT</i>	1	QL(60 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)	<i>oxiconazole nitrate CREA</i>	NP	PA
<i>mupirocin calcium (topical)</i>	1		OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP	PA
<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)	<i>terbinafine hcl (topical) CREA</i>	1	QL(42 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 GM per fill retail)	<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)	Antihistamines-Topical		
Antifungals - Topical			ITCH RELIEF CREA	2	
<i>ciclopirox SOLN</i>	1	PA	Anti-inflammatory Agents - Topical		
<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC	<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)	<i>bexarotene (topical)</i>	1	SP; PA
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)	CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(30 GM per fill retail)
<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)	<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)	<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
<i>luliconazole</i>	NP	PA	LEVULAN KERASTICK SOLR	2	SP; PA
LUZU (<i>luliconazole</i>)	NP	PA	Antipruritics - Topical		
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)	<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)
NIZORAL SHAM	2	QL(200 ML per fill retail)	Antipsoriatics		
<i>nystatin (topical) CREA</i>	1	QL(30 GM per fill retail)	BIMZELX SOAJ 160 MG/ML	NP	SP; PA
<i>nystatin (topical) OINT</i>	1	QL(30 GM per fill retail)	BIMZELX SOAJ 320 MG/2ML	NP	SP; PA
<i>nystatin (topical) POWD EX</i>	1	QL(60 GM per fill retail)	BIMZELX SOSY 320 MG/2ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BIMZELX SOSY 160 MG/ML	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)
CALCIPOTRIENE FOAM	NP	
<i>calcipotriene OINT</i>	NP	
<i>calcipotriene SOLN</i>	NP	QL(60 ML per fill retail)
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
OTULFI SOLN SC 45 MG/0.5ML	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML	NP	SP; PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	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
SPEVIGO SOSY	NP	SP; PA
STEQEYMA	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
USTEKINUMAB-TTWE	NP	SP; PA
VTAMA	NP	PA
YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA
YESINTEK SOSY	NP	SP; PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 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 ML per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (<i>penciclovir</i>)	2	
<i>penciclovir</i>	NP	
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	QL(1 GM daily)
ZOVIRAX OINT (<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide CREA</i>	NP		<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>	NP	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>	NP	QL(50 GM per fill retail)	<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<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>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		CLODAN	NP	
<i>betamethasone valerate CREA</i>	NP	QL(45 GM per fill retail)	CLODERM (<i>clocortolone pivalate</i>)	NP	
<i>betamethasone valerate FOAM</i>	NP		CORDRAN LOTN (<i>flurandrenolide</i>)	NP	
<i>betamethasone valerate LOTN</i>	NP	QL(60 ML per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate OINT</i>	NP	QL(45 GM per fill retail)	<i>desonide LOTN</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desoximetasone CREA 0.25 %</i>	NP	
CAPEX SHAM	NP		<i>desoximetasone CREA 0.05 %</i>	NP	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>	NP	
			<i>desoximetasone LIQD</i>	NP	
			<i>desoximetasone OINT</i>	1	
			<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)
			<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (betamethasone dipropionate augmented)	NP		hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 GM per fill retail)
EPIFOAM FOAM	2		hydrocortisone (topical) CREA 0.5 %	1	QL(30 GM per fill retail)
fluocinolone acetonide CREA	NP		hydrocortisone (topical) LOTN 1 %	1	QL(99 GM per fill retail)
fluocinolone acetonide OIL	1		hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ML per fill retail)
fluocinolone acetonide OINT	NP		hydrocortisone (topical) OINT 1 %	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
fluocinolone acetonide SOLN	NP		hydrocortisone (topical) OINT 0.5 %	1	
fluocinonide emulsified base	NP	QL(60 GM per fill retail)	hydrocortisone (topical) OINT 2.5 %	1	QL(454 GM per fill retail)
fluocinonide CREA 0.05 %	1	QL(60 GM per fill retail)	hydrocortisone (topical) SOLN 1 %	1	
fluocinonide CREA 0.1 %	1		hydrocortisone acetate (topical) CREA 2.5 %	1	
fluocinonide GEL	1	QL(60 GM per fill retail)	hydrocortisone acetate (topical) OINT	1	
fluocinonide OINT	1	QL(60 GM per fill retail)	HYDROCORTISONE ACETATE CREA	2	
fluocinonide SOLN	1	QL(60 ML per fill retail)	hydrocortisone butyrate hydrophilic lipo base	NP	
flurandrenolide CREA	1		hydrocortisone butyrate CREA	NP	
flurandrenolide LOTN	NP		hydrocortisone butyrate LOTN	NP	
flurandrenolide OINT	NP		hydrocortisone butyrate OINT	NP	
fluticasone propionate CREA 0.05 %	1	QL(60 GM per fill retail)	hydrocortisone butyrate SOLN	1	QL(60 ML per fill retail)
fluticasone propionate LOTN	NP		hydrocortisone valerate CREA	1	
fluticasone propionate OINT	1	QL(60 GM per fill retail)	hydrocortisone valerate OINT	1	
halcinonide CREA	NP		HYDROXATE GEL	NP	
halobetasol propionate CREA	1		HYDROXYM GEL	NP	
halobetasol propionate OINT	1		KENALOG AERS (triamcinolone acetonide (topical))	NP	
HALOG CREA (halcinonide)	NP		LOCOID LIPOCREAM	NP	
hydrocortisone (topical) CREA 1 %	1	QL(85.2 GM per fill retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LOTN (hydrocortisone butyrate)	NP	
mometasone furoate CREA	1	QL(50 GM per fill retail)
mometasone furoate OINT	1	QL(45 GM per fill retail)
mometasone furoate SOLN	1	QL(60 ML per fill retail)
SYNALAR CREA (fluocinolone acetonide)	NP	
SYNALAR OINT (fluocinolone acetonide)	NP	
SYNALAR SOLN (fluocinolone acetonide)	NP	
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP	
TOPICORT SPRAY LIQD (desoximetasone)	NP	
TOPICORT CREA 0.05 % (desoximetasone)	NP	QL(60 GM per fill retail)
TOPICORT CREA 0.25 % (desoximetasone)	NP	
TOPICORT GEL (desoximetasone)	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 GM per fill retail)
triamcinolone acetonide (topical) LOTN	NP	QL(60 ML per fill retail)
triamcinolone acetonide (topical) OINT 0.05 %	1	
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide- dimethicone-silicone	1	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 300 MG/2ML	2	SP; PA
EBGLYSS SOAJ	2	SP; PA
EBGLYSS SOSY	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
urea CREA 40 %	1	QL(85.05 GM per fill retail); RX/OTC
urea LOTN 40 %	1	QL(325 GM per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	1	QL(385 GM per fill retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP; PA
LITFULO	NP	SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ELIDEL (<i>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)
<i>capsaicin CREA 0.035 %</i>	1	QL(120 ML per fill retail; 120 per fill mail)
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 3 %</i>	1	QL(85 GM per fill retail); RX/OTC
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
Misc. Topical		
CVS LANOLIN CREA	2	
<i>lanolin (topical) CREA</i>	1	
LANOLOR CREA	2	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
ZORYVE CREA EX	NP	PA
ZORYVE FOAM EX	NP	
Rosacea Agents		
<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) LOTN</i>	1	
Scabicides & Pediculicides		
<i>ivermectin (pediculicide)</i>	NP	
LICEMD GEL	2	
<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA (<i>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 3 %-2.4 %-0.3 %-1.2 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1		ADVIN COVID-19 ANTIGEN TEST KIT	0	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1		BD VERITOR SYSTEM SARS-COV-2	0	
SCHOOLTIME SHAMPOO SHAM	2		BINAXNOW COVID-19 AG CARD	0	
SKLICE (<i>ivermectin (pediculicide)</i>)	NP		BINAXNOW COVID-19 AG HOME TEST KIT	0	
<i>spinosad</i>	NP	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	BINAXNOW COVID-19 ANTIGEN SELF KIT	0	
Tar Products			CARESTART COVID-19 HOME TEST KIT	0	
<i>coal tar extract SHAM 0.5 %</i>	1		CHEMSTRIP K STRP	2	
Wound Care Products			CLEARDETECT COVID-19 AG HOME KIT	0	
APLIGRAF DISK	2	PA	CLINITEST RAPID COVID-19 TEST KIT	0	
DIAGNOSTIC PRODUCTS			COBAS LIAT SARS-COV-2 ASSAY	0	
Diagnostic Drugs			COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
<i>cosyntropin SOLR</i>	1	SP; PA	COVID-19 AT HOME ANTIGEN TEST KIT	0	
THYROGEN 0.9 MG	2	SP; PA	COVID-19 AT-HOME TEST KIT	0	
Diagnostic Tests			COVID-19 OTC ANTIGEN 1-PACK KIT	0	
2SAN COVID-19 RAPID SELF TEST KIT	0		COVID-19 OTC ANTIGEN 2-PACK KIT	0	
ACCU-CHEK GUIDE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	CVS COVID-19 AT HOME TEST KIT KIT	0	
ACCUA SARS-COV-2	0		DIATRUST COVID-19 HOME TEST KIT	0	
			ELLUME COVID-19 HOME TEST KIT	0	
			FASTEP COVID-19 ANTIGEN TEST KIT	0	
			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
			GENABIO COVID-19 RAPID TEST KIT	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0		SOFIA SARS ANTIGEN FIA	0	
ID NOW COVID-19	0		SOFIA2 SARS ANTIGEN FIA	0	
ID NOW COVID-19 2.0 CONTROL	0	RX/OTC	SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
ID NOW COVID-19 2.0 TEST	0		XPERT XPRESS SARS-COV-2	0	
ID NOW COVID-19 CONTROL	0	RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
IHEALTH COVID-19 RAPID TEST KIT	0		Digestive Enzymes		
INDICAID COVID-19 RAPID TEST KIT	0		CREON CPEP	2	
INTELISWAB COVID-19 RAPID TEST KIT	0		SUCRAID	2	SP; PA
KETONE TEST STRP	2		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
KETOSTIX STRP	2		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC	Carbonic Anhydrase Inhibitors		
LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC	<i>acetazolamide CP12</i>	1	MP
LYRA DIRECT SARS-COV-2 ASSAY	0		<i>acetazolamide TABS</i>	1	MP
LYRA SARS-COV-2 ASSAY	0		<i>methazolamide TABS</i>	1	MP
OHC COVID-19 ANTIGEN SELF TEST KIT	0		Diuretic Combinations		
ON/GO COVID-19 ANTIGEN TEST KIT	0		<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)
ON/GO ONE COVID-19 HOME TEST KIT	0		<i>spironolactone & hydrochlorothiazide</i>	1	MP
PILOT COVID-19 AT-HOME TEST KIT	0		<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
QUICKVUE AT-HOME COVID-19 TEST KIT	0				
QUICKVUE SARS ANTIGEN TEST	0				
RAPID RESPONSE COVID-19	0				
RELION KETONE TEST STRP	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP	ATELVIA TBEC (<i>risedronate sodium</i>)	NP	
Loop Diuretics			BONSITY SOPN 560 MCG/2.24ML	2	PA
<i>bumetanide TABS</i>	1	MP	<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP	<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
<i>furosemide TABS</i>	1	MP	EVENITY	2	SP; PA
SOAANZ TABS 20 MG	2	MP	<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP	<i>ibandronate sodium TABS</i>	1	PA
<i>torsemide TABS 20 MG</i>	1	MP	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
Potassium Sparing Diuretics			PAMIDRONATE DISODIUM SOLN	2	SP; PA
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)	PROLIA SOSY	2	SP; PA
<i>spironolactone TABS</i>	1	MP	<i>risedronate sodium TABS 35 MG</i>	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
Thiazides and Thiazide-Like Diuretics			<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>risedronate sodium TBEC</i>	NP	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>teriparatide SOPN</i>	1	PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	TERIPARATIDE SOPN	2	PA
<i>metolazone</i>	1	MP	XGEVA SOLN	2	SP; PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			<i>zoledronic acid CONC</i>	1	SP; PA
Bone Density Regulators			<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)	ZOLEDRONIC ACID SOLN	2	SP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP		Corticotropin		
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP	ACTHAR GEL	2	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP	CORTROPHIN GEL	2	SP; PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	Fertility Regulators		
			CHORIONIC GONADOTROPIN IM	2	PA
			NOVAREL IM	2	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREGNYL IM	2	PA	BUPHENYL TABS (sodium phenylbutyrate)	2	SP; PA
GnRH/LHRH Antagonists			calcitriol CAPS	1	
ORLISSA	2	SP; PA	CARBAGLU (carglumic acid)	2	SP; PA
Growth Hormone Receptor Antagonists			carglumic acid	NP	SP; PA
SOMAVERT	2	SP; PA	cinacalcet hcl	1	SP; PA
Growth Hormones			CRYSVITA	2	SP; PA
GENOTROPIN MINIQUICK PRSY	2	SP; PA	ELAPRASE	2	SP; PA
GENOTROPIN CART SC	2	SP; PA	FABRAZYME	2	SP; PA
NGENLA	NP	SP; PA	GALAFOLD	2	QL(0.5 EA daily); SP; PA
NORDITROPIN FLEXP SOPN	2	SP; PA	glycerol phenylbutyrate 1.1 GM/ML	1	SP; PA
OMNITROPE SOCT	NP	SP; PA	IMCIVREE SOLN SC	NP	SP; PA
SKYTROFA	NP	SP; PA	KANUMA	2	SP; PA
SOGROYA	2	SP; PA	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	QL(30 ML daily)
Hormone Receptor Modulators			levocarnitine (metabolic modifiers) TABS	1	QL(3 EA daily)
raloxifene hcl	1	QL(1 EA daily)	LUMIZYME	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			MYALEPT	2	SP; PA
INCRELEX	2	SP; PA	NAGLAZYME	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			nitisinone CAPS	1	SP; PA
FENSOLVI (6 MONTH) SC	2	SP; PA	OLPRUVA (2 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (1- MONTH)	2	SP; PA	OLPRUVA (3 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (3- MONTH)	2	SP; PA	OLPRUVA (4 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (6- MONTH) IM	2	SP; PA	OLPRUVA (5 GM DOSE) THPK	NP	SP
SUPPRELIN LA	NP	SP; PA	OLPRUVA (6 GM DOSE) THPK	NP	SP
SYNAREL	2	SP; PA	OLPRUVA (6.67 GM DOSE) THPK	NP	SP
Metabolic Modifiers			ORFADIN SUSP	2	SP; PA
ALDURAZYME	2	SP; PA	PALYNZIQ	2	SP; PA
betaine	1	SP; PA	paricalcitol SOLN	1	SP; PA
BUPHENYL POWD (sodium phenylbutyrate)	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
PARSABIV	2	SP; PA
PHEBURANE PLLT	2	PA
REVCovi	2	SP; PA
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>sodium phenylbutyrate POWD</i>	NP	SP; PA
<i>sodium phenylbutyrate TABS</i>	NP	SP; PA
STRENSIQ	2	SP; PA
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)
Somatostatic Agents		
<i>lanreotide acetate</i>	1	SP; PA
LANREOTIDE ACETATE	2	SP; PA
<i>octreotide acetate KIT</i>	1	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	2	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TABS</i>	1	SP; PA
<i>tolvaptan TBPK</i>	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying		

Drug Name	Drug Tier	Requirements/ Limits
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 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	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
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)	IMULDOSA SOLN IV 130 MG/26ML	NP	SP; PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			LIALDA TBEC (<i>mesalamine</i>)	NP	
Antiflatulents			<i>mesalamine w/ cleanser</i>	1	
GAS RELIEF LIQD PO 40 MG/0.6ML	2	QL(30 ML per fill retail)	<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>simethicone CHEW 80 MG</i>	1		<i>mesalamine SUPP</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)	<i>mesalamine TBEC 1.2 GM</i>	1	
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)	<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
Bile Acid Synthesis Disorder Agents			OMVOH (300 MG DOSE) SOAJ	NP	SP; PA
CHOLBAM	2	QL(5 EA daily); SP; PA	OMVOH (300 MG DOSE) SOSY	NP	SP; PA
CTEXLI TABS PO 250 MG	2	SP; PA	OMVOH SOAJ	NP	SP; PA
Farnesoid X Receptor (FXR) Agonists			OMVOH SOLN	NP	SP; PA
OCALIVA	2	SP; PA	OMVOH SOSY	NP	SP; PA
Gallstone Solubilizing Agents			SELARSDI SOLN IV 130 MG/26ML	NP	SP
<i>chenodiol</i>	1	SP; PA	SKYRIZI SOCT	NP	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP	SKYRIZI SOLN	NP	SP; PA
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP	STEQEYMA	NP	SP; PA
Gastrointestinal Stimulants			<i>sulfasalazine TABS</i>	1	MP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1		<i>sulfasalazine TBEC</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1		TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
<i>metoclopramide hcl TABS 5 MG</i>	1	MP	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
Inflammatory Bowel Agents			TREMFYA SOLN IV	NP	SP; PA
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)	TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
CANASA SUPP (<i>mesalamine</i>)	NP		USTEKINUMAB-TTWE	NP	SP; PA
ENTYVIO PEN SOAJ	NP	SP; PA	VELSIPITY	NP	SP; PA
			ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
			ZYMFENTRA (2 PEN) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA	<i>potassium citrate (alkalinizer) TBCR</i>	1	
Intestinal Acidifiers			<i>potassium citrate-citric acid PACK</i>	1	
<i>lactulose (encephalopathy)</i>	1		<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC
Irritable Bowel Syndrome (IBS) Agents			Cystinosis Agents		
<i>alosetron hcl</i>	NP	PA	CYSTAGON CAPS	2	SP; PA
IBSRELA	NP	PA	PROCYSBI CPDR	2	SP; PA
LINZESS	2	PA	PROCYSBI PACK	2	SP; PA
LOTRONEX (<i>alosetron hcl</i>)	NP	PA	Genitourinary Irrigants		
Peripheral Opioid Receptor Antagonists			<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
MOVANTIK	2	PA	Interstitial Cystitis Agents		
Phosphate Binder Agents			ELMIRON CAPS	2	QL(3 EA daily)
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP	Prostatic Hypertrophy Agents		
<i>calcium acetate (phosphate binder) TABS</i>	2	RX/OTC	<i>alfuzosin hcl</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	<i>dutasteride</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	<i>dutasteride-tamsulosin hcl</i>	NP	
<i>lanthanum carbonate CHEW</i>	1		ENTADFI	NP	
RENVELA TABS (<i>sevelamer carbonate</i>)	NP		<i>finasteride</i>	1	QL(1 EA daily); MP
<i>sevelamer carbonate PACK</i>	1		JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
<i>sevelamer carbonate TABS</i>	1		RAPAFLO 4 MG (<i>silodosin</i>)	NP	
<i>sevelamer hcl</i>	1		<i>silodosin</i>	1	
Short Bowel Syndrome (SBS) Agents			<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
GATTEX	2	SP; PA	Urinary Analgesics		
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
Alkalinizers			Urinary Stone Agents		
			<i>tiopronin TABS</i>	1	SP; PA
			Vesicoureteral Reflux (VUR) Agents		
			DEFLUX	2	SP; PA
			GOUT AGENTS - Drugs to Treat Gout		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Gout Agent Combinations			FIBRYGA	2	SP; PA
<i>colchicine w/ probenecid</i>	1	MP	HEMGENIX	2	SP; PA
Gout Agents			HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
<i>allopurinol 100 MG, 300 MG</i>	1	MP	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
<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	HUMATE-P SOLR	2	SP; PA
KRYSTEXXA	2	SP; PA	IDELVION	2	SP; PA
Uricosurics			IXINITY SOLR	2	SP; PA
<i>probenecid</i>	1	MP	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KCENTRA	2	SP; PA
Antihemophilic Products			KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
ADVATE	2	SP; PA	KOATE SOLR	2	SP; PA
ADYNOVATE	2	SP; PA	KOGENATE FS KIT	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA	KOVALTRY	2	SP; PA
ALPHANATE SOLR	2	SP; PA	NOVOEIGHT	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA	NOVOSEVEN RT	2	SP; PA
ALPROLIX	2	SP; PA	NUWIQ KIT	2	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA	NUWIQ SOLR	2	SP; PA
BENEFIX KIT	2	SP; PA	OBIZUR	2	SP; PA
COAGADEX	2	SP; PA	PROFILNINE	2	SP; PA
CORIFACT	2	SP; PA	REBINYN	2	SP; PA
ELOCTATE	2	SP; PA	RECOMBINATE SOLR	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA	RIASTAP	2	SP; PA
FEIBA	2	SP; PA	RIXUBIS SOLR	2	SP; PA
			ROCTAVIAN	2	SP; PA
			SEVENFACT	2	SP; PA
			TRETTEN	2	SP; PA
			VONVENDI	2	SP; PA
			WILATE KIT	2	SP; PA
			XYNTHA	2	SP; PA
			XYNTHA SOLOFUSE	2	SP; PA
			Bradykinin B2 Receptor Antagonists		
			<i>icatibant acetate SOSY</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>aspirin-dipyridamole</i>	1	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	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)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
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		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	2	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	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
NYPOZI	NP	SP
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RELEUKO SOSY	NP	SP
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
RYZNEUTA SOSY SC 20 MG/ML	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		
FERRETTTS TABS	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</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</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 PO 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
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihistamine Hypnotics			IGALMI FILM	NP	
ALEVE PM 25 MG-220 MG	2		<i>midazolam hcl SOLN IJ</i>	1	
<i>diphenhydramine hcl (sleep) CAPS</i>	1		MIDAZOLAM HCL SOLN IJ	2	
<i>diphenhydramine hcl (sleep) LIQD</i>	1		RESTORIL 22.5 MG (<i>temazepam</i>)	NP	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)	<i>temazepam 7.5 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1		<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1		<i>temazepam 22.5 MG</i>	NP	
<i>doxylamine succinate (sleep)</i>	1		<i>triazolam</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine citrate</i>	1		<i>zaleplon</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine hcl</i>	1		ZOLPIDEM TARTRATE CAPS	NP	
UNISOM SLEEPMELTS TBDP 25 MG	2		<i>zolpidem tartrate SUBL</i>	NP	
WAL-SLEEP Z TBDP 25 MG	2		<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
WAL-SOM TBDP 25 MG	2		<i>zolpidem tartrate TBCR</i>	1	
Barbiturate Hypnotics			Orexin Receptor Antagonists		
<i>phenobarbital ELIX</i>	1		QUVIVIQ	NP	
<i>phenobarbital TABS</i>	1		Selective Melatonin Receptor Agonists		
Hypnotics - Tricyclic Agents			<i>ramelteon</i>	1	
<i>doxepin hcl (sleep)</i>	1		<i>tasimelteon CAPS</i>	1	SP; PA
Non-Barbiturate Hypnotics			LAXATIVES - Bowel Treatment Drugs		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		Bulk Laxatives		
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
<i>eszopiclone</i>	1		METAMUCIL CAPS	2	
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	NATURAL FIBER LAXATIVE POWD	2	
			<i>psyllium CAPS 0.52 GM</i>	1	
			<i>psyllium POWD 28.3 %, 30 %, 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	
INSTALAX POWD 17 GM/SCOOP	2	QL(34 GM daily)
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
SORBITOL PO 70 %	2	
Saline Laxatives		
<i>magnesium citrate 1.745 GM/30ML</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 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<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 500 MG</i>	0	QL(4 EA daily)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)
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 (erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 200 SUSR (erythromycin ethylsuccinate)</i>	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies			ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE ME KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC	AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2		ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
			AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
			BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
			CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FINE 30	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FONDCIRCLE SINGLE USE LANCETS	2	QL(6.67 EA daily); RX/OTC			
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC			
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
			MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC	PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC	SMARTTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC
			UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC
			UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC
			UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC	ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC	ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC	ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC	AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC	BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC	CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC	CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC	CVS PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC	EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC
ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
Misc. Devices			GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ZEV RX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC
MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)
PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC
QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
REALITY SWABS	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC
RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)
SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC	ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM 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 MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM 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
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	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	BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDI MASK 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
CLEVER CHOICE HOLDING CHAMBER 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
CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	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
COMPACT SPACE CHAMBER/MED MASK 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
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	INSPIREASE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
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 L 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 M 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 S 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES 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	PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK 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
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PILLOW MASK/PEDIATRIC 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	POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	POCKET SPACER DEVI	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	PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER CHILD 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 SPACER INFANT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK 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/CHILD 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	PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	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
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE 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
PFLEX 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	2	SP; PA
SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	2	SP; PA
SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
SOOTHENE NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	2	SP; PA
SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	2	SP; PA
SOOTHENE NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	NURTEC	2	PA
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	QULIPTA	2	PA
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	UBRELVY	2	PA
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	PA
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	Migraine Combinations		
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
			<i>sumatriptan-naproxen sodium</i>	NP	
			SYMBRAVO TABS PO	NP	
			TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NP	
			Migraine Products		
			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
			Serotonin Agonists		
			<i>almotriptan malate</i>	NP	
			<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>frovatriptan succinate</i>	1		ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP		MINERALS & ELECTROLYTES		
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)	Calcium		
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP		CALCIUM ACETATE	2	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)	<i>calcium carbonate- cholecalciferol</i> TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG-600 MG	1	QL(2 EA daily)
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)	<i>oyster shell</i>	1	
<i>rizatriptan benzoate</i> TABS	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	Fluoride		
<i>rizatriptan benzoate</i> TBDP	1		<i>sodium fluoride CHEW</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
<i>sumatriptan succinate</i> SOAJ 4 MG/0.5ML	NP		SOLUVITA SOLN	2	RX/OTC
<i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML	NP	QL(0.67 ML daily)	Magnesium		
<i>sumatriptan succinate</i> SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)	<i>magnesium oxide (mg supplement) TABS</i>	1	
<i>sumatriptan succinate</i> SOCT 4 MG/0.5ML	NP		Phosphate		
<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily); RX/OTC
<i>sumatriptan succinate</i> TABS	1	QL(9 EA per 30 day(s) retail)	Potassium		
<i>zolmitriptan SOLN 2.5 MG</i>	NP		KLOR-CON TBCR 8 MEQ (<i>potassium chloride</i>)	2	MP
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)	<i>potassium bicarbonate TBEF</i>	1	
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)	<i>potassium chloride microencapsulated crystals er</i>	1	MP
			<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
			<i>potassium chloride CPCR 10 MEQ</i>	1	MP
			<i>potassium chloride PACK PO 20 MEQ</i>	1	
			<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<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
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

Drug Name	Drug Tier	Requirements/ Limits
<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
SANDIMMUNE CAPS (<i>cyclosporine</i>)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
<i>tacrolimus SOLN 5 MG/ML</i>	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
LOKELMA	NP	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
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		
<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
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 MOIST 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 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

Drug Name	Drug Tier	Requirements/ Limits
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
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)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	2	QL(1 EA daily); RX/OTC
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		
DESTRESS-IRON TABS	2	QL(1 EA daily)
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)
STRESS FORMULA/IRON/ENERGY TABS	2	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS- ASSORTED BRAND	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS W/ MINERALS TABS- ASSORTED GENERIC	1	RX/OTC	VITAMINS ACD- FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Multivitamins			Ped MV w/ Iron		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	ENFAMIL POLY-VI-SOL- IRON SOLN 11 MG/ML	2	
Ped Multi Vitamins w/Fl & FE			MULTIVITAMIN DROPS/IRON SOLN	2	
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN	2	
Ped Multiple Vitamins w/ Minerals			PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
MVW COMPLETE FORMULATION SOLN	2		POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
Ped MV w/ Fluoride			POLY-VITE/IRON SOLN	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)	Pediatric Multiple Vitamins		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	BPROTECTED PEDIA POLY-VITE SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN PO	2	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITA SOLN PO	2	
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	2	
			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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MACI	2	SP; PA	METHOCARBAMOL TABS	NP	
Central Muscle Relaxants			<i>orphenadrine citrate TB12</i>	1	
AMRIX CP24 (cyclobenzaprine hcl)	NP		OZOBAX DS SOLN PO (baclofen)	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP		OZOBAX SOLN PO (baclofen)	NP	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	SOMA TABS 250 MG (carisoprodol)	NP	PA
<i>baclofen SUSP</i>	NP		<i>tizanidine hcl CAPS</i>	1	
<i>baclofen TABS 15 MG</i>	1		<i>tizanidine hcl TABS</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA	ZANAFLEX CAPS 8 MG	NP	
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP	Direct Muscle Relaxants		
<i>carisoprodol TABS 250 MG</i>	NP	PA	DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	
<i>carisoprodol TABS 350 MG</i>	1	MP; PA	<i>dantrolene sodium CAPS</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	1	MP	Muscle Relaxant Combinations		
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>cyclobenzaprine hcl CP24</i>	NP		Viscosupplements		
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 EA daily)	EUFLEXXA SOSY	2	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)	GEL-ONE	2	SP; PA
FLEQSUVY SUSP (baclofen)	NP		GELSYN-3 SOSY	2	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA	GENVISC 850 SOSY	2	SP; PA
LIORESAL SOLN IT	2	SP; PA	HYALGAN SOLN	2	SP; PA
LYVISPAH PACK	NP		HYALGAN SOSY	2	SP; PA
<i>metaxalone</i>	1		HYMOVIS	2	SP; PA
METAXALONE 640 MG	2		MONOVISC	2	SP; PA
<i>methocarbamol TABS 750 MG, 1000 MG</i>	1		ORTHOVISC	2	SP; PA
<i>methocarbamol TABS 500 MG</i>	1	MP	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 -		

Drug Name	Drug Tier	Requirements/ Limits
Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	2	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ML per fill retail)
<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) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	2	
<i>epinephrine hcl (nasal)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 28.5-29.4 KG	2	SP; PA	ELEVIDYS 65.5-66.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA	ELEVIDYS 66.5-67.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA	ELEVIDYS 67.5-68.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA	ELEVIDYS 68.5-69.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA	ELEVIDYS 69.5 KG PLUS	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA	EXONDYS 51	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA	VILTEPSO	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA	VYONDYS 53	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 37.5-38.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA	DYSPORE	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 42.5-43.4 KG	2	SP; PA	EVRYSDI PO 5 MG	2	SP
ELEVIDYS 43.5-44.4 KG	2	SP; PA	EVRYSDI	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA	ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA	ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 53.5-54.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA			
ELEVIDYS 57.5-58.4 KG	2	SP; PA			
ELEVIDYS 58.5-59.4 KG	2	SP; PA			
ELEVIDYS 59.5-60.4 KG	2	SP; PA			
ELEVIDYS 60.5-61.4 KG	2	SP; PA			
ELEVIDYS 61.5-62.4 KG	2	SP; PA			
ELEVIDYS 62.5-63.4 KG	2	SP; PA			
ELEVIDYS 63.5-64.4 KG	2	SP; PA			
ELEVIDYS 64.5-65.4 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ZOLGENSMA 18.1-18.5 KG	2	SP; PA
ZOLGENSMA 18.6-19.0 KG	2	SP; PA
ZOLGENSMA 19.1-19.5 KG	2	SP; PA
ZOLGENSMA 19.6-20.0 KG	2	SP; PA
ZOLGENSMA 2.6-3.0 KG	2	SP; PA
ZOLGENSMA 20.1-20.5 KG	2	SP; PA
ZOLGENSMA 3.1-3.5 KG	2	SP; PA
ZOLGENSMA 3.6-4.0 KG	2	SP; PA
ZOLGENSMA 4.1-4.5 KG	2	SP; PA
ZOLGENSMA 4.6-5.0 KG	2	SP; PA
ZOLGENSMA 5.1-5.5 KG	2	SP; PA
ZOLGENSMA 5.6-6.0 KG	2	SP; PA
ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 9.6-10.0 KG	2	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		

Drug Name	Drug Tier	Requirements/ Limits
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)	<i>gatifloxacin (ophth)</i>	NP	
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)	<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)	<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)	<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ML per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)	<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)
Miotics			<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
Ophthalmic - Angiogenesis Inhibitors			<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA	<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA	<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
EYLEA SOLN	2	SP; PA	TOBREX OINT	2	QL(4 GM per fill retail)
LUCENTIS SOSY	2	SP; PA	VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
Ophthalmic Adrenergic Agents			ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	
ALPHAGAN P (<i>brimonidine tartrate</i>)	2		Ophthalmic Decongestants		
<i>apraclonidine hcl</i>	1		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP		<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
SIMBRINZA	2		Ophthalmic Immunomodulators		
Ophthalmic Anti-infectives			CEQUA SOLN	NP	
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)	<i>cyclosporine (ophth) EMUL</i>	NP	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)	RESTASIS MULTIDOSE EMUL	2	
ERYTHROMYCIN	2	QL(4 GM per fill retail)			
<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTASIS EMUL (cyclosporine (ophth))	2		PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
VEVYE SOLN	NP		RETISERT	2	SP; PA
Ophthalmic Integrin Antagonists			sulfacetamide sod- prednisolone SOLN	1	QL(5 ML per fill retail)
XIIDRA	2	PA	TOBRADEX OINT	2	QL(4 GM per fill retail)
Ophthalmic Kinase Inhibitors			tobramycin- dexamethasone SUSP	1	QL(5 ML per fill retail)
ROCKLATAN	2	PA	YUTIQ	2	SP
Ophthalmic Local Anesthetics			Ophthalmics - Misc.		
TETRACAINE HCL 0.5 %	2		ACULAR (ketorolac tromethamine (ophth))	NP	QL(5 ML per fill retail)
tetracaine hcl (ophth)	1		ACULAR LS (ketorolac tromethamine (ophth))	2	1 max fill(s) per 30 day(s) retail
Ophthalmic Nerve Growth Factors			azelastine hcl (ophth)	1	QL(6 ML per fill retail)
OXERVATE	2	SP; PA	bromfenac sodium (ophth) 0.075 %, 0.09 %	1	
Ophthalmic Photodynamic Therapy Agents			cromolyn sodium (ophth)	1	QL(10 ML per fill retail)
VISUDYNE	2	SP; PA	CYSTARAN	2	SP; PA
Ophthalmic Steroids			diclofenac sodium (ophth)	1	QL(5 ML per fill retail)
dexamethasone sodium phosphate (ophth)	1	QL(5 ML per fill retail)	dorzolamide hcl	1	QL(10 ML per fill retail)
DEXTENZA INST	2	SP; PA	DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
EYSUVIS SUSP	NP		epinastine hcl (ophth)	NP	
fluorometholone (ophth) SUSP	1	QL(5 ML per fill retail)	flurbiprofen sodium	1	QL(3 ML per fill retail)
ILUVIEN	2	SP; PA	ILEVRO	NP	
neomycin-polymy- dexameth OINT	1	QL(4 GM per fill retail)	ketorolac tromethamine (ophth) 0.4 %	NP	1 max fill(s) per 30 day(s) retail
neomycin-polymy- dexameth SUSP 0.1 %- 3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	QL(5 ML per fill retail)	ketorolac tromethamine (ophth) 0.5 %	NP	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	1	QL(8 ML per fill retail)	ketotifen fumarate (ophth) 0.035 %	1	QL(5 ML per fill retail)
OZURDEX IMPL	2	SP; PA	MIEBO	NP	
PRED MILD	2	QL(10 ML per fill retail)	olopatadine hcl	1	
prednisolone acetate (ophth)	1	QL(5 ML per fill retail)	TRYPTYR SOLN OP 0.003 %	NP	
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	2	
<i>travoprost SOLN</i>	NP	
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)</i> 6.5 %	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ML per fill retail)
Otic Combinations		
<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		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN IM	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HIZENTRA SOSY 10 GM/50ML	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY	2	SP; PA
HYPERRRHO MINI-DOSE SOSY IM 250 UNIT	2	SP; PA
HYPERRRHO SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<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)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions			<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)
Agents for Chemical Dependency			ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
<i>acamprosate calcium</i>	1		Cerebral Adrenoleukodystrophy (CALD) Agents		
<i>disulfiram 250 MG</i>	1		SKYSONA	2	SP; PA
Anti-Cataleptic Agents			Combination Psychotherapeutics		
SODIUM OXYBATE SOLN	2	SP; PA	LYBALVI	NP	
XYREM SOLN	2	SP; PA	<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)
Antidementia Agents			Fibromyalgia Agents		
ADLARITY PTWK	NP		SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	SAVELLA TABS	2	QL(2 EA daily); PA
<i>donepezil hydrochloride TABS 23 MG</i>	1		Movement Disorder Drug Therapy		
<i>donepezil hydrochloride TBDP</i>	1		AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 EA daily)	AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2		AUSTEDO XR TB24	2	SP; PA
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)	AUSTEDO XR TB24	2	SP; PA
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)	AUSTEDO TABS	2	SP; PA
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)	INGREZZA CAPS	2	SP; PA
<i>memantine hcl CP24</i>	1		INGREZZA CPSP	2	SP; PA
<i>memantine hcl SOLN</i>	NP	QL(10 ML daily)	<i>tetrabenazine</i>	NP	SP; PA
<i>memantine hcl TABS</i>	NP	QL(1 EA per 28 day(s) retail)	XENAZINE (<i>tetrabenazine</i>)	NP	SP; PA
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP	Multiple Sclerosis Agents		
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)	AVONEX PEN AJKT	2	SP; PA
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)	AVONEX PREFILLED PSKT	2	SP; PA
<i>rivastigmine 13.3 MG/24HR</i>	NP		BAFIERTAM	NP	SP
			BRIUMVI	NP	SP
			COPAXONE SOSY (<i>glatiramer acetate</i>)	2	SP; PA
			<i>dalfampridine</i>	1	SP; PA
			<i>dimethyl fumarate CDPK</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i> fingolimod hcl</i>	1	SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA
GILENYA	NP	SP; PA
<i>glatiramer acetate SOSY</i>	NP	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS ZUNOVO	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	2	QL(2 EA daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	1	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	1	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
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
PROLASTIN-C SOLR	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

Drug Name	Drug Tier	Requirements/ Limits
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
<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
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<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 TABS	2	MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
SYNTHROID TABS (<i>levothyroxine sodium</i>)	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 (<i>levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	AL (At least 19 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL (At least 19 yrs old)
BOOSTRIX SUSP	0	AL (At least 19 yrs old)
BOOSTRIX SUSY	0	AL (At least 19 yrs old)
DAPTACEL	0	AL (At least 19 yrs old)
INFANRIX	0	AL (At least 19 yrs old)
KINRIX SUSY	0	AL (At least 19 yrs old)
PEDIARIX SUSY	0	AL (At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PENTACEL	0	AL(At least 19 yrs old)	<i>famotidine TABS 10 MG</i>	1	
QUADRACEL SUSP	0	AL(At least 19 yrs old)	<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
QUADRACEL SUSY	0	AL(At least 19 yrs old)	RANITIDINE HCL TABS 150 MG, 300 MG	2	QL(2 EA daily); MP
TDVAX SUSP	0	AL(At least 19 yrs old)	Misc. Anti-Ulcer		
TENIVAC SUSP 2 LFU-5 LFU	0	AL(At least 19 yrs old)	<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)	<i>sucralfate TABS</i>	1	QL(4 EA daily); MP
VAXELIS SUSP	0	AL(At least 19 yrs old)	Proton Pump Inhibitors		
VAXELIS SUSY	0	AL(At least 19 yrs old)	<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>esomeprazole magnesium PACK</i>	1	
Antispasmodics			<i>lansoprazole CPDR</i>	1	RX/OTC
<i>dicyclomine hcl CAPS</i>	1		<i>lansoprazole TBDD</i>	1	PA; RX/OTC
<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)	NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>dicyclomine hcl TABS</i>	1		NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)	NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>hyoscyamine sulfate ELIX</i>	1		NEXIUM PACK 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NP	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1		<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>pantoprazole sodium PACK</i>	NP	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)
H-2 Antagonists			PROTONIX PACK (<i>pantoprazole sodium</i>)	2	
<i>cimetidine TABS 300 MG, 400 MG</i>	1		<i>rabeprazole sodium TBEC</i>	1	
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)			
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
KONVOMEF SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
ZEGERID OTC CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ TB24 (<i>mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENACTRA	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAX HIB SUSP	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 13	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVNAR 20	0	AL(At least 19 yrs old)	COMIRNATY SUSY	0	
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)	DENG VAXIA	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)	ENERGIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)	ENERGIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)	FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
VAXNEUVANCE	0	AL(At least 19 yrs old)	FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)	FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
Viral Vaccines			FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)	FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ACAM2000	0	AL(At least 19 yrs old)	FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			
AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)			
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0				
COMIRNATY SUSP	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IPOLE	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXCHIQ	0	AL(At least 19 yrs old)
			IXIARO	0	AL(At least 19 yrs old)
			JYNNEOS	0	AL(At least 19 yrs old)
			M-M-R II SOLR	0	AL(At least 19 yrs old)
			MNEXSPIKE SUSY 10 MCG/0.2ML	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 BIVALENT	0		ROTARIX SUSP	0	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	0		ROTATEQ SOLN	0	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	0		SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MODERNA COVID-19 VACCINE SUSP	0				
NOVAVAX COVID-19 VACCINE SUSP	0		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
NOVAVAX COVID-19 VACCINE SUSY	0		SPIKEVAX SUSP	0	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0		SPIKEVAX SUSY	0	
PFIZER COVID-19 VAC BIVALENT	0		STAMARIL SUSR	0	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0		TICOVAC	0	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0		TWINRIX SUSY	0	AL(At least 19 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0		VAQTA	0	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	0		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)	YF-VAX SUSR	0	AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
RABAVERT	0	AL(At least 19 yrs old)	Spermicides		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
			VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
			VCF VAGINAL CONTRACEPTIVE GEL	2	
			Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CREA (clindamycin phosphate vaginal)	2	QL(40 GM per fill retail)
clindamycin phosphate vaginal CREA	NP	QL(40 GM per fill retail)
CLINDESSE	2	
clotrimazole vaginal CREA 2 %	1	QL(21 GM per fill retail)
clotrimazole vaginal CREA 1 %	1	QL(45 GM per fill retail)
GYNAZOLE-1	2	
metronidazole vaginal	1	QL(70 GM per fill retail)
metronidazole vaginal	1	
MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
miconazole nitrate vaginal CREA 2 %	1	QL(45 GM per fill retail)
miconazole nitrate vaginal KIT	1	QL(24 EA per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	QL(3 EA per fill retail)
miconazole nitrate vaginal SUPP 100 MG	1	QL(7 EA per fill retail)
MONISTAT 3 CREA	2	QL(15 GM daily)
NUVESSA	2	
terconazole vaginal CREA 0.8 %	1	QL(20 GM per fill retail)
terconazole vaginal CREA 0.4 %	1	QL(45 GM per fill retail)
terconazole vaginal SUPP	1	QL(3 EA per fill retail)
tioconazole vaginal 6.5 %	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1	QL(85.2 GM per fill retail)
MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens		
estradiol vaginal CREA	1	QL(43 GM per 30 day(s) retail)
estradiol vaginal TABS	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	2	
epinephrine (anaphylaxis) SOAJ	1	QL(6 EA per 180 day(s) retail)
epinephrine (anaphylaxis) SOAJ	1	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	2	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) - Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>cholecalciferol CAPS</i>	1	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</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 PO 125 MCG/ML	2	
VITAMIN E/D-ALPHA CAPS 200 UNIT	2	QL(2 EA daily)
<i>vitamin e CAPS</i>	1	QL(2 EA daily)
VITAMIN E CAPS	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 ER CPCR	2	
NIACIN ER 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)

Drug Name	Drug Tier	Requirements/ Limits
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BEYFORTUS	88	bisoprolol & hydrochlorothiazide ..	27	BREATHE EASE SMALL DEVI	73
bicalutamide	30	bisoprolol fumarate	38	BREATHERITE VALVED MDI CHAMBER DEVI	74
BIKTARVY 120 MG-30 MG-15 MG 35		bisoprolol fumarate 2.5 MG	38	BREO ELLIPTA	12
BIKTARVY 200 MG-50 MG-25 MG 35		BIVIGAM SOLN	87	BREZTRI AEROSPHERE	12
BILAC CAPS	19	BLINCYTO	29	BRIDION SOLN	23
bimatoprost SOLN	87	BONJESTA TBCR	24	BRILINTA 60 MG, 90 MG (ticagrelor) 60	
BIMZELX SOAJ 160 MG/ML	46	BONSITY SOPN 560 MCG/2.24ML 54		brimonidine tartrate 0.1 %, 0.15 %	85
BIMZELX SOAJ 320 MG/2ML	46	BOOSTRIX SUSP	91	brimonidine tartrate 0.2 %	85
BIMZELX SOSY 160 MG/ML	47	BOOSTRIX SUSY	91	brimonidine tartrate-timolol maleate .	84
BIMZELX SOSY 320 MG/2ML	46	bortezomib SOLR IJ	31	BRIUMVI	89
BINAXNOW COVID-19 AG CARD 52		BORTEZOMIB SOLR IV 3.5 MG ..	31	BRIVIACT SOLN IV 50 MG/5ML ..	13
BINAXNOW COVID-19 AG HOME TEST KIT	52	bosentan TABS	40	BRIXADI (WEEKLY) SOSY	7
BINAXNOW COVID-19 ANTIGEN SELF KIT	52	BOSULIF TABS 100 MG, 500 MG	31	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	7
BIOCORE DAILY CAPS	19	BOTOX IJ	83	bromfenac sodium (ophth) 0.075 %, 0.09 %	86
BIOHM PROBIOTIC SUPPLEMENT CAPS	19	BPROTECTED PEDIA POLY-VITE SOLN PO	80	bromocriptine mesylate CAPS	33
BIOHM PROBIOTIC/VITAMIN C CAPS	19	BPROTECTED PEDIA POLY-VITE/FE SOLN	80	bromocriptine mesylate TABS 2.5 MG	33
BIO-KULT CAPS	19	BRAFTOVI 75 MG	31	brompheniramine & phenyleph ELIX .	44
BIOSTORA CAPS	19	BREATHE COMFORT CHAMBER/ADULT DEVI	73	brompheniramine & pseudoeph ELIX	44
BIOTENE DRY MOUTH MOIST SPRAY SOLN	79	BREATHE COMFORT CHAMBER/CHILD DEVI	73	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	44
BIOTHRAX	93	BREATHE EASE LARGE DEVI ...	73	BRYNOVIN SOLN PO 25 MG/ML .	17
BIOZEN CAPS	19	BREATHE EASE MEDIUM DEVI ..	73	BUBBLES THE FISH II PEDI MASK MISC	74
bisacodyl SUPP	63	BREATHE EASE NEB MASK/CHILD			
bisacodyl TBEC	63				

BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	10	buspirone hcl	10	TABS	58
budesonide (inhalation) SUSP	11	butalbital-acetaminophen TABS 50 MG-325 MG	6	CALCIUM ACETATE	77
budesonide TB24	43	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6	calcium carbonate (antacid) CHEW 500 MG	9
budesonide-formoterol fumarate dihydrate	12	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG	77
bumetanide TABS	54	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium polycarbophil TABS	62
BUPHENYL POWD (sodium phenylbutyrate)	55	butalbital-aspirin-caffeine CAPS	6	CAMCEVI	30
BUPHENYL TABS (sodium phenylbutyrate)	55	butalbital-aspirin-caffeine w/cod	7	camphor & menthol LOTN	46
buprenorphine hcl SUBL	8	BUTRANS PTWK (buprenorphine) .	8	CANASA SUPP (mesalamine)	57
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	8	CABOMETYX TABS	31	candesartan cilexetil	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	8	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	39	candesartan cilexetil-hydrochlorothiazide	27
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	8	caffeine citrate SOLN PO	1	capecitabine	29
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8	calcipotriene CREA	47	CAPEX SHAM	48
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	8	CALCIPOTRIENE FOAM	47	CAPHOSOL SOLN	79
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	8	calcipotriene OINT	47	CAPLYTA	33
buprenorphine PTWK	8	calcipotriene SOLN	47	CAPRELSA	31
bupropion hcl (smoking deterrent) 90		calcipotriene-betamethasone dipropionate OINT	48	capsaicin CREA 0.025 %, 0.075 % 51	
bupropion hcl TABS	15	calcipotriene-betamethasone dipropionate SUSP	48	capsaicin CREA 0.035 %	51
bupropion hcl TB12 100 MG	15	calcitonin (salmon) IJ	54	capsaicin CREA 0.1 %	51
bupropion hcl TB12 150 MG	15	calcitonin (salmon) NA	54	captopril & hydrochlorothiazide ...	27
bupropion hcl TB12 200 MG	15	calcitriol CAPS	55	captopril	26
bupropion hcl TB24 150 MG	15	calcium acetate (phosphate binder) CAPS	58	CARAC CREA (fluorouracil (topical)) 46	
bupropion hcl TB24 300 MG	15	calcium acetate (phosphate binder)		CARBAGLU (carglumic acid)	55
bupropion hcl TB24 450 MG	15			carbamazepine CHEW 100 MG ...	13
				carbamazepine CHEW 200 MG ...	13
				carbamazepine CP12	13

carbamazepine SUSP	13	30G	65	cephalexin CAPS 250 MG, 500 MG	40
carbamazepine TABS	13	carglumic acid	55	cephalexin SUSR	40
carbamazepine TB12	13	carisoprodol TABS 250 MG	81	CEPROTIN	60
carbamide peroxide (otic) 6.5 % ...	87	carisoprodol TABS 350 MG	81	CEQUA SOLN	85
CARBATROL CP12 (carbamazepine)	13	carteolol hcl (ophth)	84	CERDELGA	60
.....	13	carvedilol 25 MG	38	CEREZYME 400 UNIT	60
carbidopa	32	carvedilol 3.125 MG, 6.25 MG, 12.5	38	cetirizine hcl CAPS	24
carbidopa-levodopa TABS	33	MG	38	cetirizine hcl CHEW	24
carbidopa-levodopa TBCR	33	carvedilol phosphate	38	cetirizine hcl SOLN PO	24
carboplatin SOLN 50 MG/5ML, 150		CASGEVY	60	cetirizine hcl SYRP PO 1 MG/ML ..	24
MG/15ML, 450 MG/45ML, 600		CASTIVA WARMING LOTN	51	cetirizine hcl TABS	24
MG/60ML	28	CAYSTON	28	CETRAXAL (ciprofloxacin hcl (otic)) .	87
CARDIZEM LA TB24 180 MG, 240		cefaclor CAPS	40	CHANTIX CONTINUING MONTH	
MG, 300 MG, 360 MG, 420 MG		CEFACLOR ER TB12	40	PAK TABS (varenicline tartrate) ...	90
(diltiazem hcl)	38	cefaclor SUSR 250 MG/5ML	40	CHANTIX STARTING MONTH PAK	
CAREONE LANCET SUPER THIN		cefadroxil CAPS	40	TBPK (varenicline tartrate)	90
30G	64	cefadroxil SUSR	40	CHANTIX TABS (varenicline tartrate)	
CAREONE LANCET THIN 23G ..	65	cefadroxil TABS	40		90
CARESENS LANCETS	65	cefdinir CAPS	40	CHEMET	23
CARESENS LANCETS 30G	65	cefdinir SUSR	40	CHEMSTRIP K STRP	52
CARESTART COVID-19 HOME		cefixime CAPS	40	chenodiol	57
TEST KIT	52	cefixime SUSR	40	CHILDRENS ADVIL SUSP 100	
CARETOUCH ALCOHOL PREP ..	71	cefpodoxime proxetil SUSR	40	MG/5ML (ibuprofen)	5
CARETOUCH SAFETY LANCETS		cefpodoxime proxetil TABS	40	CHILDRENS MOTRIN SUSP 100	
65		cefprozil SUSR	40	MG/5ML (ibuprofen)	5
CARETOUCH SAFETY LANCETS		cefprozil TABS	40	chlordiazepoxide hcl CAPS	10
26G	65	ceftriaxone sodium IJ 1 GM, 250 MG,	40	chlorhexidine gluconate (mouth-	
CARETOUCH TWIST LANCETS		500 MG	40	throat)	79
28G	65	cefuroxime axetil TABS	40	chloroquine phosphate TABS 250	
CARETOUCH TWIST LANCETS		celecoxib	5	MG	28
30G	65	CELONTIN (methsuximide)	14	chloroquine phosphate TABS 500	
CARETOUCH TWIST MC LANCETS					

MG	28	CINQAIR	10	65
chlorpheniramine maleate SYRP ..	24	CINRYZE SOLR IV	60	CLEVER CHOICE LANCETS 28G
chlorpheniramine maleate TABS ..	24	CIPRO SUSR	56	65
chlorpromazine hcl TABS	34	ciprofloxacin hcl (ophth) SOLN	85	clindamycin hcl 150 MG, 300 MG .
chlorthalidone 25 MG, 50 MG	54	ciprofloxacin hcl (otic)	87	28
chlorzoxazone TABS 250 MG, 375		ciprofloxacin hcl TABS 100 MG	56	clindamycin palmitate hydrochloride .
MG, 750 MG	81	ciprofloxacin hcl TABS 250 MG, 500		45
chlorzoxazone TABS 500 MG	81	MG, 750 MG	56	clindamycin phosphate (topical) GEL
CHOLBAM	57	ciprofloxacin-dexamethasone	87	45
cholecalciferol CAPS 1.25 MG, 1250		cisplatin SOLN 50 MG/50ML, 100		clindamycin phosphate (topical)
MCG, 50000 UNIT	98	MG/100ML, 200 MG/200ML	28	SOLN
cholecalciferol CAPS	98	CISPLATIN SOLR	28	45
cholecalciferol LIQD PO 400		CITALOPRAM HYDROBROMIDE		clindamycin phosphate vaginal CREA
UT/0.028ML, 10 MCG/ML, 400		CAPS	15	97
UNIT/ML	98	citalopram hydrobromide SOLN ...	15	clindamycin phosphate-benzoyl
cholestyramine light PACK	25	citalopram hydrobromide TABS ...	15	peroxide (refrigerate)
cholestyramine light POWD	25	cladribine 10 MG/10ML	29	45
cholestyramine PACK	25	clarithromycin SUSR	63	clindamycin phosphate-benzoyl
cholestyramine POWD	25	clarithromycin TABS	63	peroxide GEL 2.5 %-1.2 %, 5 %-1 % .
CHORIONIC GONADOTROPIN IM		clarithromycin TB24	63	45
54		CLEANLET LANCETS 28G	65	clindamycin phosphate-tretinoin ..
CHOSEN LANCETS 30G	65	CLEARDETECT COVID-19 AG		45
CHOSEN SAFETY LANCETS 28G		HOME KIT	52	CLINDESSE
65		CLEOCIN CREA (clindamycin		97
CIBINQO	50	phosphate vaginal)	97	CLINITEST RAPID COVID-19 TEST
ciclopirox SOLN	46	CLEVER CHEK LANCETS	65	KIT
cilostazol	60	CLEVER CHOICE COMFORT EZ		52
cimetidine TABS 200 MG	92	65		clobazam SUSP
cimetidine TABS 300 MG, 400 MG		CLEVER CHOICE HOLDING		13
92		CHAMBER DEVI	74	clobazam TABS
cimetidine TABS 800 MG	92	CLEVER CHOICE LANCETS 21G		13
cinacalcet hcl	55	65		clobetasol propionate CREA 0.05 % .
		CLEVER CHOICE LANCETS 23G		48
				clobetasol propionate emollient base
				0.05 %
				48
				clobetasol propionate emulsion ...
				48
				clobetasol propionate FOAM
				48
				clobetasol propionate GEL 0.05 %
				48
				clobetasol propionate LIQD
				48
				clobetasol propionate LOTN
				48

clobetasol propionate OINT 0.05 % 48	COARTEM 28	COMFORT TOUCH PLUS LANCETS 28G 65
clobetasol propionate SHAM 48	COBAS LIAT SARS-COV-2 ASSAY . 52	COMFORT TOUCH PLUS LANCETS 30G 65
clobetasol propionate SOLN 0.05 % . 48	COBAS LIAT SARS-COV-2 CONTROL 52	COMFORT TOUCH TWIST LANCET 30G 65
clocortolone pivalate 48	COBENFY CAPS 34	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML 94
CLODAN 48	COBENFY STARTER PACK CPPK 34	COMIRNATY SUSP 94
CLODERM (clocortolone pivalate) 48	codeine sulfate TABS 30 MG 6	COMIRNATY SUSY 94
clomipramine hcl 16	CODEINE SULFATE TABS 6	COMPACT SPACE CHAMBER DEVI 74
clonazepam TABS 13	colchicine TABS 59	COMPACT SPACE CHAMBER/LG MASK DEVI 74
clonazepam TBDP 13	colchicine w/ probenecid 59	COMPACT SPACE CHAMBER/MED MASK DEVI 74
clonidine hcl (adhd) TB12 2	colestipol hcl GRAN 25	COMPACT SPACE CHAMBER/SM MASK DEVI 74
clonidine hcl TABS 26	colestipol hcl TABS 25	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) 35
clopidogrel bisulfate 300 MG 60	COMBIGAN (brimonidine tartrate- timolol maleate) 84	COMPLETE PROBIOTIC PEARLS CAPS 19
clopidogrel bisulfate 75 MG 60	COMBIPATCH PTTW 56	CONCERTA TBCR (methylphenidate hcl) 2
clorazepate dipotassium TABS 10	COMBIVENT RESPIMAT AERS .. 12	CONDOMS-MISC 63
clotrimazole (topical) CREA 46	COMBIVIR (lamivudine-zidovudine) . 35	CONJUPRI (levamlodipine maleate) 38
clotrimazole (topical) SOLN 46	COMETRIQ (100 MG DAILY DOSE) KIT 31	CONZIP CP24 (tramadol hcl) 6
clotrimazole vaginal CREA 1 % ... 97	COMETRIQ (140 MG DAILY DOSE) KIT 31	COPAXONE SOSY (glatiramer acetate) 89
clotrimazole vaginal CREA 2 % ... 97	COMETRIQ (60 MG DAILY DOSE) KIT 31	CORDRAN LOTN (flurandrenolide) 48
clotrimazole w/ betamethasone CREA 46	COMFORT ASSURED LANCETS 28G 65	COREG CR (carvedilol phosphate) 38
clotrimazole w/ betamethasone LOTN 46	COMFORT ASSURED LANCETS 33G 65	
clozapine TABS 34	COMFORT TOUCH ALCOHOL PREP 71	
clozapine TBDP 34	COMFORT TOUCH LANCETS 31G . 65	
CO MONITOR REPLACEMENT PIECES MISC 74		
COAGADEX 59		
COAGUCHEK LANCETS 65		
coal tar extract SHAM 0.5 % 52		

CORIFACT	59	CULTURELLE DIGESTIVE DAILY CAPS	23	CVS DAILY PROBIOTIC CAPS ...	20
CORTISONE ACETATE TABS	43	CULTURELLE DIGESTIVE DAILY PRO CAPS	23	CVS DAILY PROBIOTIC CHILDRENS PACK	20
CORTROPHIN GEL	54	CULTURELLE DIGESTIVE HEALTH CAPS	23	CVS DIGESTIVE PROBIOTIC CAPS	20
COSENTYX (300 MG DOSE) SOSY .	47	CULTURELLE DIGESTIVE HEALTH CHEW	23	CVS DRY MOUTH SOLN	79
COSENTYX SENSOREADY (300 MG) SOAJ	47	CULTURELLE HEALTH (INULIN) CAPS	23	CVS EVERYDAY CARE PROBIOTIC CAPS	20
COSENTYX SENSOREADY PEN SOAJ	47	CULTURELLE IMMUNE DEFENSE CAPS	19	CVS GLUCOSE CHEW	17
COSENTYX SOLN	47	CULTURELLE KID PROBIOTIC+FIBER PACK	19	CVS LANCETS ORIGINAL	65
COSENTYX SOSY	47	CULTURELLE KIDS CHEW	19	CVS LANCETS THIN 26G	65
COSENTYX UNOREADY SOAJ ..	47	CULTURELLE KIDS PACK	19	CVS LANOLIN CREA	51
cosyntropin SOLR	52	CULTURELLE KIDS PURELY CHEW	19	CVS MOOD SUPPORT PROBIOTIC CAPS	20
COTELLIC	31	CULTURELLE KIDS PURELY PACK 19		CVS PREP	71
COVID-19 AT HOME ANTIGEN TEST KIT	52	CULTURELLE METABOLISM-WEIGHT CAPS	20	CVS PROBIOTIC ADULT 50+ CAPS 20	
COVID-19 AT-HOME TEST KIT ...	52	CULTURELLE PROBIOTICS KIDS PACK	20	CVS PROBIOTIC CAPS	20
COVID-19 OTC ANTIGEN 1-PACK KIT	52	CULTURELLE PRO-WELL CAPS .	20	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	20
COVID-19 OTC ANTIGEN 2-PACK KIT	52	CULTURELLE ULTIMATE STRENGTH CAPS	23	CVS PROBIOTIC PEARLS EX ST CAPS	20
CREON CPEP	53	CURITY ALCOHOL PREPS	71	CVS SENIOR PROBIOTIC CAPS .	20
CRINONE GEL	97	CUVITRU SOLN	87	CVS SOFT GLUCOSE CHEW	17
cromolyn sodium (nasal) 5.2 MG/ACT	82	CVS ADULT 50+ PROBIOTIC CAPS 20		CVS ULTRA THIN LANCETS	65
cromolyn sodium (ophth)	86	CVS ADULT PROBIOTIC CAPS ..	20	cyanocobalamin SOLN IJ 1000 MCG/ML	60
cromolyn sodium NEBU	11	CVS ALCOHOL PREP PADS	71	cyclobenzaprine hcl CP24	81
CRYSVITA	55	CVS COVID-19 AT HOME TEST KIT KIT	52	cyclobenzaprine hcl TABS 5 MG, 10 MG	81
CTEXLI TABS PO 250 MG	57			cyclobenzaprine hcl TABS 7.5 MG	81
CULTURELLE ADULT ULT BALANCE CAPS	22			CYCLOGYL 0.5 %	85
CULTURELLE BLOATING & GAS DEF CAPS	19			cyclopentolate hcl 1 %	85

cyclophosphamide CAPS 50 MG ..28	dalfampridine89	(divalproex sodium)14
CYCLOPHOSPHAMIDE TABS28	DANTRIUM CAPS 25 MG	DEPO-SUBQ PROVERA 104 SUSY
cyclosporine (ophth) EMUL85	(dantrolene sodium)81	SC43
cyclosporine CAPS78	dantrolene sodium CAPS81	DERMACINRX PROBISOL CAPS 20
cyclosporine modified (for	dapagliflozin propanediol19	DERMACINRX PROBITRAN CAPS
microemulsion) CAPS78	dapsone28	20
cyclosporine modified (for	DAPTACEL91	DESCOVY 120 MG-15 MG35
microemulsion) SOLN78	DARAPRIM (pyrimethamine)28	DESCOVY 200 MG-25 MG35
cyclosporine SOLN IV 50 MG/ML .78	darifenacin hydrobromide93	desipramine hcl TABS16
CYLTEZO (2 PEN) AJKT4	darunavir TABS35	desloratadine TBDP24
CYLTEZO (2 SYRINGE) PSKT4	DARZALEX29	desmopressin acetate SOLN IJ ...56
CYLTEZO-CD/UC/HS STARTER	dasatinib31	DESMOPRESSIN ACETATE SOLN
AJKT4	daunorubicin hcl SOLN 50 MG/10ML	NA56
CYLTEZO-PSORIASIS/UV	31	desmopressin acetate spray56
STARTER AJKT4	DAURISMO30	desmopressin acetate spray
CYMBALTA CPEP 20 MG, 30 MG	DAYHIST ALLERGY 12 HOUR	refrigerated 0.01 %56
(duloxetine hcl)16	RELIEF TABS24	desmopressin acetate TABS56
CYMBALTA CPEP 60 MG	decitabine29	desogestrel & ethinyl estradiol40
(duloxetine hcl)16	deferasirox PACK23	desogestrel-ethinyl estradiol
cyproheptadine hcl SYRP25	deferasirox TABS23	(biphasic)41
cyproheptadine hcl TABS25	deferasirox TBSO23	desogestrel-ethinyl estradiol
CYRAMZA29	deferiprone TABS23	(triphasic)41
CYSTAGON CAPS58	deferoxamine mesylate23	desonide CREA48
CYSTARAN86	DEFITELIO60	desonide LOTN48
cytarabine SOLN29	deflazacort SUSP43	desonide OINT48
CYTOGAM SOLN87	deflazacort TABS43	desoximetasone CREA 0.05 %48
dabigatran etexilate mesylate CAPS .	DEFLUX58	desoximetasone CREA 0.25 %48
13	DELSTRIGO35	desoximetasone GEL48
DAILY DIGESTIVE PROBIOTIC	DENAVIR (penciclovir)47	desoximetasone LIQD48
CAPS20	DENGAXIA94	desoximetasone OINT48
DAILY PROBIOTIC CAPS20	DEPAKOTE SPRINKLES CSDR	DESTRESS-IRON TABS79
DAILY ULTIMATE PROBIOTIC-14		DESVENLAFAXINE ER16
CAPS20		

desvenlafaxine succinate 100 MG .16	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG 1	dicyclomine hcl SOLN PO 92
desvenlafaxine succinate 25 MG, 50 MG 16	dextroamphetamine sulfate TABS 5 MG, 10 MG 1	dicyclomine hcl TABS 92
DETROL LA CP24 (tolterodine tartrate) 93	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML 44	DIFFERIN CREA (adapalene) 45
dexamethasone ELIX 43	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML 44	DIFFERIN GEL 0.3 % (adapalene) 45
DEXAMETHASONE INTENSOL CONC 43	DHIVY TABS 33	DIFFERIN LOTN 45
dexamethasone sodium phosphate (ophth) 86	DIATHRIVE LANCET ULTRA THIN 30 65	diflorasone diacetate CREA 48
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML 43	DIATHRIVE LANCETS 65	diflorasone diacetate OINT 48
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .43	DIATRUST COVID-19 HOME TEST KIT 52	diflunisal TABS 6
dexamethasone sodium phosphate SOSY IJ 4 MG/ML 43	diazepam CONC 10	DIGESTIVE ADV
dexamethasone SOLN 43	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML 10	DIGESTIVE/IMMUNE CAPS 20
dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG .. 43	diazepam SOLN IJ 5 MG/ML 10	DIGESTIVE ADV LACTOSE SUPPORT CAPS 20
dexchlorpheniramine maleate SOLN . 24	DIAZEPAM SOLN IJ 5 MG/ML 10	DIGESTIVE ADV MULTI-STRAIN CAPS 20
dexmedetomidine hcl in sodium chloride SOLN 62	diazepam SOLN PO 5 MG/5ML ... 10	DIGESTIVE ADV+BOWEL SUPPORT CAPS 20
dexmedetomidine hcl SOLN 200 MCG/2ML 62	diazepam TABS 10	DIGESTIVE ADV+GAS DEFENSE CAPS 20
dexmethylphenidate hcl CP24 2	diazoxide 17	DIGESTIVE ADV+LACTOSE SUPPORT CAPS 20
dexmethylphenidate hcl TABS 2	dibucaine 51	DIGESTIVE ADVANTAGE CAPS . 20
dexrazoxane hcl 32	diclofenac potassium TABS 50 MG .5	digoxin SOLN PO 0.05 MG/ML 39
DEXTENZA INST 86	diclofenac sodium (ophth) 86	digoxin TABS 125 MCG, 250 MCG 39
dextroamphetamine sulfate CP24 10 MG, 15 MG 1	diclofenac sodium (topical) GEL EX 46	dihydroergotamine mesylate SOLN NA 4 MG/ML 76
dextroamphetamine sulfate CP24 5 MG 1	diclofenac sodium TB24 5	DILANTIN (phenytoin sodium extended) 14
dextroamphetamine sulfate SOLN .. 1	diclofenac sodium TBEC 5	DILANTIN INFATABS CHEW (phenytoin) 14
	dicloxacillin sodium 88	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 38
	dicyclomine hcl CAPS 92	diltiazem hcl coated beads CP24 240

MG 38	DIPROLENE OINT (betamethasone dipropionate augmented) 49	dorzolamide hcl-timolol maleate .. 84
diltiazem hcl coated beads CP24 360 MG 38	dipyridamole 60	DOVATO 35
diltiazem hcl CP12 38	disopyramide phosphate CAPS ... 10	doxazosin mesylate 26
diltiazem hcl CP24 120 MG, 240 MG 38	disulfiram 250 MG 89	doxepin hcl (sleep) 62
diltiazem hcl CP24 180 MG 39	divalproex sodium CSDR 14	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG 16
diltiazem hcl extended release beads 38	divalproex sodium TB24 14	doxepin hcl CAPS 150 MG 16
diltiazem hcl TABS 39	divalproex sodium TBEC 14	doxepin hcl CONC 16
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 39	docetaxel CONC 160 MG/8ML 32	doxycycline (monohydrate) CAPS 50 MG, 100 MG 91
dimethyl fumarate CDPK 89	DOCETAXEL CONC 160 MG/8ML 32	doxycycline (monohydrate) TABS 50 MG, 100 MG 91
dimethyl fumarate CPDR 90	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 32	doxycycline hyclate CAPS 91
diphenhydramine hcl (sleep) CAPS 62	docetaxel SOLN 32	doxycycline hyclate TABS 100 MG 91
diphenhydramine hcl (sleep) LIQD 62	DOCIVYX SOLN 32	doxylamine succinate (sleep) 62
diphenhydramine hcl (sleep) TABS 25 MG 62	docusate sodium CAPS 100 MG, 250 MG 63	doxylamine-pyridoxine TBEC 24
diphenhydramine hcl (sleep) TABS 50 MG 62	docusate sodium CAPS 50 MG ... 63	droperidol SOLN 2.5 MG/ML 10
diphenhydramine hcl CAPS 24	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 63	DROPLET LANCETS ULTRA THIN 30G 65
diphenhydramine hcl ELIX 12.5 MG/5ML 24	DOCUSATE SODIUM SYRP 63	DROPLET PERSONAL LANCETS 30G 65
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 24	docusate sodium TABS 63	DROPSAFE ACTI-LANCE 23G ... 65
diphenhydramine hcl TABS 25 MG 24	dofetilide 10	DROPSAFE ALCOHOL PREP ... 71
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG 62	donepezil hydrochloride TABS 23 MG 89	DROPSAFE MEDLANCE LANCET 30G 65
diphenoxylate w/ atropine LIQD ... 23	donepezil hydrochloride TABS 5 MG, 10 MG 89	drospirenone-ethinyl estradiol 41
diphenoxylate w/ atropine TABS .. 23	donepezil hydrochloride TBDP 89	drospirenone-ethinyl estradiol-levomefolate calcium 41
	DOPTelet 60	DROXIA CAPS 60
	dorzolamide hcl 86	droxidopa 98
	DORZOLAMIDE HCL 86	DRUG MART ON-THE-GO LANCET 30G 65
	DORZOLAMIDE HCL-TIMOLOL MAL 84	

DRUG MART UNILET LANCETS 28G	65	TOP	65	EDURANT PED PO 2.5 MG	35
DRUG MART UNILET LANCETS 30G	65	EASY TOUCH ALCOHOL PREP MEDIUM	71	efavirenz CAPS 200 MG	35
DRUG MART UNILET LANCETS 33G	65	EASY TOUCH LANCETS 21G ...	65	efavirenz CAPS 50 MG	35
DUETACT (pioglitazone hcl- glimepiride)	16	EASY TOUCH LANCETS 23G ...	65	efavirenz TABS	35
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	12	EASY TOUCH LANCETS 26G ...	65	efavirenz-emtricitabine-tenofovir disoproxil fumarate	35
DULERA 50 MCG/ACT-5 MCG/ACT 12		EASY TOUCH LANCETS 28G ...	66	efavirenz-lamivudine-tenofovir disoproxil fumarate	35
duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	16	EASY TOUCH LANCETS 28G/TWIST	66	ELAPRASE	55
duloxetine hcl CPEP 60 MG	16	EASY TOUCH LANCETS 30G ...	66	ELELYSO	60
DUPIXENT SOAJ	50	EASY TOUCH LANCETS 30G/TWIST	66	ELEPSIA XR TB24	13
DUPIXENT SOSY 300 MG/2ML ...	50	EASY TOUCH LANCETS 32G ...	66	eletriptan hydrobromide	76
dutasteride	58	EASY TOUCH LANCETS 32G/TWIST	66	ELEVIDYS 10.0-10.4 KG	82
dutasteride-tamsulosin hcl	58	EASY TOUCH LANCETS 33G/TWIST	66	ELEVIDYS 10.5-11.4 KG	82
DYANAVAL XR TBCR	1	EASY TOUCH SAFETY LANCETS 21G	66	ELEVIDYS 11.5-12.4 KG	82
DYMISTA SUSP (azelastine hcl- fluticasone propionate)	82	EASY TOUCH SAFETY LANCETS 23G	66	ELEVIDYS 12.5-13.4 KG	82
DYSPORT	83	EASY TOUCH SAFETY LANCETS 26G	66	ELEVIDYS 13.5-14.4 KG	82
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	63	EASY TOUCH SAFETY LANCETS 28G	66	ELEVIDYS 14.5-15.4 KG	82
EASIVENT MASK LARGE MISC ..	74	EASE CONTROLLER KIT MISC	74	ELEVIDYS 15.5-16.4 KG	82
EASIVENT MASK MEDIUM MISC	74	EBGLYSS SOAJ	50	ELEVIDYS 16.5-17.4 KG	82
EASIVENT MASK SMALL MISC ..	74	EBGLYSS SOSY	50	ELEVIDYS 17.5-18.4 KG	82
EASIVENT MISC	74	econazole nitrate CREA	46	ELEVIDYS 18.5-19.4 KG	82
EASY COMFORT ALCOHOL PADS 71		ECOTRIN ARTHRTIS PAIN TBEC (aspirin)	6	ELEVIDYS 19.5-20.4 KG	82
EASY COMFORT LANCETS	65	ECOTRIN TBEC (aspirin)	6	ELEVIDYS 20.5-21.4 KG	82
EASY COMFORT LANCETS TWIST		EDURANT	35	ELEVIDYS 21.5-22.4 KG	82
				ELEVIDYS 22.5-23.4 KG	82
				ELEVIDYS 23.5-24.4 KG	82
				ELEVIDYS 24.5-25.4 KG	82
				ELEVIDYS 25.5-26.4 KG	82
				ELEVIDYS 26.5-27.4 KG	82
				ELEVIDYS 27.5-28.4 KG	82

ELEVIDYS 28.5-29.4 KG83	ELEVIDYS 58.5-59.4 KG83	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG60
ELEVIDYS 29.5-30.4 KG83	ELEVIDYS 59.5-60.4 KG83	EMBECTA AUTOSHIELD DUO ...72
ELEVIDYS 30.5-31.4 KG83	ELEVIDYS 60.5-61.4 KG83	EMBECTA PEN NEEDLE NANO .72
ELEVIDYS 31.5-32.4 KG83	ELEVIDYS 61.5-62.4 KG83	EMBECTA PEN NEEDLE NANO 2 GEN72
ELEVIDYS 32.5-33.4 KG83	ELEVIDYS 62.5-63.4 KG83	EMBECTA PEN NEEDLE ULTRAFINE72
ELEVIDYS 33.5-34.4 KG83	ELEVIDYS 63.5-64.4 KG83	EMBRACE LANCETS ULTRA THIN 30G66
ELEVIDYS 34.5-35.4 KG83	ELEVIDYS 64.5-65.4 KG83	EMBRACE PRESSURE ACTIVATED 21G66
ELEVIDYS 35.5-36.4 KG83	ELEVIDYS 65.5-66.4 KG83	EMBRACE PRESSURE ACTIVATED 28G66
ELEVIDYS 36.5-37.4 KG83	ELEVIDYS 66.5-67.4 KG83	EMCYT30
ELEVIDYS 37.5-38.4 KG83	ELEVIDYS 67.5-68.4 KG83	EMGALITY (300 MG DOSE) SOSY 76
ELEVIDYS 38.5-39.4 KG83	ELEVIDYS 68.5-69.4 KG83	EMGALITY SOAJ76
ELEVIDYS 39.5-40.4 KG83	ELEVIDYS 69.5 KG PLUS83	EMGALITY SOSY76
ELEVIDYS 40.5-41.4 KG83	ELIDEL (pimecrolimus)51	EMPLICITI29
ELEVIDYS 41.5-42.4 KG83	ELIGARD KIT SC 7.5 MG30	emtricitabine CAPS35
ELEVIDYS 42.5-43.4 KG83	ELIGARD SC 22.5 MG, 30 MG, 45 MG30	emtricitabine-rilpivirine-tenofovir disoproxil fumarate35
ELEVIDYS 43.5-44.4 KG83	ELIQUIS (1.5 MG PACK) TBSO PO .12	emtricitabine-tenofovir disoproxil fumarate35
ELEVIDYS 44.5-45.4 KG83	ELIQUIS (2 MG PACK) TBSO PO .12	EMTRIVA CAPS (emtricitabine) ...35
ELEVIDYS 45.5-46.4 KG83	ELIQUIS CPSP PO 0.15 MG12	EMTRIVA SOLN35
ELEVIDYS 46.5-47.4 KG83	ELIQUIS DVT/PE STARTER PACK TBPK12	EMVERM CHEW9
ELEVIDYS 47.5-48.4 KG83	ELIQUIS TABS12	enalapril maleate & hydrochlorothiazide27
ELEVIDYS 48.5-49.4 KG83	ELIQUIS TBSO PO 0.5 MG12	enalapril maleate TABS26
ELEVIDYS 49.5-50.4 KG83	ELLA42	ENBREL MINI SOCT5
ELEVIDYS 50.5-51.4 KG83	ELLENCE SOLN31	ENBREL SOLN5
ELEVIDYS 51.5-52.4 KG83	ELLUME COVID-19 HOME TEST KIT52	
ELEVIDYS 52.5-53.4 KG83	ELMIRON CAPS58	
ELEVIDYS 53.5-54.4 KG83	ELOCTATE59	
ELEVIDYS 54.5-55.4 KG83	eltrombopag olamine PACK 12.5 MG60	
ELEVIDYS 55.5-56.4 KG83		
ELEVIDYS 56.5-57.4 KG83		
ELEVIDYS 57.5-58.4 KG83		

ENBREL SOSY	5	epinephrine hcl (nasal)	82	ergocalciferol CAPS	98
ENBREL SURECLICK SOAJ	5	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	97	ergoloid mesylates TABS	90
ENCARE SUPP 100 MG	96	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	97	ergotamine w/ caffeine TABS	76
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	80	EPIVIR SOLN (lamivudine)	35	eribulin mesylate	32
ENGERIX-B SUSP 20 MCG/ML	94	EPIVIR TABS 150 MG (lamivudine) 35		ERIVEDGE	30
ENGERIX-B SUSY	94	EPIVIR TABS 300 MG (lamivudine) 35		ERLEADA 60 MG	30
enoxaparin sodium SOLN IJ 300 MG/3ML	13	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	60	erlotinib hcl	30
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	13	epoprostenol sodium	39	ertapenem sodium IJ	27
enoxaparin sodium SOSY 30 MG/0.3ML	13	EPRONTIA SOLN 25 MG/ML (topiramate)	13	ERYPED 200 SUSR (erythromycin ethylsuccinate)	63
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	13	EPZICOM (abacavir sulfate- lamivudine)	35	erythromycin (acne aid) GEL	45
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	13	EQ PROBIOTIC CAPS	20	erythromycin (acne aid) SOLN	45
ENTADFI	58	EQ PROBIOTIC CPDR	20	erythromycin (ophth)	85
ENTRESTO CPSP	39	EQ SPACE CHAMBER ANTI- STATIC DEVI	74	ERYTHROMYCIN	85
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	39	EQ SPACE CHAMBER ANTI- STATIC L DEVI	74	erythromycin base CPEP	63
ENTYVIO PEN SOAJ	57	EQ SPACE CHAMBER ANTI- STATIC M DEVI	74	erythromycin base TABS	63
ENVIVE CAPS	20	EQ SPACE CHAMBER ANTI- STATIC S DEVI	74	erythromycin base TBEC	63
EPCLUSA PACK	37	EQL ALCOHOL SWABS	71	erythromycin ethylsuccinate SUSR 63	
EPCLUSA TABS	37	EQL DAILY PROBIOTIC CAPS ...	20	erythromycin ethylsuccinate TABS	63
EPIFOAM FOAM	49	EQL DRY MOUTH ORAL RINSE SOLN	79	ERZOFRI 351 MG/2.25ML	33
epinastine hcl (ophth)	86	EQL PROBIOTIC COLON SUPPORT CAPS	20	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	33
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	97	ERBITUX	30	escitalopram oxalate SOLN	15
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	97			escitalopram oxalate TABS	15
epinephrine (anaphylaxis) SOAJ ..	97			esomeprazole magnesium CPDR .	92
				esomeprazole magnesium PACK .	92
				ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 59	
				estazolam	62

estradiol & norethindrone acetate TABS	56	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	91	KIT	52
estradiol PTTW	56	EVOMELA IV	28	FEIBA	59
estradiol PTWK	56	EVOTAZ	35	felbamate SUSP	14
estradiol TABS	56	EVRYSDI	83	felbamate TABS	14
estradiol vaginal CREA	97	EVRYSDI PO 5 MG	83	felodipine	39
estradiol vaginal TABS	97	EXELON 13.3 MG/24HR (rivastigmine)	89	FEM-DOPHILUS WOMENS CAPS 20	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	56	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	89	fenofibrate CAPS	25
ESTROVEN SLIMBIOTICS CAPS	20	exemestane	30	fenofibrate micronized 134 MG, 200 MG	25
eszopiclone	62	exenatide SOPN 10 MCG/0.04ML ..	17	fenofibrate micronized 43 MG, 130 MG	25
ethambutol hcl TABS	28	exenatide SOPN 5 MCG/0.02ML ..	17	fenofibrate micronized 67 MG	25
ethosuximide CAPS	14	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	27	fenofibrate TABS 40 MG, 120 MG ..	25
ethosuximide SOLN	14	EXONDYS 51	83	fenofibrate TABS 54 MG	25
ethynodiol diacet & eth estrad	41	EYLEA SOLN	85	fenofibric acid	25
etodolac CAPS	5	EYSUVIS SUSP	86	FENOGLIDE TABS (fenofibrate) ..	25
etodolac TABS	5	ezetimibe	26	FENSOLVI (6 MONTH) SC	55
etodolac TB24	5	ezetimibe-simvastatin	25	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etonogestrel-ethinyl estradiol	42	FABRAZYME	55	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etoposide CAPS	32	famciclovir	37	FERRETTS TABS	61
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	famotidine TABS 10 MG	92	FERRIPROX SOLN	23
etravirine 100 MG	35	famotidine TABS 20 MG, 40 MG ..	92	ferrous fumarate TABS	61
etravirine 200 MG	35	FANAPT TITRATION PACK B	33	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	61
EUFLEXXA SOSY	81	FANAPT TITRATION PACK C	33	FERROUS GLUCONATE TABS 324 MG	61
EULEXIN	30	FARXIGA (dapagliflozin propanediol)	19	ferrous gluconate TABS	61
EVENITY	54	FASENRA PEN SOAJ	10	ferrous sulfate dried TBCR	61
everolimus (immunosuppressant) ..	78	FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN 15 MG/ML, 15	
everolimus TABS	31	FASTEP COVID-19 ANTIGEN TEST			
everolimus TBSO	31				

fluoxetine hcl CAPS	15	fluvastatin sodium CAPS	25	FORTIFY DAILY PROBIOTIC EX ST	
fluoxetine hcl CPDR	15	fluvastatin sodium TB24	25	CPDR	21
fluoxetine hcl SOLN	15	fluvoxamine maleate CP24	15	FORTIFY OPTIMA PROBIOTIC	
FLUOXETINE HCL TABS (fluoxetine		fluvoxamine maleate TABS	15	CPDR	21
hcl)	15	FLUZONE HIGH-DOSE		FORTIFY OPTIMA WOMENS ADV	
fluoxetine hcl TABS 10 MG	15	QUADRIVALENT	95	CARE CPDR	21
fluoxetine hcl TABS 20 MG	15	FLUZONE HIGH-DOSE SUSY	95	FORTIFY PROBIOTIC WOMENS	
fluoxetine hcl TABS 60 MG	15	FLUZONE QUADRIVALENT SUSP		CPDR	21
fluphenazine decanoate	34	95		FORTIFY PROBIOTIC WOMENS EX	
fluphenazine hcl TABS	34	FLUZONE QUADRIVALENT SUSY		ST CPDR	21
flurandrenolide CREA	49	95		fosamprenavir calcium TABS	35
flurandrenolide LOTN	49	FLUZONE SUSP	95	fosinopril sodium &	
flurandrenolide OINT	49	FLUZONE SUSY	95	hydrochlorothiazide	27
flurazepam hcl	62	FLYP HYPERSONIQ CARTRIDGE		fosinopril sodium	26
flurbiprofen sodium	86	MISC	74	FRAGMIN SOLN 10000 UNIT/4ML	
flurbiprofen TABS	5	FOCALIN XR CP24		13	
fluticasone propionate (inhalation)		(dexmethylphenidate hcl)	2	FREESTYLE LANCETS	66
AEPB	11	folic acid TABS 1 MG	60	FREESTYLE LIBRE 14 DAY	
fluticasone propionate (nasal) SUSP .		folic acid TABS 400 MCG, 800 MCG .		READER	66
82		60		FREESTYLE LIBRE 14 DAY	
fluticasone propionate CREA 0.05 %		FOLOTYN	29	SENSOR	66
49		fondaparinux sodium	13	FREESTYLE LIBRE 2 PLUS	
fluticasone propionate hfa 110		FONDCIRCLE SINGLE USE		SENSOR	66
MCG/ACT, 220 MCG/ACT	11	LANCETS	66	FREESTYLE LIBRE 2 READER ..	66
fluticasone propionate hfa 44		FORA LANCETS	66	FREESTYLE LIBRE 2 SENSOR ..	66
MCG/ACT	11	FORFIVO XL TB24 (bupropion hcl)		FREESTYLE LIBRE 3 PLUS	
fluticasone propionate LOTN	49	15		SENSOR	66
fluticasone propionate OINT	49	FORTESTA GEL TD (testosterone) 8		FREESTYLE LIBRE 3 READER ..	66
fluticasone-salmeterol AEPB 100		FORTIFY 30 BILLION PROBIOT 50+		FREESTYLE LIBRE 3 SENSOR ..	66
MCG/ACT-50 MCG/ACT, 250		CPDR	20	FREESTYLE LIBRE READER	66
MCG/ACT-50 MCG/ACT, 500		FORTIFY 50 BILLION PROBIOT 50+		FREESTYLE UNISTICK II LANCETS	
MCG/ACT-50 MCG/ACT	12	CPDR	21		66
fluticasone-salmeterol AERO	12	FORTIFY DAILY PROBIOTIC CAPS .		frovatriptan succinate	77
		21		FT ACIDOPHILUS PROBIOTIC	

BLEND CAPS21	GAMUNEX-C87	ginger (zingiber officinalis) CAPS 250 MG2
FT GLUCOSE CHEW 4 GM17	GARDASIL 9 SUSP 0.5 ML95	GLASSIA SOLN90
FT PROBIOTIC ADVANCED CAPS 21	GARDASIL 9 SUSY 0.5 ML95	glatiramer acetate SOSY90
FT SALINE NASAL SPRAY SOLN 82	GAS RELIEF LIQD PO 40 MG/0.6ML57	glimepiride 1 MG, 2 MG19
FULL KIT NEBULIZER SET MISC 74	gatifloxacin (ophth)85	glimepiride 3 MG19
FULPHILA60	GATTEX58	glimepiride 4 MG19
furosemide SOLN PO 8 MG/ML, 10 MG/ML54	GAUZE SPONGES66	glipizide TABS 2.5 MG19
furosemide TABS54	GAZYVA29	glipizide TABS 5 MG, 10 MG19
FYLNETRA60	gefitinib30	glipizide TB2419
gabapentin CAPS 100 MG13	GEL-ONE81	glipizide-metformin hcl16
gabapentin CAPS 300 MG, 400 MG .13	GELSYN-3 SOSY81	GLOBAL ALCOHOL PREP EASE 71
gabapentin SOLN13	gemfibrozil TABS25	GLOBAL INJECT EASE LANCETS 28G66
gabapentin TABS 600 MG, 800 MG 13	GEMTESA93	GLOBAL INJECT EASE LANCETS 30G66
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...81	GENABIO COVID-19 RAPID TEST KIT52	GLUCAGON EMERGENCY SOLR IJ 1 MG (glucagon)17
GALAFOLD55	GENORAVANCE CAPS21	glucagon SOLR IJ 1 MG17
galantamine hydrobromide CP24 .89	GENOTROPIN CART SC55	GLUCO TO GO CHEW17
galantamine hydrobromide SOLN .89	GENOTROPIN MINIQUEL PRSY 55	GLUCOCOM LANCETS 28G66
galantamine hydrobromide TABS .89	gentamicin sulfate (ophth) SOLN .85	GLUCOCOM LANCETS 30G66
GAMASTAN IM87	gentamicin sulfate (topical) CREA .46	GLUCOCOM LANCETS 33G67
GAMIFANT 10 MG/2ML, 50 MG/10ML78	gentamicin sulfate (topical) OINT .46	GLUCOSE CHEW17
GAMMAGARD87	GENTEEL BUTTERFLY TOUCH LANCET66	GLUMETZA TB24 (metformin hcl) .17
GAMMAGARD S/D LESS IGA SOLR87	GENTLE-LET GP LANCETS66	glyburide micronized 1.5 MG, 3 MG, 6 MG19
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML87	GENTLE-LET LANCETS66	glyburide TABS19
GAMMAPLEX SOLN87	GENVISC 850 SOSY81	glyburide-metformin16
	GENVOYA35	glycerin (laxative) SUPP 2 GM63
	GILENYA (fingolimod hcl)90	glycerol phenylbutyrate 1.1 GM/ML 55
	GILENYA90	
	GILOTRIF30	

glycine diluent88	GYNAZOLE-197	67
glycopyrrolate TABS 1 MG, 2 MG .92	HADLIMA PUSHTOUCH SOAJ4	HEMATINIC PLUS VIT/MINERALS TABS61
GLYXAMBI16	HADLIMA SOSY4	HEMGENIX59
GNP ACIDOPHILUS HIGH POTENCY CAPS21	HAEMOLANCE67	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML59
GNP ADVANCED PROBIOTIC CAPS21	HAEMOLANCE LOW FLOW LANCETS67	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT59
GNP ALCOHOL SWABS71	HAEMOLANCE PLUS67	HEMORRHOIDAL 0.25 %-85.5 %-3 %9
GNP GLUCOSE CHEW17	HAEMOLANCE PLUS HIGH FLOW . 67	HEPAGAM B SOLN IJ87
GNP PROBIOTIC COLON SUPPORT CAPS21	HAEMOLANCE PLUS LOW FLOW . 67	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML13
GNP PROBIOTIC EXTRA STRENGTH CAPS23	HAEMOLANCE PLUS MAX FLOW 67	HEPLISAV-B SOSY95
GNP STERILE LANCETS 28G ...67	HAEMOLANCE PLUS PEDIATRIC FLOW67	HERCEPTIN HYLECTA31
GNP STERILE LANCETS 30G ...67	halcinonide CREA49	HIBERIX SOLR IJ93
GNP STERILE LANCETS 33G ...67	halobetasol propionate CREA49	HIGH POTENCY PROBIOTIC CAPS 21
GOJJI STERILE LANCETS67	halobetasol propionate OINT49	HIZENTRA SOLN87
GOODSENSE ALCOHOL SWABS 71	HALOG CREA (halcinonide)49	HIZENTRA SOSY 10 GM/50ML ...87
GOTOKNOW COVID-19 ANTIGEN RAPI KIT53	haloperidol decanoate34	HM STERILE ALCOHOL PREP ..72
granisetron hcl TABS23	haloperidol lactate CONC34	HULIO (2 PEN) AJKT4
GRANIX SOLN 300 MCG/ML60	haloperidol lactate SOLN34	HULIO (2 SYRINGE) PSKT4
GRANIX SOSY60	haloperidol TABS34	HUMALOG JUNIOR KWIKPEN SOPN18
griseofulvin microsize SUSP24	HARVONI PACK37	HUMALOG KWIKPEN SOPN 100 UNIT/ML18
griseofulvin microsize TABS24	HARVONI TABS37	HUMALOG MIX 50/50 KWIKPEN SUPN18
griseofulvin ultramicrosize24	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML95	HUMALOG MIX 50/50 SUSP18
guaifenesin-codeine SOLN44	H-E-B INCONTROL ALCOHOL ...71	HUMALOG MIX 75/25 KWIKPEN
guaifenesin-codeine SYRP44	H-E-B INCONTROL LANCETS 28G . 67	
guanfacine hcl (adhd)2	H-E-B INCONTROL LANCETS 30G . 67	
guanfacine hcl26	H-E-B INCONTROL LANCETS 33G .	
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SUPN18	hydrochlorothiazide CAPS54	49
HUMALOG MIX 75/25 SUSP18	hydrochlorothiazide TABS 25 MG, 50	hydrocortisone acetate (topical)
HUMALOG TEMPO PEN SOPN .. 18	MG 54	CREA 2.5 %49
HUMATE-P SOLR 59	hydrocodone bitartrate CP12 6	hydrocortisone acetate (topical) OINT
HUMIRA (2 PEN) AJKT 40	hydrocodone bitartrate-homatropine	49
MG/0.8ML 4	methylbromide SOLN44	HYDROCORTISONE ACETATE
HUMIRA (2 PEN) AJKT4	hydrocodone-acetaminophen SOLN	CREA 49
HUMIRA (2 SYRINGE) PSKT4	108 MG/5ML-2.5 MG/5ML, 217	hydrocortisone butyrate CREA 49
HUMIRA-CD/UC/HS STARTER	MG/10ML-5 MG/10ML, 325	hydrocortisone butyrate hydrophilic
AJKT 40 MG/0.8ML 4	MG/15ML-7.5 MG/15ML 7	lipo base49
HUMIRA-CD/UC/HS STARTER	hydrocodone-acetaminophen TABS	hydrocortisone butyrate LOTN49
AJKT 80 MG/0.8ML 4	325 MG-10 MG7	hydrocortisone butyrate OINT 49
HUMIRA-PED<40KG CROHNS	hydrocodone-acetaminophen TABS	hydrocortisone butyrate SOLN 49
STARTER PSKT 4	325 MG-5 MG 7	hydrocortisone TABS 43
HUMIRA-PED>/=40KG CROHNS	hydrocodone-acetaminophen TABS	hydrocortisone vaginal 97
START PSKT 4	325 MG-7.5 MG 7	hydrocortisone valerate CREA 49
HUMIRA-PED>/=40KG UC	hydrocortisone (intrarectal)8	hydrocortisone valerate OINT 49
STARTER AJKT 4	hydrocortisone (rectal) EX 1 %9	hydrocortisone w/acetic acid87
HUMIRA-PS/UV/ADOL HS	hydrocortisone (rectal) EX 2.5 % ... 9	HYDROMORPHONE HCL SUPP ...6
STARTER AJKT 4	hydrocortisone (topical) CREA 0.5 %	hydromorphone hcl TABS6
HUMIRA-PSORIASIS/UEIT	49	hydromorphone hcl TB24 6
STARTER AJKT 4	hydrocortisone (topical) CREA 1 %	HYDROXATE GEL49
HUMULIN 70/30 SUSP 18	49	HYDROXYM GEL49
HUMULIN N SUSP 18	hydrocortisone (topical) CREA 2.5 %	hydroxyurea 32
HUMULIN R SOLN IJ18	49	hydroxyzine hcl SOLN 25 MG/ML, 50
HUMULIN R U-500	hydrocortisone (topical) LOTN 1 %	MG/ML 10
(CONCENTRATED) SOLN SC18	49	hydroxyzine hcl SYRP 10
HUMULIN R U-500 KWIKPEN SOPN	hydrocortisone (topical) LOTN 2.5 % .	hydroxyzine hcl TABS 10
SC18	49	hydroxyzine pamoate CAPS 25 MG,
HYALGAN SOLN 81	hydrocortisone (topical) OINT 0.5 % .	100 MG10
HYALGAN SOSY 81	49	hydroxyzine pamoate CAPS 50 MG
HYCAMTIN CAPS 32	hydrocortisone (topical) OINT 1 % .49	10
hydralazine hcl TABS27	hydrocortisone (topical) OINT 2.5 % .	
	49	
	hydrocortisone (topical) SOLN 1 %	

HYMOVIS	81	IBRANCE CAPS	31	IMCIVREE SOLN SC	55
hyoscyamine sulfate ELIX	92	IBSRELA	58	imipramine hcl TABS	16
hyoscyamine sulfate SOLN PO 0.125 MG/ML	92	ibuprofen CHEW	5	imipramine pamoate	16
hyoscyamine sulfate SUBL 0.125 MG	92	ibuprofen SUSP	5	imiquimod 5 %	50
hyoscyamine sulfate TABS 0.125 MG	92	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	5	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	77
hyoscyamine sulfate TB12 0.375 MG 92		ibuprofen-diphenhydramine citrate 62		IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	77
hyoscyamine sulfate TBDP 0.125 MG	92	ibuprofen-diphenhydramine hcl ...	62	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	77
HYPERHEP B SOLN IM	87	icatibant acetate SOSY	59	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	77
HYPERHEP B SOSY	87	ICLUSIG 15 MG, 45 MG	31	IMLYGIC	32
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	87	ID NOW COVID-19	53	IMOVAX RABIES SUSR	95
HYPERRHO SOSY IM 1500 UNIT 87		ID NOW COVID-19 2.0 CONTROL 53		IMULDOSA SOLN IV 130 MG/26ML . 57	
HYQVIA	88	ID NOW COVID-19 2.0 TEST	53	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	47
HYRIMOZ SOAJ	4	IDACIO (2 PEN) AJKT	4	IN TOUCH STERILE LANCETS 30G	67
HYRIMOZ SOSY	4	IDACIO (2 SYRINGE) PSKT	4	INCRELEX	55
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	IDACIO-CROHNS/UC STARTER AJKT	4	indapamide TABS 1.25 MG, 2.5 MG . 54	
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	IDACIO-PSORIASIS STARTER AJKT	4	INDICAID COVID-19 RAPID TEST KIT	53
HYRIMOZ-PED>=40KG CROHN START SOSY	4	IDELVION	59	indomethacin CAPS 25 MG, 50 MG 5	
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	4	IGALMI FILM	62	indomethacin CPCR	5
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	4	IHEALTH COVID-19 RAPID TEST KIT	53	INFANRIX	91
HY-VEE LANCETS	67	ILEVRO	86	INFANTS ADVIL SUSP (ibuprofen) .5	
HY-VEE THIN LANCETS	67	ILUVIEN	86	INGREZZA CAPS	89
ibandronate sodium SOLN	54	imatinib mesylate TABS	31	INGREZZA CPSP	89
ibandronate sodium TABS	54	IMBRUVICA CAPS 140 MG	31	INLYTA	29
		IMBRUVICA CAPS 70 MG	31		
		IMBRUVICA TABS	31		

INNOSPIRE REPLACEMENT FILTER MISC	74	INVEGA TRINZA	33	itraconazole CAPS	24
INPEFA	39	INVOKANA	19	itraconazole SOLN	24
INSPIREASE MISC	74	IPOI IJ	95	ivermectin (pediculicide)	51
INSPIREASE RESERVOIR BAGS 74		ipratropium bromide (nasal) 0.03 % 82		ivermectin	9
INSTALAX POWD 17 GM/SCOOP 63		ipratropium bromide (nasal) 0.06 % 82		IXCHIQ	95
INSULIN ASP PROT & ASP FLEXPEN SUPN	18	ipratropium bromide SOLN 0.02 % 11		IXEMPRA KIT	32
INSULIN ASPART PROT & ASPART SUSP	18	ipratropium-albuterol SOLN	12	IXIARO	95
INSULIN GLARGINE SOLN	18	irbesartan	26	IXINITY SOLR	59
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	18	irbesartan-hydrochlorothiazide ...	27	IYUZEH SOLN	87
INSULIN GLARGINE-YFGN SOLN 18		irinotecan hcl	32	JAKAFI	31
INSULIN GLARGINE-YFGN SOPN 18		IRON CHEWS PEDIATRIC CHEW 61		JALYN (dutasteride-tamsulosin hcl) . 58	
INSULIN GLARGINE-YFGN SOPN 18		IRON TABS 28 MG	61	JANUMET TABS	16
INSULIN LISPRO (1 UNIT DIAL) SOPN	18	ISENTRESS CHEW 100 MG	36	JANUMET XR TB24	16
INSULIN LISPRO JUNIOR KWIKPEN SOPN	18	ISENTRESS CHEW 25 MG	36	JANUVIA	17
INSULIN LISPRO PROT & LISPRO SUPN	18	ISENTRESS PACK	36	JARDIANCE	19
INSULIN LISPRO SOLN IJ	18	ISENTRESS TABS	36	JARRO-DOPHILUS EPS CPDR ...	21
INSULIN SYRINGES	72	isoniazid SYRP	28	JARRO-DOPHILUS EPS PROBIOTIC CPDR	21
INTELENCE (etravirine)	35	isoniazid TABS	28	JARRO-DOPHILUS HYPOALLERGENIC CAPS	21
INTELENCE	35	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	21
INTELENCE 200 MG (etravirine) ..	35	isosorbide mononitrate TABS	9	JARRO-DOPHILUS VAGINAL PROBIOT CPDR	21
INTELISWAB COVID-19 RAPID TEST KIT	53	ISOSORBIDE MONONITRATE TABS	9	JENTADUETO TABS	16
INVEGA HAFYERA	33	isosorbide mononitrate TB24	9	JEVTANA	32
INVEGA SUSTENNA	33	isotretinoin 10 MG, 20 MG, 40 MG	45	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	59
		isradipine CAPS	39	JOURNAVX	6
		ISTALOL SOLN (timolol maleate (ophth))	84	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	26
		ITCH RELIEF CREA	46		

JYNNEOS	95	KEY-E CHEW	98	labetalol hcl TABS 300 MG	38
KADCYLA	29	KEYTRUDA	29	labetalol hcl TABS 400 MG	38
KALBITOR	60	KHAPZORY 175 MG	32	LACTEROL CAPS	21
KALETRA SOLN	36	KINNEY LANCETS	67	lactic acid (ammonium lactate) CREA	50
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	36	KINNEY THIN LANCETS	67	lactic acid (ammonium lactate) LOTN 12 %	50
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	36	KINRIX SUSY	91	LACTOVIVE CAPS	21
KALYDECO PACK 50 MG, 75 MG 90		KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3	lactulose (encephalopathy)	58
KALYDECO TABS	90	KLOR-CON TBCR 8 MEQ (potassium chloride)	77	lactulose SOLN	63
KANJINTI 420 MG	30	KLOXXADO LIQD	23	LAGEVRIO	37
KANUMA	55	KOATE SOLR	59	LAMICTAL ODT KIT (lamotrigine) .	13
KAZANO (alogliptin-metformin hcl) 16		KOATE-DVI SOLR 500 UNIT, 1000 UNIT	59	LAMICTAL STARTER KIT 25 MG (lamotrigine)	13
KCENTRA	59	KOGENATE FS KIT	59	lamivudine SOLN	36
KEMOPLAT SOLN	29	KOMBIGLYZE XR (saxagliptin-metformin hcl)	16	lamivudine TABS 150 MG	36
KENALOG AERS (triamcinolone acetonide (topical))	49	KONVOMEF SUSR	93	lamivudine TABS 300 MG	36
KESIMPTA	90	KOVALTRY	59	lamivudine-zidovudine	36
ketoconazole (topical) CREA	46	KRINTAFEL	28	lamotrigine CHEW	13
ketoconazole (topical) SHAM 2 % .	46	KROGER HEALTHPRO LANCET 26G	67	lamotrigine KIT 25 MG	13
KETONE TEST STRP	53	KROGER LANCETS	67	lamotrigine TABS	14
ketoprofen CAPS 50 MG	5	KROGER LANCETS SUPER THIN 67		lamotrigine TB24	14
ketoprofen CP24	5	KROGER LANCETS THIN	67	lamotrigine TBDP	14
ketorolac tromethamine (ophth) 0.4 %	86	KRYSTEXXA	59	LANCETS	67
ketorolac tromethamine (ophth) 0.5 %	86	KYLEENA	43	LANCETS 28G THIN	67
ketorolac tromethamine TABS	5	KYMRIAH	30	LANCETS 30G	67
KETOSTIX STRP	53	KYPROLIS	31	LANCETS 33G	67
ketotifen fumarate (ophth) 0.035 % 86		labetalol hcl TABS 100 MG	38	LANCETS MICRO THIN 33G	67
		labetalol hcl TABS 200 MG	38	LANCETS SUPER THIN	67
				LANCETS SUPER THIN 28G	67
				LANCETS THIN	67

LANCETS ULTRA THIN	67	leucovorin calcium TABS 5 MG, 25	41
LANCETS ULTRA THIN 30G	67	MG	32
lanolin (topical) CREA	51	LEUKERAN	29
LANOLIN XX	88	LEUKINE SOLR IJ	60
LANOLOR CREA	51	leuprolide acetate (3 month) INJ 22.5	
LANOXIN TABS 125 MCG, 250 MCG		MG	30
(digoxin)	39	leuprolide acetate KIT IJ 1 MG/0.2ML	
lanreotide acetate	56		30
LANREOTIDE ACETATE	56	LEUPROLIDE ACETATE-	
lansoprazole CPDR	92	BUIVACAINE	30
lansoprazole TBDD	92	levalbuterol hcl	12
lanthanum carbonate CHEW	58	levalbuterol hcl 1.25 MG/0.5ML	12
lapatinib ditosylate	31	levalbuterol tartrate	12
LEDIPASVIR-SOFOSBUVIR TABS		levamlodipine maleate	39
37		LEVEMIR FLEXPEN SOPN	18
leflunomide	5	LEVEMIR SOLN	18
lenalidomide	78	levetiracetam SOLN PO 100 MG/ML,	
LENVIMA (10 MG DAILY DOSE) .	29	500 MG/5ML	14
LENVIMA (12 MG DAILY DOSE) .	29	levetiracetam TABS	14
LENVIMA (14 MG DAILY DOSE) .	29	levetiracetam TB24	14
LENVIMA (18 MG DAILY DOSE) .	29	levobunolol hcl 0.5 %	84
LENVIMA (20 MG DAILY DOSE) .	29	levocarnitine (metabolic modifiers)	
LENVIMA (24 MG DAILY DOSE) .	29	SOLN PO 1 GM/10ML	55
LENVIMA (4 MG DAILY DOSE) ..	29	levocarnitine (metabolic modifiers)	
LENVIMA (8 MG DAILY DOSE) ..	29	TABS	55
LEQSELVI TABS PO 8 MG	50	levocetirizine dihydrochloride SOLN	
LEQVIO	26	25	
LESCOL XL TB24 (fluvastatin		levofloxacin (ophth) 0.5 %	85
sodium)	25	levofloxacin SOLN PO	56
LETAIRIS (ambrisentan)	40	levofloxacin TABS	56
letrozole	30	levoleucovorin calcium SOLN	32
		levoleucovorin calcium SOLR	32
		levonorgestrel & eth estradiol TABS	
		levonorgestrel (emergency oc) 1.5	
		MG	42
		levonorgestrel-eth estradiol	
		(triphasic)	41
		levonorgestrel-ethinyl estradiol (91-	
		day) 0.03 MG-0.15 MG	41
		levonorgestrel-ethinyl estradiol	
		(continuous)	41
		levothyroxine sodium CAPS 13 MCG,	
		25 MCG, 50 MCG, 75 MCG, 88	
		MCG, 100 MCG, 112 MCG, 125	
		MCG, 137 MCG, 150 MCG	91
		levothyroxine sodium TABS	91
		LEVULAN KERASTICK SOLR	46
		LEXIVA SUSP	36
		LEXIVA TABS (fosamprenavir	
		calcium)	36
		LIALDA TBEC (mesalamine)	57
		LIBERTY MEDICAL LANCETS ...	67
		LIBERVANT FILM	13
		LIBTAYO	29
		LICEMD GEL	51
		lidocaine CREA 4 %	51
		LIDOCAINE CREA	51
		lidocaine hcl (mouth-throat) 2 % ...	79
		lidocaine hcl CREA 3 %	51
		lidocaine hcl CREA 4 %	51
		lidocaine hcl GEL 2 %	51
		lidocaine hcl PRSY	51
		lidocaine-prilocaine CREA	51
		LILETTA (52 MG)	43
		LINZESS	58

LIORESAL SOLN IT81	LOKELMA78	53
liothyronine sodium TABS91	LONSURF31	luliconazole46
LIPOFEN CAPS (fenofibrate)25	loperamide hcl CAPS23	LUMAVEX CAPS79
LIQREV SUSP40	loperamide hcl TABS23	LUMIVA CAPS21
liraglutide17	lopinavir-ritonavir SOLN36	LUMIZYME55
lisdexamfetamine dimesylate CAPS 1	lopinavir-ritonavir TABS 25 MG-100	LUPRON DEPOT (1-MONTH) KIT IM
lisdexamfetamine dimesylate CHEW .	MG36	30
1	lopinavir-ritonavir TABS 50 MG-200	LUPRON DEPOT (3-MONTH) KIT IM
	MG36	30
lisinopril & hydrochlorothiazide ...27	LOPRESSOR SOLN PO 10 MG/ML .	LUPRON DEPOT (4-MONTH) IM .30
lisinopril TABS 2.5 MG, 5 MG, 10	38	LUPRON DEPOT (6-MONTH) IM .30
MG, 20 MG, 30 MG, 40 MG26		
LITE TOUCH LANCETS67	loratadine CAPS25	LUPRON DEPOT-PED (1-MONTH) .
LITETOUCH LANCETS67	loratadine CHEW25	55
LITETOUCH MASK LARGE MISC 74	loratadine SOLN25	LUPRON DEPOT-PED (3-MONTH) .
	loratadine TABS25	55
LITETOUCH MASK MEDIUM MISC .	loratadine TBDP 10 MG25	LUPRON DEPOT-PED (6-MONTH)
74		IM55
LITETOUCH MASK SMALL MISC .74	lorazepam CONC10	lurasidone hcl33
LITFULO50	lorazepam TABS 0.5 MG, 2 MG ...10	LUTATHERA32
lithium33	lorazepam TABS 1 MG10	LUTRATE DEPOT INJ 22.5 MG ...30
lithium carbonate CAPS33	LORBRENA31	LUZU (luliconazole)46
lithium carbonate TABS33	LOREEV XR CS2410	LYBALVI89
lithium carbonate TBCR33	losartan potassium &	LYFGENIA60
LITHOBID TBCR (lithium carbonate) .	hydrochlorothiazide27	LYRA DIRECT SARS-COV-2 ASSAY
33	losartan potassium26	53
LITTLE REMEDIES SALINE SOLN	LOTRONEX (alosetron hcl)58	LYRA SARS-COV-2 ASSAY53
82	lovastatin TABS 10 MG, 20 MG ...25	LYSODREN30
LIVE BETTER LANCET SUPER	lovastatin TABS 40 MG25	LYUMJEV TEMPO PEN SOPN ...18
THIN67	loxapine succinate34	LYVISPAH PACK81
LO LOESTRIN FE TABS41	LUCENTIS SOSY85	MACI81
LOCOID LIPOCREAM49	LUCIRA CHECK IT COVID-19 TEST	MAGE CPDR21
LOCOID LOTN (hydrocortisone	KIT53	magnesium citrate 1.745 GM/30ML
butyrate)50	LUCIRA COVID-19 ALL-IN-ONE KIT	

63	68	MENQUADFI 0.5 ML 93
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 63	MEDLANCE PLUS UNIVERSAL 21G 68	MENVEO SOLN 93
magnesium oxide (mg supplement) TABS 77	MEDLANCE UNIVERSAL 21G ... 68	MENVEO SOLR 93
magnesium oxide TABS 400 MG ... 9	medroxyprogesterone acetate (contraceptive) SUSP IM 43	meperidine hcl SOLN PO 50 MG/5ML 6
malathion 51	medroxyprogesterone acetate (contraceptive) SUSY IM 43	meperidine hcl TABS 50 MG 6
maraviroc TABS 150 MG 36	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 88	meprobamate 10
maraviroc TABS 300 MG 36	mefloquine hcl 28	mercaptopurine SUSP 2000 MG/100ML 29
MATULANE 32	MEGA PROBIOTIC CAPS 21	mercaptopurine TABS 29
MAVYRET PACK 37	megestrol acetate SUSP 30	MERILOG SOLN SC 100 UNIT/ML 18
MAVYRET TABS 37	megestrol acetate TABS 30	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML 18
MAXI-TUSS PE LIQD 44	MEIJER ALCOHOL SWABS 72	mesalamine ENEM 57
MAYZENT STARTER PACK TBPk 0.25 MG 90	MEIJER LANCETS 68	mesalamine SUPP 57
MAYZENT TABS 90	MEIJER LANCETS UNIVERSAL 21G 68	mesalamine TBEC 1.2 GM 57
meclizine hcl CHEW 24	MEIJER LANCETS UNIVERSAL 30G 68	mesalamine TBEC 800 MG 57
meclizine hcl TABS 12.5 MG, 25 MG 24	MEIJER LANCETS UNIVERSAL 33G 68	mesalamine w/ cleanser 57
MEDICHOICE SAFETY LANCET .67	MEKINIST TABS 31	mesna SOLN 32
MEDICHOICE SAFETY LANCET EXTRA 67	MEKTOVI 31	mesna TABS 32
MEDICHOICE SAFETY LANCET NORM 67	melatonin TABS 3 MG, 5 MG 2	MESNEX TABS 32
MEDLANCE EXTRA 21G 67	meloxicam TABS 5	META BIOTIC/BIO-ACTIVE 12 CAPS 21
MEDLANCE LITE 25G 67	melphalan 29	METAMUCIL CAPS 62
MEDLANCE PLUS EXTRA 21G ..67	melphalan hcl IV 29	metaxalone 81
MEDLANCE PLUS LANCETS 67	memantine hcl CP24 89	METAXALONE 640 MG 81
MEDLANCE PLUS LITE 25G 68	memantine hcl SOLN 89	metformin hcl SOLN 17
MEDLANCE PLUS SPECIAL 0.8MM 68	memantine hcl TABS 89	metformin hcl TABS 500 MG, 850 MG, 1000 MG 17
MEDLANCE PLUS SUPERLITE 30G .	MENACTRA 93	metformin hcl TABS 625 MG 17
		metformin hcl TABS 750 MG 17

metformin hcl TB24 500 MG, 1000 MG	17	methylphenidate hcl SOLN	2	MG	27
metformin hcl TB24 500 MG, 750 MG	17	methylphenidate hcl TABS	2	metronidazole vaginal	97
methadone hcl TABS 10 MG	6	methylphenidate hcl TB24	2	metyrosine	26
methadone hcl TABS 5 MG	7	methylphenidate hcl TBCR 10 MG, 20 MG	2	MICONAZOLE 7 SUPP 100 MG ..	97
methamphetamine hcl	1	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	miconazole nitrate (topical) CREA	.46
methazolamide TABS	53	methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal CREA 2 %	97
methenamine mandelate	28	methylprednisolone TABS 4 MG, 8 MG	43	miconazole nitrate vaginal KIT	97
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG .	27	methylprednisolone TBPk	43	miconazole nitrate vaginal SUPP 100 MG	97
methimazole TABS	91	methyltestosterone TABS	8	miconazole nitrate vaginal SUPP 200 MG	97
methocarbamol TABS 500 MG	81	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	57	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	87
methocarbamol TABS 750 MG, 1000 MG	81	metoclopramide hcl TABS 10 MG .	57	MICROBALANCE CAPS	21
METHOCARBAMOL TABS	81	metoclopramide hcl TABS 5 MG ..	57	MICROCHAMBER DEVI	74
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	29	metolazone	54	MICROCHAMBER MISC	74
methotrexate sodium TABS 2.5 MG	29	metoprolol & hydrochlorothiazide TABS	27	MICROFLOR 33 CAPS	21
methsuximide	14	metoprolol succinate TB24 200 MG	38	MICROFLOR CAPS	21
methyldopa TABS	26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	38	MICROLET LANCETS	68
methylergonovine maleate TABS .	87	metoprolol tartrate TABS 100 MG .	38	MICROSPACER MISC	74
METHYLIN SOLN (methylphenidate hcl)	2	metoprolol tartrate TABS 25 MG, 50 MG	38	midazolam hcl SOLN IJ	62
methylphenidate hcl CHEW	2	metoprolol tartrate TABS 37.5 MG, 75 MG	38	MIDAZOLAM HCL SOLN IJ	62
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metronidazole (topical) CREA	51	midodrine hcl	98
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 %	51	MIEBO	86
methylphenidate hcl CP24	2	metronidazole (topical) LOTN	51	mifepristone (hyperglycemia)	17
methylphenidate hcl CPCR	2	metronidazole TABS 250 MG, 500		miglitol	16
				miglustat	60
				MINIELITE FILTER REPLACEMENTS MISC	74
				minocycline hcl CAPS	91
				minoxidil 2.5 MG, 10 MG	27

mirabegron TB24	93	MONISTAT CARE INSTANT ITCH RLF 1 %	97	MPD SAFETY LANCET 23G	68
MIRCERA	61	MONOLET LANCETS	68	MPD SAFETY LANCET 28G	68
MIRENA (52 MG)	43	MONOLET OPD LANCETS	68	MPD SAFETY LANCET 30G	68
mirtazapine TABS	15	MONOLETTOR SAFETY LANCETS 68		MULPLETA	61
mirtazapine TBDP	15	MONOVISC	81	MULTIPLE VITAMINS TABS- ASSORTED BRAND	80
misoprostol	93	montelukast sodium CHEW	11	MULTIPLE VITAMINS TABS- ASSORTED GENERIC	80
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	31	montelukast sodium PACK	11	multiple vitamins w/ iron TABS	79
MIUDELLA INTRAUTERINE COPPER	42	montelukast sodium TABS	11	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	79
MM TWIST LANCETS	68	morphine sulfate beads	7	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	80
M-M-R II SOLR	95	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	7	MULTIVITAMIN DROPS/IRON SOLN	80
MNEXSPIKE SUSY 10 MCG/0.2ML . 95		morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	7	MULTIVITAMIN INFANT & TODDLER SOLN	80
MOBILE LANCETS 30G	68	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	7	mupirocin calcium (topical)	46
MODERNA COVID-19 BIVALENT 96		morphine sulfate SUPP	7	mupirocin OINT	46
MODERNA COVID-19 VAC 6M-11Y SUSP	96	morphine sulfate TABS	7	MVASI	29
MODERNA COVID-19 VAC 6M-11Y SUSY	96	morphine sulfate TBCR	7	MVW COMPL FORM PROBIOTIC- KIDS CPDR	21
MODERNA COVID-19 VACCINE SUSP	96	MOTPOLY XR CP24	14	MVW COMPLETE FORMULATION SOLN	80
moexipril hcl	26	MOTRIN CHILDRENS CHEW (ibuprofen)	5	MVW COMPLETE PROBIOTIC CPDR	21
MOI-STIR SOLN	79	MOTRIN INFANTS DROPS SUSP (ibuprofen)	5	MYALEPT	55
mometasone furoate (nasal) SUSP 82		MOUNJARO	18	mycophenolate mofetil CAPS	78
mometasone furoate CREA	50	MOUTH KOTE REMINT SOLN	79	mycophenolate mofetil hcl	78
mometasone furoate OINT	50	MOUTH KOTE SOLN	79	mycophenolate mofetil SUSR	78
mometasone furoate SOLN	50	MOVANTIK	58	mycophenolate mofetil TABS	78
MOMMY'S BLISS PROBIOTIC PACK	21	moxifloxacin hcl (ophth) SOLN OP	85	mycophenolate sodium	78
MONISTAT 3 CREA	97	moxifloxacin hcl TABS	56		
		MPD SAFETY LANCET 21G	68		

MYDAYIS CP24 (amphetamine-dextroamphetamine)	1	naproxen-esomeprazole magnesium	5	MG/0.6ML	61
MYFEMBREE	56	naratriptan hcl	77	NEULASTA SOSY	61
MYGLUCOHEALTH LANCETS 30G 68		NARCAN LIQD (naloxone hcl)	23	NEUPOGEN SOLN	61
MYLERAN TABS	29	NATAZIA	41	NEUPOGEN SOSY	61
MYOBLOC	83	nateglinide	19	nevirapine SUSP	36
MYRBETRIQ TB24 (mirabegron) ..	93	NATROBA (spinosad)	51	nevirapine TABS	36
NABI-HB SOLN IM	87	NATRUL PROBIOTIC CAPS	21	nevirapine TB24 400 MG	36
nabumetone	5	NATURAL FIBER LAXATIVE POWD 62		NEXABIOTIC CPDR	21
nadolol TABS 20 MG, 40 MG, 80 MG	38	NEBULIZER AIR TUBE/PLUGS MISC	74	NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)	92
NAGLAZYME	55	nefazodone hcl	15	NEXIUM 24HR CPDR (esomeprazole magnesium)	92
naloxone hcl LIQD	23	NEFFY SOLN NA	97	NEXIUM CPDR 20 MG (esomeprazole magnesium)	92
naloxone hcl SOCT	23	NEMLUVIO	50	NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium) ..	92
naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin sulfate TABS	3	NEXPLANON	42
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin-bacitracin zn-polymyxin 85		NGENLA	55
naloxone hcl SOSY 0.4 MG/ML ...	23	neomycin-bacitracin-polymyxin OINT 46		niacin (antihyperlipidemic) TBCR ..	26
naloxone hcl SOSY 2 MG/2ML	23	neomycin-polymy-dexameth OINT 86		niacin CPCR 250 MG, 500 MG	98
naltrexone hcl	23	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	86	NIACIN ER CPCR	98
NAMENDA TITRATION PAK TABS (memantine hcl)	89	neomycin-polymyxin w/ pramoxine 46		NIACIN ER TBCR	98
naphazoline w/ pheniramine 0.3 %-0.025 %	85	neomycin-polymyxin w/ pramoxine 46		niacin TABS 500 MG	98
naphazoline w/ pheniramine 0.315 %-0.027 %	85	neomycin-polymyxin-gramicidin ...	85	niacin TBCR	98
naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-hc (ophth) ...	86	nicardipine hcl CAPS	39
naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (otic) SOLN . 87		NICOTINE KIT	90
naproxen SUSP	5	neomycin-polymyxin-hc (otic) SUSP . 87		nicotine polacrilex GUM	90
naproxen TABS	5	NESINA (alogliptin benzoate)	17	nicotine polacrilex LOZG	90
naproxen TBEC	5	NEULASTA ONPRO SOSY 6		nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	90
				NICOTROL INHA	90
				NICOTROL NS SOLN	90

nifedipine CAPS	39	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...	41	NOVAREL IM	54
nifedipine TB24 30 MG, 90 MG	39	norethindrone & eth estradiol 35 MCG-1 MG	41	NOVAVAX COVID-19 VACCINE SUSP	96
nifedipine TB24 60 MG	39	norethindrone & ethinyl estradiol-fe 42		NOVAVAX COVID-19 VACCINE SUSY	96
nilotinib hcl 50 MG, 150 MG, 200 MG	31	norethindrone (contraceptive)	43	NOVOEIGHT	59
nimodipine CAPS	39	norethindrone acet & eth estra TABS 42		NOVOLOG 70/30 FLEXPEN RELION SUPN	18
NINLARO	31	norethindrone acetate TABS	88	NOVOLOG MIX 70/30 FLEXPEN SUPN	18
nisoldipine	39	norethindrone acetate-ethinyl estradiol	56	NOVOLOG MIX 70/30 RELION SUSP	18
nitisinone CAPS	55	norethindrone acetate-ethinyl estradiol-fe	42	NOVOLOG MIX 70/30 SUSP	18
NITRO-BID OINT	9	norethindrone-eth estradiol (triphasic)	42	NOVOSEVEN RT	59
nitrofurantoin	28	norgestimate-ethinyl estradiol (triphasic)	42	NP THYROID TABS	91
nitrofurantoin macrocrystal 50 MG, 100 MG	28	norgestimate-ethinyl estradiol	42	NPLATE 250 MCG, 500 MCG	61
nitrofurantoin monohyd macro	28	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	42	NUCALA SOAJ	10
nitroglycerin CPR	9	NORLIQVA SOLN	39	NUCALA SOLR	10
nitroglycerin PT24	10	NORPACE CAPS (disopyramide phosphate)	10	NUCALA SOSY	10
nitroglycerin SUBL	10	nortriptyline hcl CAPS	16	NULOJIX	78
NIVA THYROID TABS	91	nortriptyline hcl SOLN	16	NUMOISYN LIQD	79
NIVESTYM SOLN	61	NORVIR CAPS	36	NUPLAZID CAPS	33
NIVESTYM SOSY	61	NORVIR PACK	36	NUPLAZID TABS 10 MG	33
NIX LICE KILLING SPRAY LIQD XX . 51		NORVIR TABS (ritonavir)	36	NURTEC	76
NIZORAL SHAM	46	NOSE CLIP MISC	75	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	96
NORDITROPIN FLEXPEN SOPN .55		NOVA SAFETY LANCETS 23G ..	68	NUVESSA	97
norelgestromin-ethinyl estradiol ...	42	NOVA SAFETY LANCETS 28G ..	68	NUWIQ KIT	59
norethin acet & estrad-fe CAPS ...	41	NOVA SUREFLEX LANCETS	68	NUWIQ SOLR	59
norethin acet & estrad-fe CHEW ..	41			NYPOZI	61
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	41			nystatin (mouth-throat)	79
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	41			nystatin (topical) CREA	46

nystatin (topical) OINT	46	olopatadine hcl	86	ondansetron TBDP 4 MG, 8 MG ...	24
nystatin (topical) POWD EX	46	OLPRUVA (2 GM DOSE) THPK ...	55	ONETOUCH DELICA PLUS	
nystatin TABS	24	OLPRUVA (3 GM DOSE) THPK ...	55	LANCET30G	68
nystatin-triamcinolone CREA	46	OLPRUVA (4 GM DOSE) THPK ...	55	ONETOUCH DELICA PLUS	
nystatin-triamcinolone OINT	46	OLPRUVA (5 GM DOSE) THPK ...	55	LANCET33G	68
NYVEPRIA	61	OLPRUVA (6 GM DOSE) THPK ...	55	ONETOUCH DELICA SAFETY	
OBIZUR	59	OLPRUVA (6.67 GM DOSE) THPK	55	LANCING	68
OALIVA	57	OLUMIANT	3	ONETOUCH ULTRASOFT 2	
OCREVUS ZUNOVO	90	omega-3-acid ethyl esters	25	LANCETS	68
OCTAGAM SOLN	87	omeprazole CPDR	92	ONGLYZA (saxagliptin hcl)	17
octreotide acetate KIT	56	omeprazole TBEC	92	ONPATTRO	90
octreotide acetate SOLN	56	omeprazole-sodium bicarbonate		ONYDA XR SUER	2
octreotide acetate SOSY	56	CAPS	93	OPDIVO 40 MG/4ML, 100 MG/10ML,	
ODEFSEY	36	omeprazole-sodium bicarbonate		240 MG/24ML	29
ODOMZO	30	PACK	93	OPIPZA FILM	35
OFEV	91	OMNITROPE SOCT	55	OPSYNVI	39
ofloxacin (ophth)	85	OMVOH (300 MG DOSE) SOAJ ...	57	OPTICHAMBER DIAMOND DEVI	75
ofloxacin (otic)	87	OMVOH (300 MG DOSE) SOSY ...	57	OPTICHAMBER DIAMOND MISC	75
ofloxacin 300 MG, 400 MG	57	OMVOH SOAJ	57	OPTICHAMBER DIAMOND-LG	
OHC COVID-19 ANTIGEN SELF		OMVOH SOLN	57	MASK DEVI	75
TEST KIT	53	OMVOH SOSY	57	OPTICHAMBER DIAMOND-MD	
OHTUVAYRE	11	ON/GO COVID-19 ANTIGEN TEST		MASK MISC	75
olanzapine SOLR	34	KIT	53	OPTICHAMBER DIAMOND-SM	
olanzapine TABS	34	ON/GO ONE COVID-19 HOME		MASK MISC	75
olanzapine TBDP	34	TEST KIT	53	OPTIONS GYNOL II	
olmesartan medoxomil	26	ONCASPAR	31	CONTRACEPTIVE GEL	96
olmesartan medoxomil-amlodipine-		ondansetron hcl SOLN PO 4		OPVEE NA	23
hydrochlorothiazide	27	MG/5ML	24	OPZELURA	50
olmesartan medoxomil-		ondansetron hcl TABS 4 MG, 8 MG		ORAL RELIEF SPRAY SOLN	79
hydrochlorothiazide	27	24		ORALAIR SUBL	2
olopatadine hcl (nasal)	82	ondansetron TBDP 16 MG	24	ORENITRAM MONTH 1 TEPK	39
				ORENITRAM MONTH 2 TEPK	39
				ORENITRAM MONTH 3 TEPK	40

ORFADIN SUSP	55	46	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	54	
ORIAHNN	56	oxybutynin chloride SOLN	93	PAMIDRONATE DISODIUM SOLN 54	
ORILISSA	55	oxybutynin chloride TABS 2.5 MG ..	93	pantoprazole sodium PACK	92
ORKAMBI PACK	90	oxybutynin chloride TABS 5 MG ...	93	pantoprazole sodium TBEC 20 MG 92	
ORKAMBI TABS	90	oxybutynin chloride TB24	93	pantoprazole sodium TBEC 40 MG 92	
orphenadrine citrate TB12	81	oxycodone hcl CAPS	7	PANZYGA	87
orphenadrine w/ aspirin & caff	81	oxycodone hcl CONC 100 MG/5ML	7	PARAGARD INTRAUTERINE COPPER	42
ORTHOVISC	81	oxycodone hcl SOLN	7	PARI ALTERA NEBULIZER HANDSET MISC	75
oseltamivir phosphate CAPS 30 MG . 37		oxycodone hcl T12A 10 MG, 20 MG, 40 MG	7	PARI BABY CONVERSION KIT MISC	75
oseltamivir phosphate CAPS 45 MG, 75 MG	37	oxycodone hcl T12A 80 MG	7	PARI ERAPID NEBULIZER HANDSET MISC	75
oseltamivir phosphate SUSR	37	oxycodone hcl TABS	7	PARI EXPIRATORY FILTER SET DEVI	75
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	16	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI MASK SET MISC	75
OTEZLA TABS	5	oxymorphone hcl TB12 15 MG	7	PARI SOFT PLASTIC ADULT MASK MISC	75
OTEZLA TBPK	5	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	7	PARI SOFT PLASTIC PED MASK MISC	75
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	oyster shell	77	PARI VORTEX ADULT MASK	75
OTULFI SOLN SC 45 MG/0.5ML ..	47	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	18	paricalcitol SOLN	55
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	47	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	18	paroxetine hcl TABS	15
oxaprozin TABS	5	OZEMPIC (2 MG/DOSE) SOPN ...	18	paroxetine hcl TB24	15
OXAYDO TABS 5 MG	7	OZOBAX DS SOLN PO (baclofen)	81	paroxetine mesylate (vasomotor) .	90
oxazepam CAPS	10	OZOBAX SOLN PO (baclofen)	81	PARSABIV	56
oxcarbazepine SUSP	14	OZURDEX IMPL	86	PAXLOVID (150/100)	37
oxcarbazepine TABS	14	PACLITAXEL PROTEIN-BOUND PART	32	PAXLOVID (300/100 & 150/100) .	37
OXERVATE	86	paclitaxel protein-bound particles .	32	PAXLOVID (300/100)	37
oxiconazole nitrate CREA	46	paliperidone	33		
OXISTAT CREA (oxiconazole nitrate)		PALYNZIQ	55		

pazopanib hcl	31	PENTACEL	92	phenelzine sulfate	15
PC PEDIATRIC POLY-VITA/FE DROP SOLN	80	pentoxifylline	60	phenobarbital ELIX	62
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	80	PERFECT LANCETS 28G	68	phenobarbital TABS	62
PEARLS IC CAPS	21	PERFECT LANCETS 30G	68	phentermine hcl-topiramate	1
ped multivitamins w/fl & iron SOLN 80		PERFECT POINT SAFETY LANCETS	68	phenylephrine hcl (mydriatic) SOLN 2.5 %	85
PEDIARIX SUSY	91	perindopril erbumine	26	phenylephrine hcl (oral) TABS	82
PEDIATRIC MOUTHPIECE MISC .75		PERJETA	30	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	44
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	80	permethrin AERO	51	phenylephrine-dm SOLN	44
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	80	permethrin CREA	51	phenytoin CHEW	14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	80	permethrin LIQD EX	51	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	80	perphenazine TABS	34	phenytoin sodium extended 200 MG, 300 MG	14
pediatric vitamins acd w/ fluoride SOLN	80	perphenazine-amitriptyline	89	phenytoin SUSP	14
PEDVAX HIB SUSP	93	PFIZER COVID-19 VAC BIVALENT . 96		PHILLIPS COLON HEALTH CAPS 21	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	62	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	96	PHOTOFRIN	32
peg 3350-potassium chloride-sod bicarbonate-sod chloride	63	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	96	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	31
PEGASYS SOLN	37	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	96	phytonadione TABS 5 MG	98
PEGASYS SOSY	37	PFIZER-BIONTECH COVID-19 VACC SUSP	96	PIFELTRO	36
pemetrexed disodium SOLR 100 MG, 500 MG	29	PFLEX MISC	75	PILLOW MASK/ADULT MISC	75
PENBRAYA	93	PHARMACIST CHOICE ALCOHOL . 72		PILLOW MASK/CHILD MISC	75
penciclovir	47	PHARMACIST CHOICE LANCETS . 68		PILLOW MASK/PEDIATRIC MISC 75	
penicillamine TABS	78	PHARMACIST CHOICE MASK WIPES MISC	75	pilocarpine hcl (oral) 5 MG	79
penicillin v potassium SOLR	88	PHEBURANE PLLT	56	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 85	
penicillin v potassium TABS	88	phenazopyridine hcl TABS 100 MG, 200 MG	58	PILOT COVID-19 AT-HOME TEST KIT	53
				pimecrolimus	51
				PIN RID CHEW	9

pindolol TABS38	PONVORY STARTER PACK TBPK 90	pravastatin sodium25
pioglitazone hcl18	PONVORY TABS90	prazosin hcl CAPS26
pioglitazone hcl-glimepiride 16	PORTRAZZA30	PRECISION THINS GP LANCETS 68
pioglitazone hcl-metformin hcl TABS . 16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..77	PRED MILD 86
PIP LANCETS 28G68	potassium bicarbonate TBEF77	prednisolone acetate (ophth)86
PIP LANCETS 30G68	potassium chloride CPCR 10 MEQ 77	PREDNISOLONE ACETATE P-F .86
pirfenidone CAPS91	potassium chloride CPCR 8 MEQ .77	PREDNISOLONE SODIUM PHOSPHATE86
pirfenidone TABS 534 MG91	potassium chloride microencapsulated crystals er 77	prednisolone sodium phosphate SOLN 15 MG/5ML43
piroxicam CAPS5	potassium chloride PACK PO 20 MEQ77	prednisolone sodium phosphate SOLN 20 MG/5ML44
PLEGRIDY SOSY IM90	potassium chloride SOLN PO 10 %, 20 %, 10 %77	prednisolone sodium phosphate SOLN 5 MG/5ML43
plerixafor61	potassium chloride TBCR 8 MEQ, 10 MEQ78	prednisolone SOLN44
PNEUMOVAX 23 SOLN93	potassium citrate (alkalinizer) TBCR . 58	PREDNISONE INTENSOL CONC .44
PNEUMOVAX 23 SOSY93	potassium citrate-citric acid PACK .58	prednisone SOLN44
POCKET CHAMBER DEVI75	potassium iodide (expectorant) SOLN44	prednisone TABS44
POCKET SPACER DEVI75	POTELIGEO29	prednisone TBPK44
podofilox SOLN51	PRADAXA CAPS (dabigatran etexilate mesylate)13	pregabalin CAPS14
POLIVY 140 MG29	PRADAXA PACK13	pregabalin SOLN14
polyethylene glycol 3350 PACK ...63	pralatrexate29	PREGNYL IM55
polyethylene glycol 3350 POWD ..63	PRALUENT SOAJ26	PREHEVBRIO96
polymyxin b-trimethoprim85	pramipexole dihydrochloride TABS 33	PREMARIN97
polysaccharide iron complex CAPS 61	pramipexole dihydrochloride TB24 33	PREMPHASE56
polyvinyl alcohol 1.4 %84	pramoxine hcl (rectal) FOAM EX ...9	PREMPRO56
POLY-VI-SOL SOLN PO80	prasugrel hcl60	PRENATAL VITAMINS-ASSORTED BRAND80
POLY-VITA SOLN PO80		PRENATAL VITAMINS-ASSORTED GENERIC80
POLY-VITA/IRON SOLN80		PREORBOTIC CAPS21
POLY-VITE PEDIATRIC SOLN PO 80		
POLY-VITE/IRON SOLN80		
POMALYST30		

PREPARATION H EX 1 %9	PROAIR DIGIHALER12	POTENCY CAPS22
PREPARATION H SOOTHING RELIEF EX 1 %9	probenecid59	PROBIOTIC PEARLS WOMENS CAPS22
PREVNAR 1393	PROBINATE CAPS21	PROBIOTIC PRODUCT CAPS22
PREVNAR 2094	PROBIO DEFENSE CAPS21	PROBIOTIC/PREBIOTIC/CRANBER RY CAPS22
PREVYMIS SOLN37	PROBIOFLEXX CAPS21	PROBITROL CAPS22
PREVYMIS TABS37	PROBIOMAX COMPLETE DF CAPS21	PROBIZEN CAPS22
PREZCOBIX36	PROBIOMAX DAILY DF CAPS ...21	PROCARE SPACER/ADULT MASK DEVI75
PREZISTA SUSP36	PROBIOMAX IG 26 DF CAPS21	PROCARE SPACER/CHILD MASK DEVI75
PREZISTA TABS (darunavir)36	PROBIOMAX LEAN DF CAPS21	PROCHAMBER VHC DEVI75
PREZISTA TABS 150 MG36	PROBIOMAX SB DF CAPS21	prochlorperazine34
PREZISTA TABS 75 MG, 600 MG, 800 MG36	PROBIONEXX CAPS21	prochlorperazine edisylate 10 MG/2ML34
PRIALT6	PROBIOTIC + OMEGA-3 CAPS ..22	prochlorperazine maleate TABS ...34
PRIMADOPHILUS BIFIDUS CPDR 21	PROBIOTIC + TURMERIC EXTRACT CAPS22	PROCRIT61
PRIMIDAR CAPS21	PROBIOTIC 10 ULTRA STRENGTH CAPS22	PROCTOFOAM FOAM EX 1 %9
primidone 125 MG14	PROBIOTIC ADVANCED FORMULA CAPS22	PROCYSBI CPDR58
primidone 50 MG, 250 MG14	PROBIOTIC BLEND CAPS22	PROCYSBI PACK58
PRIORIX SUSR96	PROBIOTIC COLON SUPPORT CAPS22	PRODIGY LANCETS 28G68
PRIVIGEN SOLN87	PROBIOTIC DAILY CAPS22	PRODIGY SAFETY LANCETS 26G . 68
PRO COMFORT ALCOHOL72	PROBIOTIC DIGESTIVE SUPP CAPS22	PRODIGY TWIST TOP LANCETS 28G68
PRO COMFORT LANCETS 30G .68	PROBIOTIC DIGESTIVE SUPPORT CAPS23	PROFILNINE59
PRO COMFORT LANCETS 31G .68	PROBIOTIC MATURE ADULT CAPS22	PRO-FLORA IMMUNE CAPS22
PRO COMFORT SAFETY LANCETS 30G68	PROBIOTIC PEARLS ADVANTAGE CAPS22	progesterone CAPS 100 MG88
PRO COMFORT SPACER ADULT MISC75	PROBIOTIC PEARLS CAPS22	progesterone CAPS 200 MG88
PRO COMFORT SPACER CHILD MISC75	PROBIOTIC PEARLS MAX	PROGLYCEM (diazoxide)17
PRO COMFORT SPACER INFANT DEVI75		PROGRAF PACK78

PROLASTIN-C SOLR	90	PSS SELECT GP LANCETS	68	MG/ML	47
PROLEUKIN	32	PSS SELECT SAFETY LANCETS		PYZCHIVA SC 45 MG/0.5ML	47
PROLIA SOSY	54	68		QC ALCOHOL SWABS	72
PROMELLA IN PREBIOTIC CAPS		psyllium CAPS 0.52 GM	62	QC LANCETS SUPER THIN 30G	69
22		psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 58.6 %, 100 %	62	QC LANCETS ULTRA THIN	69
PROMEROL CAPS	22	PULMICORT FLEXHALER AEPB	.11	QC UNILET LANCETS 28G	69
promethazine & phenylephrine SYRP		PULMOZYME	91	QC UNILET LANCETS MICRO THIN	
.....	44	PURE COMFORT ALCOHOL PREP			69
promethazine hcl SOLN PO 6.25			72	QDOLO SOLN (tramadol hcl)	7
MG/5ML, 12.5 MG/10ML	25	PURE COMFORT LANCETS 30G		QELBREE	2
promethazine hcl SUPP	25	68		QSYMIA 11.25 MG-69 MG, 15 MG-	
promethazine hcl TABS	25	PURE COMFORT SPACER		92 MG, 3.75 MG-23 MG, 7.5 MG-46	
promethazine w/codeine SOLN ...	44	CHAMBER DEVI	75	MG (phentermine hcl-topiramate) ...	1
PRONEB ULTRA FILTER SET MISC		PX LANCETS MICROTHIN 33G	.68	QUAD-PROBIOTIC CAPS	22
.....	75	PX LANCETS ULTRA THIN 28G	.69	QUADRACEL SUSP	92
propafenone hcl TABS	10	pyrantel pamoate SUSP	9	QUADRACEL SUSY	92
propranolol hcl CP24	38	pyrazinamide	28	quetiapine fumarate TABS	34
propranolol hcl SOLN PO 20		pyrethrins-piperonyl butoxide LIQD 3		quetiapine fumarate TB24	34
MG/5ML, 40 MG/5ML	38	%-2.4 %-0.3 %-1.2 %	51	QUICKVUE AT-HOME COVID-19	
propranolol hcl TABS	38	pyrethrins-piperonyl butoxide SHAM		TEST KIT	53
propylthiouracil	91	4 %-0.33 %	52	QUICKVUE SARS ANTIGEN TEST	
PROQUAD SUSR	96	pyrethrins-piperonyl butoxide-		53	
PRORIVA CAPS	22	permethrin-nit remover 4 %-0.33 %-		quinapril hcl	26
PROTONIX PACK (pantoprazole		0.5 %	52	quinapril-hydrochlorothiazide 12.5	
sodium)	92	pyridostigmine bromide TABS 60 MG		MG-10 MG	27
protriptyline hcl	16		28	quinapril-hydrochlorothiazide 12.5	
PROVENGE	30	pyridostigmine bromide TBCR	28	MG-20 MG	27
PROVENTIL HFA AERS (albuterol		pyridoxine hcl TABS 25 MG, 50 MG,		quinapril-hydrochlorothiazide 25 MG-	
sulfate)	12	100 MG	98	20 MG	27
pseudoephedrine hcl TABS	82	pyrimethamine	28	quinidine gluconate TBCR	10
pseudoephedrine hcl TB12	82	PYZCHIVA 45 MG/0.5ML, 90 MG/ML		quinidine sulfate TABS	10
pseudoephedrine-ibuprofen TABS	44		47	QULIPTA	76
		PYZCHIVA SC 45 MG/0.5ML, 90		QUVIVIQ	62

RABAVERT	96	RELION LANCET DEVICES 30G .69	microsphere)	45
rabeprazole sodium TBEC	92	RELION LANCETS	RETISERT	86
RALDESY SOLN PO 10 MG/ML ..	15	RELION LANCETS MICRO-THIN	RETROVIR CAPS (zidovudine) ...	36
raloxifene hcl	55	33G	RETROVIR SYRP (zidovudine) ...	36
ramelteon	62	RELION LANCETS THIN 26G	REVCovi	56
ramipril CAPS	26	RELION LANCETS ULTRA-THIN	REVLIMID	78
RANITIDINE HCL TABS 150 MG,		30G	REXTOVY LIQD	23
300 MG	92	RELION ULTRA THIN LANCETS	REYATAZ CAPS 200 MG, 300 MG	
ranolazine TB12	9	30G	(atazanavir sulfate)	36
RAPAFLO 4 MG (silodosin)	58	REMODULIN SOLN IJ	REYATAZ PACK	36
RAPID RESPONSE COVID-19 ...	53	60 MG, 90 MG, 120 MG	REZVOGLAR KWIKPEN	18
RASUVO SOAJ 7.5 MG/0.15ML, 10		RENVELA TABS (sevelamer	RHOGAM ULTRA-FILTERED PLUS	
MG/0.2ML, 12.5 MG/0.25ML, 15		carbonate)	SOSY IM	87
MG/0.3ML, 17.5 MG/0.35ML, 20		repaglinide	RHOPHYLAC SOSY IJ	87
MG/0.4ML, 22.5 MG/0.45ML, 25		19	RIASTAP	59
MG/0.5ML, 30 MG/0.6ML	3	REPATHA PUSHTRONEX SYSTEM	ribavirin (hepatitis c) CAPS	37
READYLANCE SAFETY LANCETS .		SOCT	ribavirin (hepatitis c) TABS 200 MG	
69		REPATHA SOSY	37	
REALITY LANCETS	69	REPATHA SURECLICK SOAJ		
REALITY SWABS	72	REPLACEMENT AIR FILTER MISC .	riboflavin TABS	98
REALITY TRIGGER LANCETS ...	69	75	rifampin CAPS	28
REBINYN	59	REPLACEMENT FILTERS MISC ..	RIGHTEST GL300 LANCETS	69
RECOMBINATE SOLR	59	75	riluzole TABS	82
RECOMBIVAX HB SUSP	96	RESTASIS EMUL (cyclosporine	rimantadine hydrochloride TABS ..	37
RECOMBIVAX HB SUSY	96	(ophth))	RINVOQ LQ SOLN	3
RELEUKO SOSY	61	86	RINVOQ TB24	3
RELEXXII TBCR 18 MG, 27 MG, 36		RESTASIS MULTIDOSE EMUL ...	RISAQUAD CAPS	22
MG, 54 MG	2	85	RISAQUAD-2 CAPS	22
RELEXXII TBCR 45 MG, 63 MG		RESTORA CAPS	risedronate sodium TABS 150 MG	54
(methylphenidate hcl)	2	22	risedronate sodium TABS 35 MG .	54
RELIBIOTIC CAPS	22	RESTORIL 22.5 MG (temazepam)	risedronate sodium TABS 5 MG, 30	
RELION ALCOHOL SWABS	72	62	MG	54
RELION KETONE TEST STRP ...	53	RETACRIT		
		61		
		RETACRIT 2000 UNIT/ML, 3000		
		UNIT/ML, 4000 UNIT/ML, 10000		
		UNIT/ML, 20000 UNIT/ML		
		61		
		RETIN-A MICRO (tretinoin		
		microsphere)		
		45		
		RETIN-A MICRO PUMP (tretinoin		

risedronate sodium TBEC	54	RUBRACA	31	SAPS HEALTH CARE ALCOHOL PREP	72
RISPERDAL CONSTA (risperidone microspheres)	33	RUCONEST	60	SAPS HEALTH PLUS LANCETS ..	69
risperidone microspheres	33	rufinamide SUSP	14	SAPS HEALTH TWIST TOP LANCETS	69
risperidone SOLN	33	RUKOBIA	36	SAPS TWIST TOP LANCETS	69
risperidone TABS	33	RYALTRIS	82	SAPSCARE TWIST TOP LANCETS	69
risperidone TBDP	34	RYBELSUS TABS	18	SAVELLA TABS	89
RITEFLO DEVI	76	RYKINDO SRER	34	SAVELLA TITRATION PACK MISC	89
ritonavir TABS	36	RYZNEUTA SOSY SC 20 MG/ML	61	saxagliptin hcl	17
RITUXAN	29	SABRIL PACK (vigabatrin)	14	saxagliptin-metformin hcl	16
rivaroxaban SUSR 1 MG/ML	12	SABRIL TABS (vigabatrin)	14	SB ALCOHOL PREP	72
rivaroxaban TABS 2.5 MG	12	sacubitril-valsartan TABS	39	SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %	9
rivastigmine 13.3 MG/24HR	89	SAFE-T-LANCE	69	SB LANCETS THIN	69
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	89	SAFE-T-LANCE PLUS	69	SB LANCETS ULTRA THIN	69
rivastigmine tartrate CAPS	89	SAFETY LANCET 30G/PRESSURE ACT	69	SCHOOLTIME SHAMPOO SHAM	52
RIXUBIS SOLR	59	SAFETY LANCETS	69	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	22
rizatriptan benzoate TABS	77	SAFETY LANCETS 21G	69	SELARSDI SOLN IV 130 MG/26ML	57
rizatriptan benzoate TBDP	77	SAFETY LANCETS 23G	69	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	47
ROCKLATAN	86	SAFETY LANCETS 28G	69	selegiline hcl CAPS	33
ROCTAVIAN	59	salicylic acid GEL 6 %	51	selegiline hcl TABS	33
ROLVEDON	61	saline SOLN 0.65 %	82	selenium sulfide LOTN 1 %	47
romidepsin SOLR	31	salsalate	6	selenium sulfide LOTN 2.5 %	47
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	33	SAMI THE SEAL FILTERS MISC .	76	selenium sulfide SHAM 1 %	47
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	33	SANDIMMUNE CAPS (cyclosporine) 78		SELZENTRY SOLN	36
ropinirole hydrochloride TB24	33	SANDIMMUNE SOLN IV 50 MG/ML . 78		SELZENTRY TABS 25 MG, 75 MG	36
rosuvastatin calcium TABS	25	sapropterin dihydrochloride PACK	56		
ROTARIX SUSP	96	sapropterin dihydrochloride TABS	56		
ROTATEQ SOLN	96	SAPS CARE ALCOHOL PREP ...	72		
		SAPS HEALTH ALCOHOL PREP	72		

SEMGLEE (YFGN) SOLN	18	SILICONE MASK/INFANT MISC ..	76	SKYLA	43
SEMGLEE (YFGN) SOPN	18	SILICONE MASK/PEDIATRIC MISC .	76	SKYRIZI PEN SOAJ	47
sennosides TABS 8.6 MG	63	silodosin	58	SKYRIZI SOCT	57
sennosides-docusate sodium TABS	63	silver sulfadiazine	47	SKYRIZI SOLN	57
SEREVENT DISKUS	12	SIMBRINZA	85	SKYRIZI SOSY	47
SERTRALINE HCL CAPS 150 MG,		simethicone CHEW 80 MG	57	SKYSONA	89
200 MG (sertraline hcl)	15	simethicone LIQD PO	57	SKYTROFA	55
sertraline hcl CAPS 150 MG, 200 MG		simethicone SUSP	57	SM ADVANCED PROBIOTIC CAPS .	22
.....	15			SM ALCOHOL PREP	72
sertraline hcl CONC	15	SIMLANDI (1 PEN) AJKT	4	SM IPECAC SYRUP	23
sertraline hcl TABS	15	SIMLANDI (1 SYRINGE) PSKT	4	SMARTEST LANCETS 28G	69
sevelamer carbonate PACK	58	SIMLANDI (2 PEN) AJKT	4	SOAANZ TABS 20 MG	54
sevelamer carbonate TABS	58	SIMLANDI (2 SYRINGE) PSKT	4	sodium bicarbonate (antacid) TABS	
sevelamer hcl	58	SIMPLYTHICK EASY MIX	88	325 MG, 650 MG	9
SEVENFACT	59	SIMPLYTHICK EASYMIX LEVEL 1 .	88	sodium chloride (gu irrigant) 0.9 %	58
SHINGRIX	96	SIMPLYTHICK EASYMIX LEVEL 2 .	88	sodium chloride (inhalant) AERS ..	44
SIDESTREAM ADULT FACE MASK		SIMPLYTHICK EASYMIX LEVEL 3 .	88	sodium chloride (inhalant) NEBU 0.9	
MISC	76			%, 7 %	44
SIDESTREAM PEDIATRIC FACE		simvastatin TABS 5 MG, 10 MG, 20		sodium citrate & citric acid	58
MASK MISC	76	MG, 40 MG	25	sodium fluoride (dental) CREA	79
SIDESTREAM PLS ADULT FACE		simvastatin TABS 80 MG	25	sodium fluoride (dental) GEL	79
MASK MISC	76	SINGLE-LET	69	sodium fluoride (dental) SOLN 0.2 %	79
SIGNIFOR	56	sirolimus SOLN	78	sodium fluoride CHEW	77
SIGNIFOR LAR	56	sirolimus TABS	78	sodium fluoride SOLN 0.5 MG/ML .	77
SIKLOS TABS	60	SITAGLIPTIN	17	SODIUM OXYBATE SOLN	89
sildenafil citrate (pulmonary		SITAGLIPTIN BASE-METFORMIN		sodium phenylbutyrate POWD	56
hypertension) SOLN	40	HCL TABS	17	sodium phenylbutyrate TABS	56
sildenafil citrate (pulmonary		SIVEXTRO TABS	28	sodium phosphates ENEM	63
hypertension) SUSR	40	SKLICE (ivermectin (pediculicide))		sodium polystyrene sulfonate POWD	
SILICONE MASK/ADULT MISC ...	76	52		78	

sodium polystyrene sulfonate SUSP CO 15 GM/60ML78	sotalol hcl TABS 80 MG, 120 MG, 160 MG38	TABS79
SOFIA SARS ANTIGEN FIA53	SOTYKTU47	STRIBILD36
SOFIA2 SARS ANTIGEN FIA53	SOVALDI PACK37	STROMECTOL (ivermectin)9
SOFOSBUVIR-VELPATASVIR TABS37	SOVALDI TABS37	SUBLOCADE SOSY8
SOGROYA55	SPEEDY SWAB COVID-19 ANTIGEN KIT53	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOLESTA78	SPEVIGO SOLN47	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)8
solifenacin succinate TABS93	SPEVIGO SOSY47	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOLIRIS60	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML96	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOLUS V2 LANCETS 28G69	SPIKEVAX SUSP96	SUCRAID53
SOLUS V2 TWIST LANCETS 30G 69	SPIKEVAX SUSY96	sucalfate SUSP92
SOLUVITA ACD WITH FLUORIDE SOLN80	spinosad52	sucalfate TABS92
SOLUVITA SOLN77	SPINRAZA83	SUDAFED CHILDRENS LIQD82
SOMA TABS 250 MG (carisoprodol) . 81	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)11	SUDAFED PE CHILDRENS SOLN 82
SOMATULINE DEPOT56	spironolactone & hydrochlorothiazide53	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)39
SOMAVERT55	spironolactone TABS54	sulfacetamide sodium (acne)45
SOOTHENEB NBL 100 ADULT MASK MISC76	STAMARIL SUSR96	sulfacetamide sodium (ophth) SOLN . 85
SOOTHENEB NBL 100 CHILD MASK MISC76	stannous fluoride CONC79	sulfacetamide sodium LIQD47
SOOTHENEB NBL 100 MED CUP MISC76	STEQEYMA47	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %45
SOOTHENEB NBL 100 MESH CAP MISC76	STEQEYMA57	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %45
sorafenib tosylate31	STERILANCE TL69	sulfacetamide sod-prednisolone SOLN86
SORBITOL PO 70 %63	STERILE DILUENT FLOLAN PH 12 . 88	sulfamethoxazole-trimethoprim SUSP.
SORILUX FOAM47	STIMUFEND61	
sotalol hcl (afib/af)38	STIOLTO RESPIMAT12	
sotalol hcl TABS 240 MG38	STIVARGA31	
	STRENSIQ56	
	STRESS FORMULA/IRON/ENERGY	

27	69	SYNTHROID TABS (levothyroxine sodium)91
sulfamethoxazole-trimethoprim TABS27	SURE COMFORT LANCETS 21G 69	SYNVISC ONE SOSY81
sulfasalazine TABS57	SURE COMFORT LANCETS 23G 69	SYNVISC SOSY81
sulfasalazine TBEC57	SURE COMFORT LANCETS 28G 69	TAB-A-VITE/IRON/BETA CAROTENE TABS79
sulindac TABS5	SURE COMFORT LANCETS 30G 69	TABLOID29
sumatriptan77	SUREBIOTIC PROBIOTIC SUPPORT CAPS22	TACLONEX SUSP (calcipotriene-betamethasone dipropionate)50
sumatriptan succinate SOAJ 4 MG/0.5ML77	SURELITE LANCETS69	tacrolimus (topical) OINT 0.03 % ..51
sumatriptan succinate SOAJ 6 MG/0.5ML77	SV PROBIOTIC EXTRA STRENGTH CAPS22	tacrolimus (topical) OINT 0.1 % ...51
sumatriptan succinate SOCT 4 MG/0.5ML77	SYLVANT78	tacrolimus CAPS78
sumatriptan succinate SOCT 6 MG/0.5ML77	SYMBICORT (budesonide-formoterol fumarate dihydrate)12	tacrolimus SOLN 5 MG/ML78
sumatriptan succinate SOLN 6 MG/0.5ML77	SYMBRAVO TABS PO76	tadalafil (pulmonary hypertension) TABS40
sumatriptan succinate TABS77	SYMDEKO91	TADLIQ SUSP40
sumatriptan-naproxen sodium76	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)36	TAFINLAR CAPS31
sunitinib malate31	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)36	TAGRISSE30
SUNLENCA SOLN36	SYMTUZA36	TAKHZYRO SOLN60
SUNLENCA TABS PO 300 MG ...36	SYNAGIS SOLN88	TALTZ SOSY47
SUNLENCA TBPK 300 MG36	SYNALAR CREA (fluocinolone acetonide)50	TALZENNA 0.25 MG, 1 MG31
SUPARTZ FX SOSY81	SYNALAR OINT (fluocinolone acetonide)50	tamoxifen citrate TABS30
SUPER PROBIOTIC CAPS22	SYNALAR SOLN (fluocinolone acetonide)50	tamsulosin hcl58
SUPER PROBIOTIC DIGESTIVE CAPS22	SYNAREL55	TASCENSO ODT90
SUPER THIN LANCETS69	SYNOJOYNT SOSY81	tasimelteon CAPS62
SUPERIOR PROBIOTIC CAPS ...22	SYNRIBO32	TAVALISSE60
SUPPRELIN LA55		tazarotene CREA47
SURE COMFORT ALCOHOL PREP72		TDVAX SUSP92
SURE COMFORT LANCETS 18G		TECENTRIQ29
		TECHLITE AST LANCETS69
		TECHLITE LANCETS69

TECHLITE LANCETS 26G	69	MG/2.5GM, 50 MG/5GM	8	THRESHOLD IMT MISC	76
TECHLITE LANCETS 30G	69	testosterone GEL TD 1 %	8	THROMBATE III	60
TEGLUTIK SUSP	82	testosterone GEL TD 1.62 %, 10		THYMOGLOBULIN	78
TEGRETOL-XR TB12		MG/ACT, 1.62 %	8	THYROGEN 0.9 MG	52
(carbamazepine)	14	testosterone GEL TD 20.25		THYROID TABS 15 MG, 30 MG, 60	
TEGSEDI	90	MG/1.25GM, 40.5 MG/2.5GM	8	MG, 90 MG, 120 MG	91
telmisartan	26	testosterone SOLN	8	tiagabine hcl 12 MG, 16 MG	14
telmisartan-amlodipine	27	TETANUS-DIPHThERIA TOXOIDS		tiagabine hcl 2 MG, 4 MG	14
telmisartan-hydrochlorothiazide ..	27	TD SUSP	92	TIBSOVO	31
temazepam 15 MG, 30 MG	62	tetrabenazine	89	ticagrelor 60 MG, 90 MG	60
temazepam 22.5 MG	62	tetracaine hcl (ophth)	86	TICOVAC	96
temazepam 7.5 MG	62	TETRACAINE HCL 0.5 %	86	TIGLUTIK SUSP	82
TEMODAR SOLR	29	tetrahydrozoline hcl (ophth) 0.05 %		timolol maleate (ophth) SOLG 0.25 %	
temozolomide CAPS	29	85			84
temsirolimus	31	TEZSPIRE SOAJ	10	timolol maleate (ophth) SOLN 0.5 % .	
TENIVAC SUSP 2 LFU-5 LFU	92	TEZSPIRE SOSY	10	84	
tenofovir disoproxil fumarate TABS		THALOMID	78	timolol maleate (ophth) SOLN	84
36		THEO-24 CP24 100 MG	12	timolol maleate TABS	38
terazosin hcl	26	THEO-24 CP24 200 MG, 300 MG,		TIMOLOL-BRIMONIDINE-	
terbinafine hcl (topical) CREA	46	400 MG	12	DORZOLAMID 0.5 %-0.15 %-2 % .	84
terbinafine hcl TABS	24	theophylline ELIX	12	TIMOPTIC OCUDOSE SOLN (timolol	
terbutaline sulfate TABS	12	theophylline SOLN	12	maleate (ophth))	84
terconazole vaginal CREA 0.4 % ..	97	theophylline TB12 100 MG, 200 MG,		tioconazole vaginal 6.5 %	97
terconazole vaginal CREA 0.8 % ..	97	300 MG	12	tiopronin TABS	58
terconazole vaginal SUPP	97	theophylline TB12 450 MG	12	tiotropium bromide CAPS IN 18 MCG	
teriparatide SOPN	54	theophylline TB24	12		11
TERIPARATIDE SOPN	54	thiamine hcl TABS	98	TIROSINT CAPS 13 MCG, 25 MCG,	
TESTOPEL PLLT	8	thiamine mononitrate TABS 100 MG .		50 MCG, 75 MCG, 88 MCG, 100	
testosterone cypionate SOLN IM 200		98		MCG, 112 MCG, 125 MCG, 137	
MG/ML	8	THINLETS GP LANCETS	70	MCG, 150 MCG (levothyroxine	
testosterone GEL TD 1 %, 25		thioridazine hcl	34	sodium)	91
		thiothixene	35	TIVICAY PD TBSO	36

tizanidine hcl CAPS	81	TOPICORT SPRAY LIQD (desoximetasone)	50	tranylcypromine sulfate	15
tizanidine hcl TABS	81	topiramate CPSP 15 MG, 25 MG ..	14	TRAVATAN Z SOLN (travoprost) ..	87
TOBI NEBU (tobramycin)	3	topiramate CPSP 50 MG	14	TRAVEL LANCETS ADVANCED 28G	70
TOBRADEX OINT	86	topiramate SOLN 25 MG/ML	14	travoprost SOLN	87
tobramycin (ophth) SOLN	85	topiramate TABS 25 MG	14	trazodone hcl TABS 300 MG	15
tobramycin NEBU	3	topiramate TABS 50 MG, 100 MG, 200 MG	14	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	topotecan hcl SOLN	32	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30
tobramycin sulfate SOLR	3	topotecan hcl SOLR	32	TRELSTAR MIXJECT 3.75 MG ...	30
tobramycin-dexamethasone SUSP 86		toremifene citrate	30	TREMFYA PEN SOAJ SC 200 MG/2ML	57
TOBREX OINT	85	torsemide TABS 20 MG	54	TREMFYA SOLN IV	57
TODAYS HEALTH THIN LANCETS 28G	70	torsemide TABS 5 MG, 10 MG, 100 MG	54	TREMFYA SOSY SC 200 MG/2ML 57	
TODAYS HEALTH THIN LANCETS 30G	70	TOVIAZ (fesoterodine fumarate) ..	93	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	57
TOFIDENCE	5	TPOXX CAPS	38	treprostinil SOLN IJ	40
tolmetin sodium CAPS	5	TRACLEER TABS (bosentan)	40	tretinoin (chemotherapy)	32
tolmetin sodium TABS 600 MG	5	TRADJENTA	17	tretinoin CREA 0.025 %	45
tolnaftate CREA	46	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin CREA 0.05 %, 0.1 %	45
tolterodine tartrate CP24	93	TRAMADOL HCL SOLN (tramadol hcl)	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	45
tolterodine tartrate TABS	93	tramadol hcl SOLN	7	tretinoin microsphere 0.04 %, 0.1 % 45	
tolvaptan TABS	56	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	TRETTEN	59
tolvaptan TBPK	56	tramadol hcl TABS 50 MG	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29
TOPAMAX SPRINKLE CPSP (topiramate)	14	tramadol hcl TB24	7	TREXIMET (sumatriptan-naproxen sodium)	76
TOPICORT CREA 0.05 % (desoximetasone)	50	tramadol-acetaminophen	7	triamcinolone acetonide (mouth) ..	79
TOPICORT CREA 0.25 % (desoximetasone)	50	trandolapril 1 MG, 2 MG	26	triamcinolone acetonide (topical) AERS	50
TOPICORT GEL (desoximetasone) 50		trandolapril 4 MG	26		
		trandolapril-verapamil hcl	27		
		tranexamic acid TABS	61		

triamcinolone acetonide (topical) CREA 0.025 %50	tropicamide SOLN 0.5 %85	TYBOST37
triamcinolone acetonide (topical) CREA 0.1 %50	tropicamide SOLN 1 %85	TYENNE SOAJ5
triamcinolone acetonide (topical) CREA 0.5 %50	trospium chloride CP2493	TYENNE SOLN5
triamcinolone acetonide (topical) LOTN50	trospium chloride TABS93	TYENNE SOSY5
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %50	TRUBIOTICS CAPS22	TYLENOL CHILDRENS CHEWABLES CHEW (acetaminophen)6
triamcinolone acetonide (topical) OINT 0.05 %50	TRUBIOTICS DIGEST + IMM HEALTH CAPS22	TYPHIM VI SOLN94
triamcinolone acetonide (topical) OINT 0.5 %50	TRUE COMFORT ALCOHOL PREP PADS72	TYPHIM VI SOSY94
triamcinolone acetonide (topical) OINT 0.5 %50	TRUE COMFORT PRO ALCOHOL PREP72	UBRELVY76
triamcinolone acetonide-dimethicone- silicone50	TRUE COMFORT SAFETY LANCETS70	UCERIS TB24 (budesonide)44
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG53	TRUE COMFORT TWIST TOP LANCETS70	UDENYCA ONBODY SOSY61
triamterene & hydrochlorothiazide TABS54	TRUEPLUS GLUCOSE CHEW17	UDENYCA SOAJ61
triazolam62	TRUEPLUS GLUCOSE ON THE GO CHEW17	UDENYCA SOSY61
trientine hcl 250 MG78	TRUEPLUS LANCETS 26G70	ULTICARE ALCOHOL SWABS72
trifluoperazine hcl TABS34	TRUEPLUS LANCETS 28G70	ULTILET ALCOHOL SWABS72
trihexyphenidyl hcl SOLN32	TRUEPLUS LANCETS 30G70	ULTILET CLASSIC LANCETS70
trihexyphenidyl hcl TABS32	TRUEPLUS LANCETS 33G70	ULTILET LANCETS70
TRIKAFTA TBPK 100 MG-50 MG .91	TRUEPLUS SAFETY LANCETS 28G70	ULTILET SAFETY LANCETS70
TRILEPTAL SUSP (oxcarbazepine) 14	TRULICITY18	ULTILET SAFETY LANCETS 23G 70
TRILURON SOSY81	TRUMENBA 0.5 ML94	ULTRA THIN LANCETS 31G70
trimethoprim TABS27	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)37	ULTRA-CARE ALCOHOL PREP PADS72
trimipramine maleate CAPS16	TRYPTYR SOLN OP 0.003 %86	ULTRA-CARE LANCETS 30G70
TRIUMEQ PD TBSO36	TUBING/WING TIP MISC76	ULTRAFLOA IMMUNE HEALTH CAPS22
TRIUMEQ TABS36	TWINRIX SUSY96	ULTRA-THIN II AUTO LANCET ..70
TRIVISC SOSY81	TWIST TOP LANCETS 30G70	ULTRA-THIN II LANCETS70
	TYBLUME CHEW42	UNILET COMFORTOUCH LANCET 70
		UNILET EXCELITE70

UNILET EXCELITE II70	UNISTIK SAFETY LANCETS 30G 71	valacyclovir hcl 1 GM37
UNILET G.P. LANCET70		valacyclovir hcl 500 MG37
UNILET G.P. SUPERLITE LANCET .70	UNISTIK TOUCH SAFETY LANC 21G71	valganciclovir hcl TABS37
UNILET GP 28 ULTRA THIN70	UNISTIK TOUCH SAFETY LANC 23G71	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML15
UNILET LANCET70	UNISTIK TOUCH SAFETY LANC 28G71	valproic acid CAPS15
UNILET MICRO-THIN 33G70	UNISTIK TOUCH SAFETY LANC 30G71	valrubicin31
UNILET SUPERLITE LANCET ...70	UNITUXIN29	valsartan SOLN26
UNILET SUPER-THIN 30G70	UP4 PROBIOTICS ADULT CAPS .22	valsartan TABS26
UNILET ULTRA-THIN 28G70	UP4 PROBIOTICS MENS CAPS .22	valsartan-hydrochlorothiazide27
UNISOM SLEEPMELTS TBDP 25 MG62	UP4 PROBIOTICS ULTRA CAPS .22	VALTOCO 10 MG DOSE LIQD13
UNISTIK 170	UP4 PROBIOTICS WOMENS CAPS 22	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML13
UNISTIK 270	urea CREA 40 %50	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML13
UNISTIK 2 COMFORT70	urea LOTN 40 %50	VALTOCO 5 MG DOSE LIQD13
UNISTIK 2 EXTRA70	URETRON D/S TABS 81.6 MG ...27	vancomycin hcl CAPS 125 MG27
UNISTIK 2 NEONATAL70	ursodiol CAPS57	vancomycin hcl CAPS 250 MG27
UNISTIK 2 NORMAL70	ursodiol TABS 250 MG57	vancomycin hcl SOLR IV 1 GM27
UNISTIK 2 SUPER70	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML47	VANCOMYCIN HCL SOLR IV 1 GM .28
UNISTIK 370	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML47	vancomycin hcl SOLR IV 500 MG .27
UNISTIK 3 COMFORT70	USTEKINUMAB-TTWE47	VANCOMYCIN HCL SOLR IV 500 MG27
UNISTIK 3 EXTRA70	USTEKINUMAB-TTWE57	vancomycin hcl SOLR PO 25 MG/ML27
UNISTIK 3 GENTLE70	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML34	VANDAZOLE97
UNISTIK 3 NEONATAL70	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML34	VAQTA96
UNISTIK 3 NORMAL70	VABRINTY SC 22.5 MG, 30 MG, 45 MG30	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML96
UNISTIK CZT COMFORT70		varenicline tartrate TABS90
UNISTIK CZT NORMAL71		varenicline tartrate TBPK90
UNISTIK NORMAL71		
UNISTIK PRO SAFETY LANCET .71		
UNISTIK SAFETY LANCETS 28G 71		

VARIVAX SUSR	96	verapamil hcl TBCR	39	VIJOICE TBPk	78
VAXCHORA	94	VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	39	VILTEPSO	83
VAXELIS SUSP	92	VERELAN CP24 360 MG (verapamil hcl)	39	VIMIZIM	56
VAXELIS SUSY	92	VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)	39	VIMOVO (naproxen-esomeprazole magnesium)	5
VAXNEUVANCE	94	VERELAN PM CP24 300 MG (verapamil hcl)	39	vincristine sulfate	32
VCF VAGINAL CONTRACEPTIVE FILM	96	VERIFINE SAFE LANCET MINI 21G	71	VIRACEPT TABS 250 MG	37
VCF VAGINAL CONTRACEPTIVE GEL	96	VERIFINE SAFE LANCET MINI 23G	71	VIRACEPT TABS 625 MG	37
VECAMEYL	27	VERIFINE SAFE LANCET MINI 28G	71	VIREAD POWD	37
VECTIBIX 100 MG/5ML, 400 MG/20ML	30	VERIFINE SAFE LANCET MINI 30G	71	VIREAD TABS (tenofovir disoproxil fumarate)	37
VELSIPITY	57	VERIFINE UNIVERSAL LANCETS 28G	71	VIREAD TABS	37
VELTASSA	78	VERIFINE UNIVERSAL LANCETS 30G	71	VISBIOME GI CARE CAPS	22
VENCLEXTA STARTING PACK TBPk	30	VERIFINE UNIVERSAL LANCETS 33G	71	VISCO-3 SOSY	81
VENCLEXTA TABS	30	VESICARE LS SUSP	93	VISTOGARD	23
VENLAFAXINE BESYLATE ER ...	16	VEVYE SOLN	86	VISUDYNE	86
venlafaxine hcl CP24 150 MG	16	VH ESSENTIALS OPTIBALANCE CAPS	22	VITAMIN D3 LIQD PO 125 MCG/ML . 98	
venlafaxine hcl CP24 37.5 MG	16	VIActiv DIGESTIVE HEALTH CHEW	23	vitamin e CAPS	98
venlafaxine hcl CP24 75 MG	16	VICTOZA (liraglutide)	18	VITAMIN E CAPS	98
venlafaxine hcl TABS	16	vigabatrin PACK	14	VITAMIN E CHEW	98
venlafaxine hcl TB24	16	vigabatrin TABS	14	VITAMIN E/D-ALPHA CAPS 200 UNIT	98
VENTOLIN HFA AERS (albuterol sulfate)	12	VIGAFYDE SOLN	14	VITAMINS ACD-FLUORIDE SOLN 80	
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	39	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	85	vitamins w/ lipotropics CAPS	80
verapamil hcl CP24 300 MG	39			VITRAKVI CAPS	31
verapamil hcl CP24 360 MG	39			VITRAKVI SOLN	31
VERAPAMIL HCL ER CP24 (verapamil hcl)	39			VIVAGUARD LANCETS	71
verapamil hcl TABS	39			VIVAGUARD LANCETS 30G	71
				VIVAGUARD SAFETY LANCETS 28G	71

VIVIMUSTA SOLN29	WEBCOL ALCOHOL PREP LARGE 72	XOFLUZA (80 MG DOSE) 80 MG .37
VIVITROL23		XOLAIR SOAJ 10
VIVOTIF94	WEBCOL ALCOHOL PREP MEDIUM72	XOLAIR SOLR10
VIZIMPRO30	WEGOVY1	XOLAIR SOSY10
VOGELXO PUMP GEL TD (testosterone)8	WELLPRO 31 CAPS22	XOPENEX HFA (levalbuterol tartrate)12
VONVENDI59	white petrolatum-mineral oil84	XOSPATA31
VORAXAZE32	WILATE KIT59	XPERT XPRESS SARS-COV-2 .. 53
VORTEX HOLD	WINDMILL TRAINER MISC76	XPHOZAH56
CHMBR/MASK/CHILD DEVI 76	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...88	XTANDI CAPS30
VORTEX HOLD		XYBIOTIC CAPS22
CHMBR/MASK/TODDLER DEVI .. 76	XACIATO GEL97	XYNTHA59
VORTEX VALVE CHAMBER-PEDI MASK DEVI76	XALKORI CAPS31	XYNTHA SOLOFUSE59
VORTEX VALVED HOLDING CHAMBER DEVI76	XARELTO STARTER PACK TBPk 13	XYREM SOLN 89
VOSEVI37	XARELTO SUSR 1 MG/ML (rivaroxaban)13	YERVOY 29
VOTRIENT31	XARELTO TABS 10 MG, 20 MG .. 13	YESCARTA30
VPRIV60	XARELTO TABS 15 MG13	YESINTEK SOLN 45 MG/0.5ML .. 47
VRAYLAR CAPS33	XARELTO TABS 2.5 MG (rivaroxaban)13	YESINTEK SOSY47
VRAYLAR CPPK33		YEZTUGO SOLN 463.5 MG/1.5ML 37
VSL#3 CAPS22	XCOPRI (250 MG DAILY DOSE) TBPk14	YEZTUGO TABS PO 300 MG37
VTAMA47	XCOPRI TABS14	YF-VAX SUSR96
VYNDAMAX40	XELJANZ SOLN3	YONDELIS 29
VYND AQEL40	XELSTRYM1	YOSPRALA 81 MG-40 MG60
VYONDYS 5383	XENAZINE (tetrabenazine) 89	YUFLYMA (1 PEN) AJKT4
VYVANSE CAPS1	XEOMIN83	YUFLYMA (2 PEN) AJKT4
VYVANSE CHEW1	XGEVA SOLN54	YUFLYMA (2 SYRINGE) PSKT4
WALGREENS GLUCOSE CHEW .17	XIAFLEX78	YUFLYMA-CD/UC/HS STARTER AJKT4
WAL-SLEEP Z TBPd 25 MG62	XIIDRA86	YUSIMRY5
WAL-SOM TBPd 25 MG62		YUTIQ86
warfarin sodium TABS12	XOFLUZA (40 MG DOSE) 40 MG .37	

zafirlukast	11	ZEVRX TWIST TOP LANCETS 30G 71	ZOLGENSMA 13.6-14.0 KG	83
zaleplon	62		ZOLGENSMA 14.1-14.5 KG	83
ZALTRAP	29	ZIAGEN SOLN (abacavir sulfate) .	ZOLGENSMA 14.6-15.0 KG	83
ZANAFLEX CAPS 8 MG	81	zidovudine CAPS	ZOLGENSMA 15.1-15.5 KG	84
ZARXIO	61	zidovudine SYRP	ZOLGENSMA 15.6-16.0 KG	84
ZAVZPRET	76	zidovudine TABS	ZOLGENSMA 16.1-16.5 KG	84
ZEGALOGUE SOAJ	17	ZIEXTENZO	ZOLGENSMA 16.6-17.0 KG	84
ZEGALOGUE SOSY	17	zileuton TB12	ZOLGENSMA 17.1-17.5 KG	84
ZEGERID CAPS (omeprazole-sodium bicarbonate)	93	ZILRETTA SRER	ZOLGENSMA 17.6-18.0 KG	84
ZEGERID OTC CAPS (omeprazole-sodium bicarbonate)	93	ZIMHI SOSY	ZOLGENSMA 18.1-18.5 KG	84
ZEGERID PACK (omeprazole-sodium bicarbonate)	93	zinc oxide (topical) OINT 20 %	ZOLGENSMA 18.6-19.0 KG	84
ZELAC CAPS	22	zinc sulfate CAPS	ZOLGENSMA 19.1-19.5 KG	84
ZELBORAF	31	ZINPLAVA	ZOLGENSMA 19.6-20.0 KG	84
ZEMAIRA SOLR 1000 MG	90	ziprasidone hcl	ZOLGENSMA 2.6-3.0 KG	84
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	53	ziprasidone mesylate	ZOLGENSMA 20.1-20.5 KG	84
ZEPATIER	37	ZITUVIMET TABS	ZOLGENSMA 3.1-3.5 KG	84
ZEPBOUND SOAJ	1	ZITUVIO	ZOLGENSMA 3.6-4.0 KG	84
ZEPBOUND SOLN	1	ZOLADEX 10.8 MG	ZOLGENSMA 4.1-4.5 KG	84
ZEPOSIA STARTER KIT CPPK ...	90	ZOLADEX 3.6 MG	ZOLGENSMA 4.6-5.0 KG	84
ZEVALIN Y-90	29	zoledronic acid CONC	ZOLGENSMA 5.1-5.5 KG	84
ZEVRX STERILE ALCOHOL PREP PAD	72	zoledronic acid SOLN 5 MG/100ML 54	ZOLGENSMA 5.6-6.0 KG	84
		ZOLEDRONIC ACID SOLN	ZOLGENSMA 6.1-6.5 KG	84
		ZOLGENSMA 20.6-21.0 KG	ZOLGENSMA 6.6-7.0 KG	84
		ZOLGENSMA 10.1-10.5 KG	ZOLGENSMA 7.1-7.5 KG	84
		ZOLGENSMA 10.6-11.0 KG	ZOLGENSMA 7.6-8.0 KG	84
		ZOLGENSMA 11.1-11.5 KG	ZOLGENSMA 8.1-8.5 KG	84
		ZOLGENSMA 11.6-12.0 KG	ZOLGENSMA 8.6-9.0 KG	84
		ZOLGENSMA 12.1-12.5 KG	ZOLGENSMA 9.1-9.5 KG	84
		ZOLGENSMA 12.6-13.0 KG	ZOLGENSMA 9.6-10.0 KG	84
		ZOLGENSMA 13.1-13.5 KG	ZOLINZA	31

zolmitriptan SOLN 2.5 MG	77	ZYMAXID (gatifloxacin (ophth)) ...	85
zolmitriptan TABS	77	ZYMFENTRA (1 PEN) AJKT	57
zolmitriptan TBDP	77	ZYMFENTRA (2 PEN) AJKT	57
ZOLOFT CONC (sertraline hcl)	15	ZYMFENTRA (2 SYRINGE) PSKT	58
ZOLPIDEM TARTRATE CAPS	62	ZYNTEGLO	60
zolpidem tartrate SUBL	62	ZYPREXA RELPREVV	34
zolpidem tartrate TABS	62		
zolpidem tartrate TBCR	62		
ZOMIG SOLN 2.5 MG (zolmitriptan) .	77		
ZONISADE SUSP	14		
zonisamide CAPS	14		
ZORYVE CREA EX	51		
ZORYVE FOAM EX	51		
ZOVIRAX CREA (acyclovir topical)	47		
ZOVIRAX OINT (acyclovir topical) .	47		
ZTALMY	14		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8		
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8		
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8		
ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8		
ZUBSOLV SUBL 2.9 MG-11.4 MG .	8		
ZULRESSO	15		
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	89		
ZURNAI IJ 1.5 MG/0.5ML	23		
ZURZUVAE	15		
ZYDELIG	31		
ZYKADIA TABS	31		