

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>	NP	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 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	<i>methamphetamine hcl</i>	1	Generic for Desoxyx; MP; PA
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	1	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 5 MG</i>	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP	VYVANSE CHEW	NP	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	XELSTRYM	NP	
<i>dextroamphetamine sulfate SOLN</i>	2	Generic for Procentra; MP; PA	Analeptics		
<i>dextroamphetamine sulfate SOLN</i>	NP	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>	1	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 45 MG, 63 MG (<i>methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
<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
YUSIMRY	NP	SP; PA
Interleukin-6 Receptor Inhibitors		
TOFIDENCE	NP	SP; PA
TYENNE SOAJ	NP	SP; PA
TYENNE SOLN	NP	SP; PA
TYENNE SOSY	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1	QL(2 EA daily); PA
<i>diclofenac potassium TABS 50 MG</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP
<i>etodolac CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP
<i>etodolac TB24</i>	1	MP
<i>flurbiprofen TABS</i>	1	MP
<i>ibuprofen CHEW</i>	0	MP
<i>ibuprofen SUSP</i>	0	MP
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
<i>indomethacin CPCR</i>	1	MP
<i>ketoprofen CAPS 50 MG</i>	1	MP
<i>ketoprofen CP24</i>	1	MP
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS</i>	1	MP
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	0	MP
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	0	MP
<i>nabumetone</i>	1	MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
<i>naproxen-esomeprazole magnesium</i>	NP	PA
<i>naproxen SUSP</i>	1	MP
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
ORUDIS CAPS 75 MG	2	MP
<i>oxaprozin TABS</i>	1	MP
<i>piroxicam CAPS</i>	1	MP
<i>sulindac TABS</i>	1	MP
<i>tolmetin sodium CAPS</i>	1	MP
<i>tolmetin sodium TABS 600 MG</i>	1	MP
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	SP; PA
OTEZLA TBPK	2	SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)
Analgesics Other		
<i>acetaminophen CHEW</i>	0	
<i>acetaminophen ELIX</i>	0	
<i>acetaminophen LIQD 160 MG/5ML</i>	0	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>aspirin CHEW</i>	0	
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
<i>aspirin TABS 325 MG</i>	0	
<i>aspirin TBEC 81 MG, 325 MG</i>	0	
<i>diflunisal TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
CODEINE SULFATE TABS	2	QL(2 EA daily)
CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	NP	
HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
<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
<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)	<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>morphine sulfate TABS</i>	1	QL(6 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>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML 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>oxycodone hcl SOLN</i>	1		<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
<i>oxycodone hcl T12A 80 MG</i>	1	PA	Opioid Partial Agonists		
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA	<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)	<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>QDOLO SOLN (tramadol hcl)</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>tramadol hcl SOLN</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 EA daily)
<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				
<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)			

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> <i>SUBL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>buprenorphine hcl SUBL</i>	1	PA
<i>buprenorphine PTWK</i>	1	PA
<i>BUTRANS PTWK (buprenorphine)</i>	2	PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP
SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily)
SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	2	PA

Drug Name	Drug Tier	Requirements/ Limits
AVEED SOLN	2	SP; PA
FORTESTA GEL TD (<i>testosterone</i>)	NP	PA
<i>methyltestosterone TABS</i>	1	
TESTOPEL PLLT	2	SP; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ML per 30 day(s) retail)
<i>testosterone GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
<i>testosterone GEL TD 1 %</i>	2	
<i>testosterone GEL TD 1 %</i>	NP	
<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 1.62 %</i>	NP	PA
<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		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	2	QL(48 EA per fill retail)
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	2	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)
PROCTOFOAM FOAM EX 1 %	2	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1		NITRO-BID OINT	2	MP
Antacids - Magnesium Salts			<i>nitroglycerin CPCR</i>	1	MP
<i>magnesium oxide TABS 400 MG</i>	1		<i>nitroglycerin PT24</i>	1	MP
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>nitroglycerin SUBL</i>	1	MP
Anthelmintics			ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
BENZNIDAZOLE	2	SP; PA	Antianxiety Agents - Misc.		
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl SYRP</i>	1		NORPACE CAPS (disopyramide phosphate)	2	MP
<i>hydroxyzine hcl TABS</i>	1	MP	<i>quinidine gluconate TBCR</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1		<i>quinidine sulfate TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP	Antiarrhythmics Type I-C		
<i>meprobamate</i>	1		<i>flecainide acetate</i>	1	MP
Benzodiazepines			<i>propafenone hcl TABS</i>	1	MP
ALPRAZOLAM INTENSOL CONC	NP		Antiarrhythmics Type III		
<i>alprazolam TABS</i>	1	QL(4 EA daily)	<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>alprazolam TB24</i>	1		<i>dofetilide</i>	1	MP; PA
<i>alprazolam TBDP</i>	NP		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)	Antiasthmatic - Monoclonal Antibodies		
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)	CINQAIR	NP	SP; PA
<i>diazepam CONC</i>	NP		FASENRA PEN SOAJ	2	SP; PA
<i>diazepam SOLN IJ 5 MG/ML</i>	NP		FASENRA SOSY 10 MG/0.5ML	2	SP; PA
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1		NUCALA SOAJ	2	SP; PA
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)	NUCALA SOLR	2	SP; PA
DIAZEPAM SOLN IJ 5 MG/ML	1		NUCALA SOSY	2	SP; PA
<i>diazepam TABS</i>	1	QL(4 EA daily)	TEZSPIRE SOAJ	NP	SP; PA
<i>lorazepam CONC</i>	1		TEZSPIRE SOSY	NP	SP; PA
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)	XOLAIR SOAJ	2	SP; PA
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)	XOLAIR SOLR	2	SP; PA
LOREEV XR CS24	NP		XOLAIR SOSY	2	SP; PA
<i>oxazepam CAPS</i>	NP	QL(4 EA daily)	Anti-Inflammatory Agents		
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
Antiarrhythmics Type I-A			Bronchodilators - Anticholinergics		
<i>disopyramide phosphate CAPS</i>	1	MP	ATROVENT HFA	2	QL(0.867 GM daily)
			<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
			SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP		ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	
Leukotriene Modulators			AIRDUO DIGIHALER	NP	
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>zafirlukast</i>	1		AIRSUPRA	NP	
<i>zileuton TB12</i>	NP		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
OHTUVAYRE	NP	SP	<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
Steroid Inhalants			<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
ASMANEX (14 METERED DOSES) AEPB	2		ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
ASMANEX (30 METERED DOSES) AEPB	2		<i>albuterol sulfate SYRP</i>	1	MP
ASMANEX (60 METERED DOSES) AEPB	2		<i>albuterol sulfate TABS</i>	1	
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	BEVESPI AEROSPHERE	NP	
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	BREO ELLIPTA	2	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	BREZTRI AEROSPHERE	NP	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)	COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
Sympathomimetics			DULERA 50 MCG/ACT-5 MCG/ACT	2	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)	<i>theophylline</i> SOLN	1	QL(475 ML per fill retail); MP
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily)	<i>theophylline</i> TB12 100 MG, 200 MG, 300 MG	1	
<i>fluticasone-salmeterol</i> AERO	NP		<i>theophylline</i> TB12 450 MG	1	
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ML daily)	<i>theophylline</i> TB24	1	MP
<i>levalbuterol hcl</i>	1		ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol hcl</i> 1.25 MG/0.5ML	NP		Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	1		<i>warfarin sodium</i> TABS	1	MP
PROAIR DIGIHALER	NP		Direct Factor Xa Inhibitors		
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)	ELIQUIS (1.5 MG PACK) TBSO PO	2	
SEREVENT DISKUS	2	QL(2 EA daily)	ELIQUIS (2 MG PACK) TBSO PO	2	
STIOLTO RESPIMAT	2		ELIQUIS DVT/PE STARTER PACK TBPk	2	QL(4 EA daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)	ELIQUIS CPSP PO 0.15 MG	2	
<i>terbutaline sulfate</i> TABS	1	MP	ELIQUIS TABS	2	QL(4 EA daily)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 GM daily)	ELIQUIS TBSO PO 0.5 MG	2	
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)	<i>rivaroxaban</i> SUSR 1 MG/ML	NP	
XOPENEX HFA (<i>levalbuterol tartrate</i>)	2		<i>rivaroxaban</i> TABS 2.5 MG	NP	
Xanthines			XARELTO STARTER PACK TBPk	2	
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	
THEO-24 CP24 100 MG	2	MP	XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
<i>theophylline</i> ELIX	1		XARELTO TABS 15 MG	2	QL(2 EA daily)
			XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	2	
			Heparins And Heparinoid-Like Agents		
			<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
			<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ML per 30 day(s) retail)
<i>fondaparinux sodium</i>	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS</i>	1	
<i>clonazepam TABS</i>	1	QL(4 EA daily)
<i>clonazepam TBDP</i>	1	
LIBERVANT FILM	NP	
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW 200 MG</i>	1	
<i>carbamazepine CHEW 100 MG</i>	1	MP
<i>carbamazepine CP12</i>	NP	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 (<i>carbamazepine</i>)	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
<i>gabapentin SOLN</i>	1	MP
<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	
<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

Drug Name	Drug Tier	Requirements/ Limits
<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 50 MG</i>	1	
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>topiramate SOLN 25 MG/ML</i>	1	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); 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) TBPK	NP	
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		

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	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
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); 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 TB24 450 MG</i>	2		<i>fluvoxamine maleate TABS</i>	1	
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP	<i>paroxetine hcl TABS</i>	1	MP
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP	<i>paroxetine hcl TB24</i>	1	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	PA
GABA Receptor Modulator - Neuroactive Steroid			SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	PA
ZULRESSO	2	SP; PA	<i>sertraline hcl CONC</i>	NP	
ZURZUVAE	NP	SP	<i>sertraline hcl TABS</i>	1	MP
Monoamine Oxidase Inhibitors (MAOIs)			ZOLOFT CONC (<i>sertraline hcl</i>)	NP	
<i>phenelzine sulfate</i>	1		Serotonin Modulators		
<i>tranylcypromine sulfate</i>	1		<i>nefazodone hcl</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			RALDESY SOLN PO 10 MG/ML	NP	
CITALOPRAM HYDROBROMIDE CAPS	NP		<i>trazodone hcl TABS 300 MG</i>	1	
<i>citalopram hydrobromide SOLN</i>	NP		<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
<i>citalopram hydrobromide TABS</i>	1	MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>escitalopram oxalate SOLN</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>escitalopram oxalate TABS</i>	1	MP	CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl CAPS</i>	1	MP	DESVENLAFAXINE ER	2	
<i>fluoxetine hcl CPDR</i>	NP		<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP
<i>fluoxetine hcl SOLN</i>	1		<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP
<i>fluoxetine hcl TABS 60 MG</i>	1				
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); 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
VENLAFAXINE BESYLATE ER	NP		DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	<i>glipizide-metformin hcl</i>	1	MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP	<i>glyburide-metformin</i>	1	MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP	GLYXAMBI	2	
<i>venlafaxine hcl TABS</i>	1	MP	JANUMET XR TB24	2	
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	JANUMET TABS	2	
Tricyclic Agents			JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>amitriptyline hcl TABS</i>	1	MP	KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NP	
<i>amoxapine</i>	1		<i>pioglitazone hcl-glimepiride</i>	NP	
<i>clomipramine hcl</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>desipramine hcl TABS</i>	1		<i>saxagliptin-metformin hcl</i>	NP	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
<i>doxepin hcl CAPS 150 MG</i>	1		ZITUVIMET TABS	NP	
<i>doxepin hcl CONC</i>	1		Biguanides		
<i>imipramine hcl TABS</i>	1		GLUMETZA TB24 (<i>metformin hcl</i>)	NP	
<i>imipramine pamoate</i>	1		<i>metformin hcl SOLN</i>	1	
<i>nortriptyline hcl CAPS</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>nortriptyline hcl SOLN</i>	1		<i>metformin hcl TABS 625 MG</i>	NP	
<i>protriptyline hcl</i>	1		<i>metformin hcl TABS 750 MG</i>	1	
<i>trimipramine maleate CAPS</i>	1		<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
Alpha-Glucosidase Inhibitors			Diabetic Other		
<i>acarbose</i>	1				
<i>miglitol</i>	1				
Antidiabetic Combinations					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)	<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
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)	<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
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP	<i>liraglutide</i>	NP	QL(0.3 ML daily); PA
<i>dextrose (diabetic use) CHEW 4 GM</i>	1	QL(1.67 EA daily); MP	MOUNJARO	NP	PA
<i>diazoxide</i>	NP		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	2	QL(1 EA per fill retail); MP	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA
<i>glucagon SOLR IJ 1 MG</i>	1	QL(1 EA per fill retail); MP	OZEMPIC (2 MG/DOSE) SOPN	2	PA
GVOKE KIT SOLN	NP		RYBELSUS TABS	NP	PA
<i>mifepristone (hyperglycemia)</i>	1	SP; PA	TRULICITY	2	PA
PROGLYCEM (<i>diazoxide</i>)	2		VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP	Insulin		
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	HUMALOG JUNIOR KWIKPEN SOPN	NP	
ZEGALOGUE SOAJ	2		HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)
ZEGALOGUE SOSY	2		HUMALOG MIX 50/50 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
BRYNOVIN SOLN PO 25 MG/ML	NP		HUMALOG MIX 75/25 SUSP	NP	QL(40 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG TEMPO PEN SOPN	NP	
ONGLYZA (<i>saxagliptin hcl</i>)	NP		HUMALOG SOLN IJ	NP	QL(40 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
SITAGLIPTIN	NP		HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP			
ZITUVIO	NP				
Incretin Mimetic Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2		SEMGLEE (YFGN) SOLN	NP	
HUMULIN R U-500 KWIKPEN SOPN SC	2		SEMGLEE (YFGN) SOPN	NP	
HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)	Insulin Sensitizing Agents		
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)	<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP
INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)	Meglitinide Analogues		
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee	<i>nateglinide</i>	1	QL(3 EA daily); MP
INSULIN GLARGINE-YFGN SOPN	2		<i>repaglinide</i>	1	
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)	<i>dapagliflozin propanediol</i>	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2		FARXIGA (<i>dapagliflozin propanediol</i>)	2	
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)	INVOKANA	NP	MP
INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)	JARDIANCE	2	QL(1 EA daily)
LEVEMIR FLEXPEN SOPN	NP		Sulfonylureas		
LEVEMIR SOLN	NP		<i>glimepiride 3 MG</i>	1	
LYUMJEV TEMPO PEN SOPN	NP		<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
MERILOG SOLN SC 100 UNIT/ML	NP		<i>glipizide TABS 2.5 MG</i>	1	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(30 ML per 30 day(s) retail)	<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(30 ML per 30 day(s) retail)	<i>glipizide TB24</i>	1	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(40 ML per 30 day(s) retail)	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
NOVOLOG MIX 70/30 SUSP	NP	QL(40 ML per 30 day(s) retail)	<i>glyburide TABS</i>	1	MP
REZVOGLAR KWIKPEN	NP		ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
			Antidiarrheal/Probiotic Agents - Misc.		
			BILAC CAPS	2	RX/OTC
			BIOCORE DAILY CAPS	2	RX/OTC
			BIOCORE IMMUNE+ CAPS	2	RX/OTC
			BIOCORE RESTORE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIOSTORA CAPS	2	RX/OTC	<i>probiotic product CAPS</i> 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57 MG, 6 MG, 60 MG-10 MCG-10 MG-250 MG, 67 MG, 8 MG-5 MG-240 MG-70 MG, 90 MG-1.7 MG-30 MCG-4 MCG, 10 MG, 25 MG, 170 MG, 400 MG	1	RX/OTC
<i>bismuth subsalicylate CHEW</i> 262 MG	1				
<i>bismuth subsalicylate SUSP</i> 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1				
CULTURELLE KIDS PURELY CHEW	2				
CULTURELLE KIDS CHEW	2				
DERMACINRX PROBISOL CAPS	2	RX/OTC			
DERMACINRX PROBITRAN CAPS	2	RX/OTC			
FLORRAGUT CAPS	2	RX/OTC			
FLORRAXIS CAPS	2	RX/OTC			
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC			
LACTEROL CAPS	2	RX/OTC			
<i>lactobacillus rhamnosus (gg)</i> PACK 23 MG, 5 B CELL, 5 B CELL	1				
LACTOVIVE CAPS	2	RX/OTC			
MICROBALANCE CAPS	2	RX/OTC			
MICROFLOR 33 CAPS	2	RX/OTC			
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2				
PROBINATE CAPS	2	RX/OTC			
			<i>probiotic product CPDR</i> 50 MG	1	
			PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
			PRORIVA CAPS	2	RX/OTC
			RELIBIOTIC CAPS	2	RX/OTC
			SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
			SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC
			UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
			WELLPRO 31 CAPS	2	RX/OTC
			XYBIOTIC CAPS	2	RX/OTC
			ZELAC CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations					
			CULTURELLE DIGESTIVE DAILY CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactobacillus-inulin CAPS 200 MG, 200 MG-10 B CELL, 200 MG-10 BILLION, 200 MG-12 BILLION, 200 MG-20 B CELL, 200 MG-20 BILLION, 3 MG-200 MG</i>	1		<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>lactobacillus-inulin CHEW 200 MG-10 BILLION, 350 MG-1 GM</i>	1		<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
Antiperistaltic Agents			<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
<i>diphenoxylate w/ atropine LIQD</i>	1		<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1		<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC	<i>naltrexone hcl</i>	0	MP
<i>loperamide hcl TABS</i>	1	QL(8 EA daily)	NARCAN LIQD (<i>naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS			OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
Antidotes - Chelating Agents			REXTOVY LIQD	2	
CHEMET	2		VIVITROL	0	SP; MP
<i>deferasirox PACK</i>	1	SP; PA	ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
<i>deferasirox TABS</i>	1	SP; PA	ZURNAI IJ 1.5 MG/0.5ML	2	
<i>deferasirox TBSO</i>	1	SP; PA	ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
<i>deferiprone TABS</i>	1	SP; PA	5-HT3 Receptor Antagonists		
FERRIPROX SOLN	2	SP; PA	<i>granisetron hcl TABS</i>	1	
Antidotes and Specific Antagonists			<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
ANDEXXA 200 MG	2	SP; PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
BRIDION SOLN	2	PA	<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>deferoxamine mesylate</i>	1	SP; PA	<i>ondansetron TBDP 16 MG</i>	1	
SM IPECAC SYRUP	2		Antiemetics - Anticholinergic		
VISTOGARD	2		<i>meclizine hcl CHEW</i>	1	RX/OTC
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			

Drug Name	Drug Tier	Requirements/ Limits
<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 200 MG</i>	1	
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<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
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
CORPHENA SOLN 2 MG/5ML	2	
<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	
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)	<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>loratadine TABS</i>	1		<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>loratadine TBDP 10 MG</i>	1		<i>fenofibrate CAPS</i>	2	MP
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	RX/OTC	<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
Antihistamines - Phenothiazines			<i>fenofibrate TABS 40 MG, 120 MG</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)	<i>fenofibric acid</i>	NP	
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)	FENOGLIDE TABS (<i>fenofibrate</i>)	NP	
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)	FIBRICOR (<i>fenofibric acid</i>)	NP	
Antihistamines - Piperidines			<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
<i>ciproheptadine hcl SYRP</i>	1		LIPOFEN CAPS (<i>fenofibrate</i>)	NP	MP
<i>ciproheptadine hcl TABS</i>	1		HMG CoA Reductase Inhibitors		
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			ATORVALIQ SUSP	NP	
Antihyperlipidemics - Combinations			<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>ezetimibe-simvastatin</i>	1		<i>fluvastatin sodium CAPS</i>	NP	
Antihyperlipidemics - Misc.			<i>fluvastatin sodium TB24</i>	NP	
<i>omega-3-acid ethyl esters</i>	1		LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	
Bile Acid Sequestrants			<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>cholestyramine light PACK</i>	1	MP	<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>cholestyramine light POWD</i>	1	MP	<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>cholestyramine PACK</i>	1	MP	<i>rosuvastatin calcium TABS</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	<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>colestipol hcl TABS</i>	1	MP	Intestinal Cholesterol Absorption Inhibitors		
Fibric Acid Derivatives			<i>ezetimibe</i>	1	
<i>fenofibrate micronized 43 MG, 130 MG</i>	1		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; PA
PRALUENT SOAJ	2	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
<i>quinapril hcl</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		

Drug Name	Drug Tier	Requirements/ Limits
<i>metyrosine</i>	1	SP; PA
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 EA daily); MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	1	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1	MP
<i>doxazosin mesylate</i>	1	MP
<i>guanfacine hcl</i>	1	MP
<i>methyldopa TABS</i>	1	MP
<i>prazosin hcl CAPS</i>	1	MP
<i>terazosin hcl</i>	1	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG (<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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMEYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<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 PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA 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)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<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 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
DARAPRIM (<i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<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
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melphalan</i>	1	
<i>melphalan hcl IV</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYLERAN TABS	2		LENVIMA (12 MG DAILY DOSE)	2	SP; PA
TEMODAR SOLR	2	SP; PA	LENVIMA (14 MG DAILY DOSE)	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA	LENVIMA (18 MG DAILY DOSE)	2	SP; PA
VIVIMUSTA SOLN	2	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
YONDELIS	2	SP; PA	LENVIMA (24 MG DAILY DOSE)	2	SP; PA
Antimetabolites			LENVIMA (4 MG DAILY DOSE)	2	SP; PA
<i>azacitidine SUSR</i>	1	SP; PA	LENVIMA (8 MG DAILY DOSE)	2	SP; PA
<i>capecitabine</i>	1	SP; PA	MVASI	2	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA	ZALTRAP	2	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA	Antineoplastic - Antibodies		
<i>decitabine</i>	1	SP; PA	ADCETRIS	2	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA	ARZERRA	2	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA	BLINCYTO	2	SP; PA
<i>fludarabine phosphate SOLR</i>	1	SP; PA	DARZALEX	2	SP; PA
FOLOTYN	2	SP; PA	EMPLICITI	2	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1		GAZYVA	2	SP; PA
<i>mercaptopurine TABS</i>	1		KADCYLA	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		KEYTRUDA	2	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP	LIBTAYO	2	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
<i>pralatrexate</i>	1	SP; PA	POLIVY 140 MG	2	SP; PA
TABLOID	2	SP; PA	POTELIGEO	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		RITUXAN	2	SP; PA
Antineoplastic - Angiogenesis Inhibitors			TECENTRIQ	2	SP; PA
AVASTIN	2	SP; PA	UNITUXIN	2	SP; PA
CYRAMZA	2	SP; PA	YERVOY	2	SP; PA
INLYTA	2	SP; PA	ZEVALIN Y-90	2	SP; PA
LENVIMA (10 MG DAILY DOSE)	2	SP; PA	Antineoplastic - Anti-HER2 Agents		
			KANJINTI 420 MG	2	SP; PA
			PERJETA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - BCL-2 Inhibitors			FIRMAGON (240 MG DOSE)	2	SP; PA
VENCLEXTA STARTING PACK TBPK	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 3.75 MG	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			TRELSTAR MIXJECT 11.25 MG, 22.5 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	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	ELLECE SOLN	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA			
EMCYT	2	SP; PA			
ERLEADA 60 MG	2	SP; PA			
EULEXIN	2				
<i>exemestane</i>	1				
FIRMAGON 80 MG	2	SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY 175 MG	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<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 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 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
VRAYLAR CAPS	2	
VRAYLAR CPPK	2	
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
ERZOFRI 351 MG/2.25ML	NP	SP
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
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	
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP	<i>prochlorperazine maleate TABS</i>	1	
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP	<i>thioridazine hcl</i>	1	
Butyrophenones			<i>trifluoperazine hcl TABS</i>	1	
<i>haloperidol decanoate</i>	1		Quinolinone Derivatives		
<i>haloperidol lactate CONC</i>	1		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
<i>haloperidol lactate SOLN</i>	1		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
<i>haloperidol TABS</i>	1		ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
Dibenzapines			ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>clozapine TABS</i>	0		ABILIFY MYCITE MAINTENANCE KIT	NP	SP
<i>clozapine TBDP</i>	0		ABILIFY MYCITE STARTER KIT	NP	SP
<i>loxapine succinate</i>	1		<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
<i>olanzapine SOLR</i>	1		<i>aripiprazole TABS</i>	1	QL(1 EA daily)
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)	<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
<i>olanzapine TBDP</i>	1		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
<i>quetiapine fumarate TABS</i>	1		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
<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				
<i>prochlorperazine edisylate 10 MG/2ML</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
OPIPZA FILM	NP		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Thioxanthenes			<i>efavirenz TABS</i>	0	QL(1 EA daily)
<i>thiothixene</i>	1		<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Antiretrovirals			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EMTRIVA CAPS (<i>emtricitabine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EMTRIVA SOLN	0	QL(24 ML daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)
APRETUDE	0		EPIVIR TABS 150 MG (<i>lamivudine</i>)	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	0		EVOTAZ	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>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	GENVOYA	0	QL(1 EA daily)
DELSTRIGO	0	QL(1 EA daily)	INTELENCE	0	QL(4 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	INTELENCE (<i>etravirine</i>)	0	QL(4 EA daily)
DESCOVY 120 MG-15 MG	0		INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)
DOVATO	0		ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
EDURANT	0	QL(1 EA daily)	ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
EDURANT PED PO 2.5 MG	0		ISENTRESS PACK	0	QL(2 EA daily)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)	ISENTRESS TABS	0	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)	KALETRA SOLN	0	QL(160 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	0	QL(4 EA daily)	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	0	QL(2 EA daily)
<i>lamivudine</i> SOLN	0	QL(30 ML 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</i> TABS 150 MG	0	QL(2 EA daily)	RUKOBIA	0	
<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)	SELZENTRY SOLN	0	QL(35 ML daily)
<i>lopinavir-ritonavir</i> SOLN	0	QL(160 ML per fill retail)	STRIBILD	0	
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	0	QL(4 EA daily)	SUNLENCA SOLN	0	SP
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	0	QL(6 EA daily)	SUNLENCA TABS PO 300 MG	0	SP
<i>maraviroc</i> TABS 300 MG	0	QL(4 EA daily)	SUNLENCA TBPK 300 MG	0	SP
<i>maraviroc</i> TABS 150 MG	0	QL(2 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 50 MG	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)	TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PREZCOBIX	0		TYBOST	0	QL(1 EA daily)
PREZCOBIX	0	QL(1 EA daily)	VIRACEPT TABS 625 MG	0	QL(4 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)	VIRACEPT TABS 250 MG	0	QL(9 EA daily)
PREZISTA TABS (<i>darunavir</i>)	0	QL(2 EA daily)	VIREAD POWD	0	
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)	VIREAD TABS	0	QL(1 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
RETROVIR CAPS (<i>zidovudine</i>)	0	QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
YEZTUGO SOLN 463.5 MG/1.5ML	0	SP
YEZTUGO TABS PO 300 MG	0	SP
ZIAGEN SOLN (<i>abacavir sulfate</i>)	0	QL(30 ML daily)
<i>zidovudine CAPS</i>	0	QL(6 EA daily)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)
<i>zidovudine TABS</i>	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100 & 150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA
SOFOVIR-SOFOSBUVIR VELPATASVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
VOSEVI	NP	SP; PA
ZEPATIER	NP	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)
<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(120 ML per fill retail)
<i>rimantadine hydrochloride TABS</i>	NP	PA
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 EA daily); MP	<i>sotalol hcl (afib/af)</i>	1	QL(2 EA daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP	<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	1		<i>timolol maleate TABS</i>	NP	MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Beta Blockers Cardio-Selective			Calcium Channel Blockers		
<i>acebutolol hcl CAPS</i>	1	MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NP	MP
<i>betaxolol hcl</i>	1		CONJUPRI (<i>levamlodipine maleate</i>)	2	
<i>bisoprolol fumarate 2.5 MG</i>	1		<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
LOPRESSOR SOLN PO 10 MG/ML	NP		<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1		<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
Beta Blockers Non-Selective			<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>felodipine</i>	1	QL(1 EA daily); MP
<i>pindolol TABS</i>	NP	MP	<i>isradipine CAPS</i>	NP	
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>levamlodipine maleate</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nicardipine hcl CAPS</i>	NP	MP
<i>propranolol hcl TABS</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>nimodipine CAPS</i>	NP	
<i>nisoldipine</i>	NP	
NORLIQVA SOLN	NP	
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP
<i>verapamil hcl CP24 300 MG</i>	NP	MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 EA daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
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	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
OPSYNVI	NP	SP; PA
<i>sacubitril-valsartan TABS</i>	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS (<i>ambrisentan</i>)	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 250 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ML per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	MIUDELLA INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Emergency Contraceptives		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	ELLA	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	<i>levonorgestrel (emergency oc) 1.5 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	Progestin Contraceptives - Implants		
Combination Contraceptives - Transdermal			NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Vaginal			DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<i>etonogestrel-ethinyl estradiol</i>	0	PV			
Copper Contraceptives - IUD					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	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
Progestin Contraceptives - Oral			DEXAMETHASONE INTENSOL CONC	2	
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<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 5 MG/5ML</i>	1	
			<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
			<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)
			<i>prednisolone SOLN</i>	1	
			PREDNISONE INTENSOL CONC	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone SOLN</i>	1		<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisone TABS</i>	1				
<i>prednisone TBPk</i>	1		<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
UCERIS TB24 (<i>budesonide</i>)	NP				
ZILRETTA SRER	2	SP; PA	MAXI-TUSS PE LIQD	2	
Mineralocorticoids			<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>fludrocortisone acetate TABS</i>	1		<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
Antitussives			<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)	<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)	<i>pseudoephedrine-ibuprofen TABS</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		Expectorants		
Cough/Cold/Allergy Combinations			<i>potassium iodide (expectorant) SOLN</i>	1	
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail	Misc. Respiratory Inhalants		
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)	<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	Mucolytics		
<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>acetylcysteine SOLN</i>	1	
			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
			Acne Products		
			ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)
			<i>adapalene-benzoyl peroxide GEL</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene CREA</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene GEL</i>	1		<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
<i>adapalene GEL</i>	1	RX/OTC	RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ADAPALENE SOLN	2		RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
AKLIEF	NP		<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
ATRALIN GEL (<i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
BENZAC AC WASH LIQD 5 %	2	RX/OTC	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1		<i>tretinoin microsphere 0.04 %, 0.1 %</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
BENZOYL PEROXIDE GEL	2		<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	RX/OTC	<i>tretinoin CREA 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
BENZOYL PEROXIDE LOTN 5 %, 10 %	2		Antibiotics - Topical		
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)	<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1		<i>mupirocin calcium (topical)</i>	1	
<i>clindamycin phosphate-tretinoin</i>	1				
DIFFERIN CREA (<i>adapalene</i>)	NP				
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NP				
DIFFERIN LOTN	NP				
<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 GM per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)
Antifungals - Topical		
<i>ciclopirox SOLN</i>	1	PA
<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)
<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)
<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)
<i>luliconazole</i>	NP	PA
<i>LUZU (luliconazole)</i>	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)
<i>NIZORAL SHAM</i>	2	QL(200 ML per fill retail)
<i>nystatin (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) POWD EX</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone CREA</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone OINT</i>	1	QL(60 GM per fill retail)
<i>oxiconazole nitrate CREA</i>	NP	PA
<i>OXISTAT CREA (oxiconazole nitrate)</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 GM per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
<i>ITCH RELIEF CREA</i>	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
<i>CARAC CREA (fluorouracil (topical))</i>	2	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
<i>LEVULAN KERASTICK SOLR</i>	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)
Antipsoriatics		
<i>BIMZELX SOAJ 320 MG/2ML</i>	NP	SP; PA
<i>BIMZELX SOAJ 160 MG/ML</i>	NP	SP; PA
<i>BIMZELX SOSY 160 MG/ML</i>	NP	SP; PA
<i>BIMZELX SOSY 320 MG/2ML</i>	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)
<i>CALCIPOTRIENE FOAM</i>	NP	
<i>calcipotriene OINT</i>	NP	
<i>calcipotriene SOLN</i>	NP	QL(60 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML	NP	SP; PA
SELARSDI SOLN 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
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 2.5 %</i>	1	QL(120 ML per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 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	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA</i>	NP	
<i>amcinonide OINT</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per 30 day(s) retail	<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(50 GM per fill retail)	<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clocortolone pivalate</i>	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 0.05 %</i>	NP	QL(60 GM per fill retail)
CAPEX SHAM	NP		<i>desoximetasone CREA 0.25 %</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone GEL</i>	NP	
<i>clobetasol propionate emulsion</i>	1		<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone OINT</i>	1	
<i>clobetasol propionate FOAM</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)
			DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	
			EPIFOAM FOAM	2	
			<i>fluocinolone acetonide CREA</i>	NP	
			<i>fluocinolone acetonide OIL</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide OINT</i>	NP		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)
<i>fluocinolone acetonide SOLN</i>	NP		<i>hydrocortisone (topical) OINT 0.5 %</i>	1	
<i>fluocinonide emulsified base</i>	NP	QL(60 GM per fill retail)	<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
<i>fluocinonide CREA 0.1 %</i>	1		<i>hydrocortisone (topical) SOLN 1 %</i>	1	
<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	1	
<i>fluocinonide GEL</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone acetate (topical) OINT</i>	1	
<i>fluocinonide OINT</i>	1	QL(60 GM per fill retail)	HYDROCORTISONE ACETATE CREA	2	
<i>fluocinonide SOLN</i>	1	QL(60 ML per fill retail)	<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>flurandrenolide CREA</i>	1		<i>hydrocortisone butyrate CREA</i>	NP	
<i>flurandrenolide LOTN</i>	NP		<i>hydrocortisone butyrate LOTN</i>	NP	
<i>flurandrenolide OINT</i>	NP		<i>hydrocortisone butyrate OINT</i>	NP	
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ML per fill retail)
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate CREA</i>	1	
<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone valerate OINT</i>	1	
<i>halcinonide CREA</i>	NP		HYDROXATE GEL	NP	
<i>halobetasol propionate CREA</i>	1		HYDROXYM GEL	NP	
<i>halobetasol propionate OINT</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	
HALOG CREA (<i>halcinonide</i>)	NP		LOCOID LIPOCREAM	NP	
<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 GM per fill retail); RX/OTC	LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)	<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)	<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)			
<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
TOPICORT CREA 0.05 % (<i>desoximetasone</i>)	NP	QL(60 GM per fill retail)
TOPICORT CREA 0.25 % (<i>desoximetasone</i>)	NP	
TOPICORT GEL (<i>desoximetasone</i>)	NP	
<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	NP	QL(60 ML per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 300 MG/2ML	2	SP; PA
EBGLYSS SOAJ	2	SP; PA
EBGLYSS SOSY	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(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		
<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
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 0.1 %</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); 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 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 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 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail); RX/OTC
<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)
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
Misc. Topical		
<i>lanolin (topical) CREA</i>	1	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
ZORYVE CREA EX	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
SCHOOLTIME SHAMPOO SHAM	2	
<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Tar Products			COBAS LIAT SARS-COV-2 ASSAY	0	
coal tar extract SHAM 0.5 %	1		COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
Wound Care Products			COVID-19 AT HOME ANTIGEN TEST KIT	0	
APLIGRAF DISK	2	PA	COVID-19 AT-HOME TEST KIT	0	
DIAGNOSTIC PRODUCTS			COVID-19 OTC ANTIGEN 1-PACK KIT	0	
Diagnostic Drugs			COVID-19 OTC ANTIGEN 2-PACK KIT	0	
cosyntropin SOLR	1	SP; PA	CVS COVID-19 AT HOME TEST KIT KIT	0	
THYROGEN 0.9 MG	2	SP; PA	DIATRUST COVID-19 HOME TEST KIT	0	
Diagnostic Tests			ELLUME COVID-19 HOME TEST KIT	0	
2SAN COVID-19 RAPID SELF TEST KIT	0		FASTEP COVID-19 ANTIGEN TEST 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	FLOWFLEX COVID-19 AG HOME TEST KIT	0	
ACCUA SARS-COV-2	0		GENABIO COVID-19 RAPID TEST KIT	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
BD VERITOR SYSTEM SARS-COV-2	0		ID NOW COVID-19	0	
BINAXNOW COVID-19 AG CARD	0		ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	0		ID NOW COVID-19 2.0 TEST	0	
BINAXNOW COVID-19 ANTIGEN SELF KIT	0		ID NOW COVID-19 CONTROL	0	RX/OTC
CARESTART COVID-19 HOME TEST KIT	0		IHEALTH COVID-19 RAPID TEST KIT	0	
CHEMSTRIP K STRP	2		INDICAID COVID-19 RAPID TEST KIT	0	
CLEARDETECT COVID-19 AG HOME KIT	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
CLINITEST RAPID COVID-19 TEST KIT	0		KETONE TEST STRP	2	
			KETOSTIX STRP	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC	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	
LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC			
LYRA DIRECT SARS-COV-2 ASSAY	0				
LYRA SARS-COV-2 ASSAY	0				
OHC COVID-19 ANTIGEN SELF TEST KIT	0				
ON/GO COVID-19 ANTIGEN TEST KIT	0				
ON/GO ONE COVID-19 HOME TEST KIT	0				
PILOT COVID-19 AT-HOME TEST KIT	0				
QUICKVUE AT-HOME COVID-19 TEST KIT	0				
QUICKVUE SARS ANTIGEN TEST	0				
RAPID RESPONSE COVID-19	0		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
RELION KETONE TEST STRP	2		Carbonic Anhydrase Inhibitors		
SOFIA SARS ANTIGEN FIA	0		acetazolamide CP12	1	MP
SOFIA2 SARS ANTIGEN FIA	0		acetazolamide TABS	1	MP
SPEEDY SWAB COVID-19 ANTIGEN KIT	0		methazolamide TABS	1	MP
XPERT XPRESS SARS-COV-2	0		Diuretic Combinations		
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			amiloride & hydrochlorothiazide	1	QL(1 EA daily)
			spironolactone & hydrochlorothiazide	1	MP
			triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	QL(1 EA daily); MP
			triamterene & hydrochlorothiazide TABS	1	QL(1 EA daily); MP
			Loop Diuretics		
			bumetanide TABS	1	MP
			furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	MP
			furosemide TABS	1	MP
			SOAANZ TABS 20 MG	2	MP
			toremide TABS 20 MG	1	MP
toremide TABS 5 MG, 10 MG, 100 MG	1	QL(1 EA daily); MP			
			Potassium Sparing Diuretics		
			amiloride hcl TABS	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone TABS</i>	1	MP	PAMIDRONATE DISODIUM SOLN	2	SP; PA
Thiazides and Thiazide-Like Diuretics			PROLIA SOSY	2	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>risedronate sodium TABS 35 MG</i>	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>risedronate sodium TBEC</i>	NP	
<i>metolazone</i>	1	MP	<i>teriparatide SOPN</i>	1	PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			TERIPARATIDE SOPN	2	PA
Bone Density Regulators			XGEVA SOLN	2	SP; PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)	<i>zoledronic acid CONC</i>	1	SP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP		<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP	ZOLEDRONIC ACID SOLN	2	SP; PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	Corticotropin		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP	ACTHAR GEL	2	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	NP		CORTROPHIN GEL	2	SP; PA
BONSITY SOPN 560 MCG/2.24ML	2	PA	Fertility Regulators		
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)	CHORIONIC GONADOTROPIN IM	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)	NOVAREL IM	2	PA
EVENITY	2	SP; PA	PREGNYL IM	2	PA
<i>ibandronate sodium SOLN</i>	1	SP; PA	GnRH/LHRH Antagonists		
<i>ibandronate sodium TABS</i>	1	PA	ORILISSA	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA	Growth Hormone Receptor Antagonists		
			SOMAVERT	2	SP; PA
			Growth Hormones		
			GENOTROPIN MINIQUICK PRSY	2	SP; PA
			GENOTROPIN CART SC	2	SP; PA
			NGENLA	NP	SP; PA
			NORDITROPIN FLEXPRO SOPN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOCT	NP	SP; PA	IMCIVREE SOLN SC	NP	SP; PA
SKYTROFA	NP	SP; PA	KANUMA	2	SP; PA
SOGROYA	2	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
Hormone Receptor Modulators			<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)
<i>raloxifene hcl</i>	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			<i>nitisinone CAPS</i>	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
<i>betaine</i>	1	SP; PA	<i>paricalcitol SOLN</i>	1	SP; PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	2	SP; PA	PARSABIV	2	SP; PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	2	SP; PA	PHEBURANE PLLT	2	PA
<i>calcitriol CAPS</i>	1		REVCovi	2	SP; PA
CARBAGLU (<i>carglumic acid</i>)	2	SP; PA	<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>carglumic acid</i>	NP	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA	<i>sodium phenylbutyrate POWD</i>	NP	SP; PA
CRYSVITA	2	SP; PA	<i>sodium phenylbutyrate TABS</i>	NP	SP; PA
ELAPRASE	2	SP; PA	STRENSIQ	2	SP; PA
FABRAZYME	2	SP; PA	VIMIZIM	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA	XPHOZAH	NP	SP
<i>glycerol phenylbutyrate 1.1 GM/ML</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Posterior Pituitary Hormones			ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)	<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)	<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA	<i>estradiol TABS</i>	1	MP
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA	<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)
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Somatostatic Agents			Fluoroquinolones		
<i>lanreotide acetate</i>	1	SP; PA	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
LANREOTIDE ACETATE	2	SP; PA	CIPRO SUSR	2	
<i>octreotide acetate KIT</i>	1	SP; PA	<i>levofloxacin SOLN PO</i>	1	
<i>octreotide acetate SOLN</i>	1	SP; PA	<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>octreotide acetate SOSY</i>	1	SP; PA	<i>moxifloxacin hcl TABS</i>	1	
SIGNIFOR	2	SP; PA	<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)
SIGNIFOR LAR	2	SP; PA	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
SOMATULINE DEPOT	2	SP; PA	Antiflatulents		
Vasopressin Receptor Antagonists			GAS RELIEF LIQD PO 40 MG/0.6ML	2	QL(30 ML per fill retail)
<i>tolvaptan TABS</i>	1	SP; PA	<i>simethicone CHEW 80 MG</i>	1	
<i>tolvaptan TBPK</i>	1	SP; PA	<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)
Estrogen Combinations			Bile Acid Synthesis Disorder Agents		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)	CHOLBAM	2	QL(5 EA daily); SP; PA
<i>estradiol & norethindrone acetate TABS</i>	1		CTEXLI TABS PO 250 MG	2	SP; PA
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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Farnesoid X Receptor (FXR) Agonists			OMVOH SOSY	NP	SP; PA
OICALIVA	2	SP; PA	SELARSDI SOLN IV 130 MG/26ML	NP	SP
Gallstone Solubilizing Agents			SKYRIZI SOCT	NP	SP; PA
<i>chenodiol</i>	1	SP; PA	SKYRIZI SOLN	NP	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP	STEQEYMA	NP	SP; PA
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP	<i>sulfasalazine TABS</i>	1	MP
Gastrointestinal Stimulants			<i>sulfasalazine TBEC</i>	1	MP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1		TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
<i>metoclopramide hcl TABS 10 MG</i>	1		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
<i>metoclopramide hcl TABS 5 MG</i>	1	MP	TREMFYA SOLN IV	NP	SP; PA
Inflammatory Bowel Agents			TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)	USTEKINUMAB-TTWE	NP	SP; PA
CANASA SUPP (<i>mesalamine</i>)	NP		VELSIPITY	NP	SP; PA
ENTYVIO PEN SOAJ	NP	SP; PA	ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
IMULDOSA SOLN IV 130 MG/26ML	NP	SP; PA	ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	NP		ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
<i>mesalamine w/ cleanser</i>	1		Intestinal Acidifiers		
<i>mesalamine ENEM</i>	1	QL(60 ML daily)	<i>lactulose (encephalopathy)</i>	1	
<i>mesalamine SUPP</i>	1		Irritable Bowel Syndrome (IBS) Agents		
<i>mesalamine TBEC 1.2 GM</i>	1		<i>alosectron hcl</i>	NP	PA
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)	IBSRELA	NP	PA
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA	LINZESS	2	PA
OMVOH (300 MG DOSE) SOSY	NP	SP; PA	LOTRONEX (<i>alosectron hcl</i>)	NP	PA
OMVOH SOAJ	NP	SP; PA	Peripheral Opioid Receptor Antagonists		
OMVOH SOLN	NP	SP; PA	MOVANTIK	2	PA
			Phosphate Binder Agents		
			<i>calcium acetate (phosphate binder) CAPS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	<i>alfuzosin hcl</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	2	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>potassium citrate (alkalinizer) TBCR</i>	1		<i>tiopronin TABS</i>	1	SP; PA
<i>potassium citrate-citric acid PACK</i>	1		Vesicoureteral Reflux (VUR) Agents		
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC	DEFLUX	2	SP; PA
Cystinosis Agents			GOUT AGENTS - Drugs to Treat Gout		
CYSTAGON CAPS	2	SP; PA	Gout Agent Combinations		
PROCYSBI CPDR	2	SP; PA	<i>colchicine w/ probenecid</i>	1	MP
PROCYSBI PACK	2	SP; PA	Gout Agents		
Genitourinary Irrigants			<i>allopurinol 100 MG, 300 MG</i>	1	MP
<i>sodium chloride (gu irrigant) 0.9 %</i>	1		<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
Interstitial Cystitis Agents			KRYSTEXXA	2	SP; PA
ELMIRON CAPS	2	QL(3 EA daily)	Uricosurics		
Prostatic Hypertrophy Agents			<i>probenecid</i>	1	MP
			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
			Antihemophilic Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVATE	2	SP; PA	KOVALTRY	2	SP; PA
ADYNOVATE	2	SP; PA	NOVOEIGHT	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA	NOVOSEVEN RT	2	SP; PA
ALPHANATE SOLR	2	SP; PA	NUWIQ KIT	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA	NUWIQ SOLR	2	SP; PA
ALPROLIX	2	SP; PA	OBIZUR	2	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA	PROFILNINE	2	SP; PA
BENEFIX KIT	2	SP; PA	REBINYN	2	SP; PA
COAGADEX	2	SP; PA	RECOMBINATE SOLR	2	SP; PA
CORIFACT	2	SP; PA	RIASTAP	2	SP; PA
ELOCTATE	2	SP; PA	RIXUBIS SOLR	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA	ROCTAVIAN	2	SP; PA
FEIBA	2	SP; PA	SEVENFACT	2	SP; PA
FIBRYGA	2	SP; PA	TRETTEN	2	SP; PA
HEMGENIX	2	SP; PA	VONVENDI	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA	WILATE KIT	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA	XYNTHA	2	SP; PA
HUMATE-P SOLR	2	SP; PA	XYNTHA SOLOFUSE	2	SP; PA
IDELVION	2	SP; PA	Bradykinin B2 Receptor Antagonists		
IXINITY SOLR	2	SP; PA	<i>icatibant acetate SOSY</i>	1	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA	Complement Inhibitors		
KCENTRA	2	SP; PA	BERINERT KIT	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA	CINRYZE SOLR IV	2	SP; PA
KOATE SOLR	2	SP; PA	RUCONEST	2	SP; PA
KOGENATE FS KIT	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

Drug Name	Drug Tier	Requirements/ Limits
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 75 MG</i>	1	QL(1 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<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		
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		

Drug Name	Drug Tier	Requirements/ Limits
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
Hematopoietic Gene Therapy		
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
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

Drug Name	Drug Tier	Requirements/ Limits
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		
FERRETT'S TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<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		
Antihistamine Hypnotics		
ALEVE PM 25 MG-220 MG	2	
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen-diphenhydramine hcl</i>	1	
UNISOM SLEEPMELTS TBDP 25 MG	2	
WAL-SLEEP Z TBDP 25 MG	2	
WAL-SOM TBDP 25 MG	2	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
PHENOBARBITAL ELIX 20 MG/5ML	2	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	1	
MIDAZOLAM HCL SOLN IJ	2	
RESTORIL 22.5 MG (<i>temazepam</i>)	NP	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 22.5 MG</i>	NP	
<i>temazepam 7.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate SUBL</i>	NP	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium CAPS 0.36 GM, 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)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	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	

Drug Name	Drug Tier	Requirements/ Limits
<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 50 MG</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<i>DOCUSATE SODIUM SYRP</i>	2	
<i>docusate sodium TABS</i>	1	
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 250 MG</i>	0	QL(6 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
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)

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>ALCOHOL PREP PADS-MISC</i>	2	OTC
Contraceptives		
<i>CONDOMS-MISC</i>	2	QL(36 ea per fill retail)
Diabetic Supplies		
<i>ACCU-CHEK FASTCLIX LANCETS</i>	2	QL(6.67 EA daily); RX/OTC
<i>ACCU-CHEK GUIDE CONTROL LIQD</i>	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>ACCU-CHEK GUIDE ME KIT</i>	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
<i>ACCU-CHEK GUIDE KIT</i>	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
<i>ACCU-CHEK SAFE-T PRO LANCETS</i>	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2		ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ADVANTAGE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	SMARTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULILET LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC
ULILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC
ULILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
			UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
ZEVRX 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
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC	HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REALITY SWABS	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)
RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ADULT AEROSOL MASK 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 MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ZEV RX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
Parenteral Therapy Supplies			AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)			
BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC			
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC			
BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE 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 LARGE 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 MEDIUM 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 MEDIUM 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 SMALL DEVI	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 SMALL 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
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHERRITE VALVED MDI 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	BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER 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	CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK 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	COMPACT SPACE CHAMBER/MED MASK DEVI	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	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI BABY CONVERSION 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
PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC 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
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/ADULT 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	SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER 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
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
EMGALITY SOAJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY	2	SP; PA
NURTEC	2	PA
QULIPTA	2	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
<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)
<i>frovatriptan succinate</i>	1	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>SODIUM FLUORIDE SOLN 0.5 MG/ML</i>	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily); RX/OTC
<i>WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG</i>	2	QL(8 EA daily); RX/OTC
Potassium		
<i>EFFER-K TBEF 25 MEQ</i>	2	
<i>KLOR-CON TBCR 8 MEQ (potassium chloride)</i>	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<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
<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		

Drug Name	Drug Tier	Requirements/ Limits
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 50 MG</i>	1	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
SANDIMMUNE CAPS (<i>cyclosporine</i>)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA

Drug Name	Drug Tier	Requirements/ Limits
<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 TBPB	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		
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		

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>artificial saliva SOLN</i>	1	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	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
LUNAVIRA 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

Drug Name	Drug Tier	Requirements/ Limits
<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
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATION SOLN	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	Vitamins w/ Lipotropics		
Ped MV w/ Iron			<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)
BPROTECTED PEDIA POLY-VITE/FE SOLN	2		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2		Articular Cartilage Repair Therapy		
MULTIVITAMIN DROPS/IRON SOLN	2		MACI	2	SP; PA
MULTIVITAMIN INFANT & TODDLER SOLN	2		Central Muscle Relaxants		
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)	AMRIX CP24 (cyclobenzaprine hcl)	NP	
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)	<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
POLY-VITE/IRON SOLN	2		<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
Pediatric Multiple Vitamins			<i>baclofen SUSP</i>	NP	
BPROTECTED PEDIA POLY-VITE SOLN PO	2		<i>baclofen TABS 15 MG</i>	1	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2		<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
POLY-VI-SOL SOLN PO	2		<i>baclofen TABS 5 MG</i>	1	PA
			<i>carisoprodol TABS 350 MG</i>	1	MP; PA
			<i>carisoprodol TABS 250 MG</i>	NP	PA
			<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
			<i>chlorzoxazone TABS 500 MG</i>	1	MP
			<i>cyclobenzaprine hcl CP24</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	2	
RYALTRIS	NP	
Nasal Agents - Misc.		
<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) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC	ELEVIDYS 19.5-20.4 KG	2	SP; PA
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 20.5-21.4 KG	2	SP; PA
Sympathomimetic Decongestants			ELEVIDYS 21.5-22.4 KG	2	SP; PA
ADRENALIN 0.1 %	2		ELEVIDYS 22.5-23.4 KG	2	SP; PA
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 23.5-24.4 KG	2	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)	ELEVIDYS 24.5-25.4 KG	2	SP; PA
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 25.5-26.4 KG	2	SP; PA
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)	ELEVIDYS 26.5-27.4 KG	2	SP; PA
SUDAFED CHILDRENS LIQD	2		ELEVIDYS 27.5-28.4 KG	2	SP; PA
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)	ELEVIDYS 28.5-29.4 KG	2	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ELEVIDYS 29.5-30.4 KG	2	SP; PA
ALS Agents			ELEVIDYS 30.5-31.4 KG	2	SP; PA
<i>riluzole TABS</i>	1	PA	ELEVIDYS 31.5-32.4 KG	2	SP; PA
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 32.5-33.4 KG	2	SP; PA
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 33.5-34.4 KG	2	SP; PA
Muscular Dystrophy Agents			ELEVIDYS 34.5-35.4 KG	2	SP; PA
AMONDYS 45	2	SP; PA	ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA	ELEVIDYS 36.5-37.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA	ELEVIDYS 37.5-38.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA	ELEVIDYS 38.5-39.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA	ELEVIDYS 39.5-40.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA	ELEVIDYS 40.5-41.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA	ELEVIDYS 41.5-42.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA	ELEVIDYS 42.5-43.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA	ELEVIDYS 43.5-44.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA	ELEVIDYS 44.5-45.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA	ELEVIDYS 45.5-46.4 KG	2	SP; PA
			ELEVIDYS 46.5-47.4 KG	2	SP; PA
			ELEVIDYS 47.5-48.4 KG	2	SP; PA
			ELEVIDYS 48.5-49.4 KG	2	SP; PA
			ELEVIDYS 49.5-50.4 KG	2	SP; PA
			ELEVIDYS 50.5-51.4 KG	2	SP; PA
			ELEVIDYS 51.5-52.4 KG	2	SP; PA
			ELEVIDYS 52.5-53.4 KG	2	SP; PA
			ELEVIDYS 53.5-54.4 KG	2	SP; PA
			ELEVIDYS 54.5-55.4 KG	2	SP; PA
			ELEVIDYS 55.5-56.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 63.5-64.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 64.5-65.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 65.5-66.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 66.5-67.4 KG	2	SP; PA	ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ELEVIDYS 67.5-68.4 KG	2	SP; PA	ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ELEVIDYS 68.5-69.4 KG	2	SP; PA	ZOLGENSMA 18.1-18.5 KG	2	SP; PA
ELEVIDYS 69.5 KG PLUS	2	SP; PA	ZOLGENSMA 18.6-19.0 KG	2	SP; PA
EXONDYS 51	2	SP; PA	ZOLGENSMA 19.1-19.5 KG	2	SP; PA
VILTEPSO	2	SP; PA	ZOLGENSMA 19.6-20.0 KG	2	SP; PA
VYONDYS 53	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	2	SP; PA
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 20.1-20.5 KG	2	SP; PA
BOTOX IJ	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
DYSPORE	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
MYOBLOC	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
XEOMIN	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 5.1-5.5 KG	2	SP; PA
EVRYSDI	2	SP; PA	ZOLGENSMA 5.6-6.0 KG	2	SP; PA
EVRYSDI PO 5 MG	2	SP			
SPINRAZA	2	SP; PA			
ZOLGENSMA 20.6-21.0 KG	2	SP; PA			
ZOLGENSMA 10.1-10.5 KG	2	SP; PA			
ZOLGENSMA 10.6-11.0 KG	2	SP; PA			
ZOLGENSMA 11.1-11.5 KG	2	SP; PA			
ZOLGENSMA 11.6-12.0 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 9.6-10.0 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
Artificial Tears and Lubricants			<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)	<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)	Miotics		
Beta-blockers - Ophthalmic			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>brimonidine tartrate-timolol maleate</i>	NP		BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2		EYLEA SOLN	2	SP; PA
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)	LUCENTIS SOSY	2	SP; PA
<i>dorzolamide hcl-timolol maleate</i>	1		Ophthalmic Adrenergic Agents		
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)	ALPHAGAN P (<i>brimonidine tartrate</i>)	2	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2		<i>apraclonidine hcl</i>	1	
<i>levobunolol hcl 0.5 %</i>	1		<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1				
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP				
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)			
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)
SIMBRINZA	2	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ERYTHROMYCIN	2	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ML per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
TETRACAIN HCL 0.5 %	2	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
ILUVIEN	2	SP; PA
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per fill retail)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	1 max fill(s) per 30 day(s) retail
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth) 0.075 %, 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	NP	1 max fill(s) per 30 day(s) retail
<i>ketorolac tromethamine (ophth) 0.5 %</i>	NP	QL(5 ML per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
MIEBO	NP	
<i>olopatadine hcl</i>	1	
TRYPTYR SOLN OP 0.003 %	NP	
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) 6.5 %</i>	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		

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	2	SP; PA
GAMASTAN IM	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	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
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HYPERRHO 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
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		

Drug Name	Drug Tier	Requirements/ Limits
<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-250 MG</i>	1	QL(30 EA per fill retail)
<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 TB12</i>	1	QL(1.34 EA daily)
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		

Drug Name	Drug Tier	Requirements/ Limits
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 Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl CP24</i>	1		XENAZINE (<i>tetrabenazine</i>)	NP	SP; PA
<i>memantine hcl SOLN</i>	NP	QL(10 ML daily)	Multiple Sclerosis Agents		
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP	AVONEX PEN AJKT	2	SP; PA
<i>memantine hcl TABS</i>	NP	QL(1 EA per 28 day(s) retail)	AVONEX PREFILLED PSKT	2	SP; PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)	BAFIERTAM	NP	SP
<i>rivastigmine 13.3 MG/24HR</i>	NP		BRIUMVI	NP	SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)	COPAXONE SOSY (<i>glatiramer acetate</i>)	2	SP; PA
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)	<i>dalfampridine</i>	1	SP; PA
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		<i>dimethyl fumarate CDPK</i>	1	SP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents			<i>dimethyl fumarate CPDR</i>	1	SP; PA
SKYSONA	2	SP; PA	<i>ingolimid hcl</i>	1	SP; PA
Combination Psychotherapeutics			GILENYA	NP	SP; PA
LYBALVI	NP		GILENYA (<i>ingolimid hcl</i>)	NP	SP; PA
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)	<i>glatiramer acetate SOSY</i>	NP	SP; PA
Fibromyalgia Agents			KESIMPTA	2	SP; PA
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
SAVELLA TABS	2	QL(2 EA daily); PA	MAYZENT TABS	NP	SP
Movement Disorder Drug Therapy			OCREVUS ZUNOVO	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA	PLEGRIDY SOSY IM	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA	PONVORY STARTER PACK TBPK	NP	SP
AUSTEDO XR TB24	2	SP; PA	PONVORY TABS	NP	SP
AUSTEDO XR TB24	2	SP; PA	TASCENSO ODT	NP	SP
AUSTEDO TABS	2	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP
INGREZZA CAPS	2	SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
INGREZZA CPSP	2	SP; PA	<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
<i>tetrabenazine</i>	NP	SP; PA	<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
			Psychotherapeutic and Neurological Agents - Misc.		
			<i>ergoloid mesylates TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents			ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
APO-VARENICLINE TABS	2	QL(2 EA daily); AL(At least 13 yrs old)	GLASSIA SOLN	2	SP; PA
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)	PROLASTIN-C SOLR	2	SP; PA
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	ZEMAIRA SOLR 1000 MG	2	SP; PA
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)	Cystic Fibrosis Agents		
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	KALYDECO PACK 50 MG, 75 MG	2	SP; PA
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)	KALYDECO TABS	2	SP; PA
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)	ORKAMBI PACK	2	SP; PA
NICOTINE KIT	0	AL(At least 13 yrs old)	ORKAMBI TABS	2	SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)	PULMOZYME	2	SP; PA
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA	SYMDEKO	2	SP; PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA	TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
<i>varenicline tartrate TABS</i>	1	QL(2 EA daily); AL(At least 13 yrs old)	Pulmonary Fibrosis Agents		
<i>varenicline tartrate TBPK</i>	1	AL(At least 13 yrs old)	OFEV	2	SP; PA
Transthyretin Amyloidosis Agents			<i>pirfenidone CAPS</i>	1	SP; PA
ONPATTRO	2	SP; PA	<i>pirfenidone TABS 534 MG</i>	1	SP
TEGSEDI	2	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		
Vasomotor Symptom Agents			Tetracyclines		
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
Alpha-Proteinase Inhibitor (Human)			<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Thyroid Hormones			BOOSTRIX SUSY	0	AL(At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP	DAPTACEL	0	AL(At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	INFANRIX	0	AL(At least 19 yrs old)
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP	KINRIX SUSY	0	AL(At least 19 yrs old)
<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		PEDIARIX SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	PENTACEL	0	AL(At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	QUADRACEL SUSP	0	AL(At least 19 yrs old)
NIVA THYROID TABS	2	MP	QUADRACEL SUSY	0	AL(At least 19 yrs old)
NP THYROID TABS	2	MP	TDVAX SUSP	0	AL(At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	TENIVAC SUSP 2 LFU-5 LFU	0	AL(At least 19 yrs old)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	MP	TETANUS-DIPHThERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	VAXELIS SUSP	0	AL(At least 19 yrs old)
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		VAXELIS SUSY	0	AL(At least 19 yrs old)
TOXOIDS			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Toxoid Combinations			Antispasmodics		
ADACEL SUSP	0	AL(At least 19 yrs old)	<i>dicyclomine hcl CAPS</i>	1	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL(At least 19 yrs old)	<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)
BOOSTRIX SUSP	0	AL(At least 19 yrs old)	<i>dicyclomine hcl TABS</i>	1	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)
			<i>hyoscyamine sulfate ELIX</i>	1	
			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	
			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
H-2 Antagonists		
<i>cimetidine TABS 300 MG, 400 MG</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
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
<i>famotidine TABS 10 MG</i>	1	
<i>ranitidine hcl TABS 150 MG, 300 MG</i>	1	QL(2 EA daily); MP
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)
<i>sucralfate TABS</i>	1	QL(4 EA daily); MP
Proton Pump Inhibitors		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
<i>esomeprazole magnesium PACK</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC
<i>lansoprazole TBDD</i>	1	PA; RX/OTC
NEXIUM 24HR CPDR (esomeprazole magnesium)	NP	RX/OTC
NEXIUM CPDR 20 MG (esomeprazole magnesium)	NP	RX/OTC
NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	NP	
<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	NP	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
PROTONIX PACK (pantoprazole sodium)	2	
<i>rabeprazole sodium TBEC</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
KONVOMEPEP SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
ZEGERID CAPS (omeprazole-sodium bicarbonate)	NP	RX/OTC
ZEGERID PACK (omeprazole-sodium bicarbonate)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
DETROL LA CP24 (tolterodine tartrate)	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)

Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<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)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 13	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)
VAXNEUVANCE	0	AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000	0	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)
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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0		FLUCELVAX QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSP	0				
COMIRNATY SUSY	0		FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
DENG VAXIA	0	AL(At least 19 yrs old)	FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 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)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)			
FLUAD	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)
FLUAD QUADRIVALENT	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)
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			
FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 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)
			FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	M-M-R II SOLR	0	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)	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 BIVALENT	0	
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
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)	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
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)	MODERNA COVID-19 VACCINE SUSP	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	0	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
IPOL IJ	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC BIVALENT	0	
IXCHIQ	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
IXIARO	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
JYNNEOS	0	AL(At least 19 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
			PRIORIX SUSR	0	AL(At least 19 yrs old)
			PROQUAD SUSR	0	AL(At least 19 yrs old)
			RABAVERT	0	AL(At least 19 yrs old)
			RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	2	
ROTARIX SUSP	0	AL(At least 19 yrs old)	Vaginal Anti-infectives		
ROTATEQ SOLN	0	AL(At least 19 yrs old)	CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	QL(40 GM per fill retail)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	NP	QL(40 GM per fill retail)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0		CLINDESSE	2	
SPIKEVAX SUSP	0		<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
SPIKEVAX SUSY	0		<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
STAMARIL SUSR	0	AL(At least 19 yrs old)	GYNAZOLE-1	2	
TICOVAC	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	
TWINRIX SUSY	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
VAQTA	0	AL(At least 19 yrs old)	MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
YF-VAX SUSR	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)
VAGINAL AND RELATED PRODUCTS			<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
Spermicides			MONISTAT 3 CREA	2	QL(15 GM daily)
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)	NUVESSA	2	
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)	<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)	<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
			<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
			<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
			VANDAZOLE	NP	QL(70 GM per fill retail)
			XACIATO GEL	NP	
			Vaginal Anti-inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
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 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
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)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<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 125 MCG, 5000 UNIT, 125 MCG</i>	1	QL(2 EA daily)
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 EA daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)

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ASSURE LANCE SAFETY LANCET 28G	61	AUVI-Q SOAJ 0.3 MG/0.3ML	94	baclofen TABS 10 MG, 20 MG	77
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		azacitidine SUSR	26	BAQSIMI ONE PACK POWD	17
		azathioprine TABS 50 MG	75	BAQSIMI TWO PACK POWD	17
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MG/15ML, 525 MG/15ML, 525		MASK/INFANT MISC	70	MG	9
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bosentan TABS	36	BRIXADI (WEEKLY) SOSY	7	buprenorphine hcl-naloxone hcl	
BOSULIF TABS 100 MG, 500 MG	28	BRIXADI SOSY 64 MG/0.18ML, 96		dihydrate FILM SL 2 MG-8 MG	7
BOTOX IJ	80	MG/0.27ML, 128 MG/0.36ML	7	buprenorphine hcl-naloxone hcl	
BPROTECTED PEDIA POLY-VITE		bromfenac sodium (ophth) 0.075 %,		dihydrate FILM SL 3 MG-12 MG	7
SOLN PO	77	0.09 %	83	buprenorphine hcl-naloxone hcl	
BPROTECTED PEDIA POLY-		bromocriptine mesylate CAPS	29	dihydrate SUBL 0.5 MG-2 MG	8
		bromocriptine mesylate TABS 2.5		buprenorphine hcl-naloxone hcl	
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bupropion hcl TB24 300 MG 15	calcium acetate (phosphate binder)	carbamazepine CHEW 200 MG ... 13
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MG-325 MG 6	CALCIUM ACETATE 74	carbamazepine TB12 13
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CADUET 10 MG-10 MG, 10 MG-20	candesartan cilexetil-	(diltiazem hcl) 35
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CARETOUCH TWIST LANCETS 28G61	cefprozil SUSR37	chloroquine phosphate TABS 250 MG25
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PREP	68	60	CRINONE GEL	94
		CONJUPRI (levamlodipine maleate)	cromolyn sodium (nasal) 5.2	
		35	MG/ACT	78
		CONZIP CP24 (tramadol hcl)	78	
		6	cromolyn sodium (ophth)	83
		COPAXONE SOSY (glatiramer	cromolyn sodium NEBU	10
		acetate)	10	
		86	CRYSVITA	52
		CORDRAN LOTN (flurandrenolide)	CTEXLI TABS PO 250 MG	53
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		COREG CR (carvedilol phosphate)	CULTURELLE DIGESTIVE DAILY	
		35	CAPS	19
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CUVITRU SOLN	84	CYMBALTA CPEP 60 MG (duloxetine hcl)	15	deferasirox TABS	20
CVS ALCOHOL PREP PADS	68	cyproheptadine hcl SYRP	22	deferasirox TBSO	20
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CYCLOGYL 0.5 %	81	dantrolene sodium CAPS	78	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	14
cyclopentolate hcl 1 %	81	dapagliflozin propanediol	18	DEPO-SUBQ PROVERA 104 SUSY SC	39
cyclophosphamide CAPS 50 MG	25	dapsone	24	DERMACINRX PROBISOL CAPS .19	
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				desmopressin acetate TABS	53
				desogestrel & ethinyl estradiol	37

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desogestrel-ethinyl estradiol (triphasic)	37	dexmedetomidine hcl in sodium chloride SOLN	diazepam SOLN IJ 5 MG/ML	10
desonide CREA	45	dexmedetomidine hcl SOLN 200 MCG/2ML	DIAZEPAM SOLN IJ 5 MG/ML	10
desonide LOTN	45	dexmethylphenidate hcl CP24	diazepam SOLN PO 5 MG/5ML ...	10
desonide OINT	45	dexmethylphenidate hcl TABS	diazepam TABS	10
desoximetasone CREA 0.05 %	45	dexrazoxane hcl	diazoxide	17
desoximetasone CREA 0.25 %	45	DEXTENZA INST	dibucaine	48
desoximetasone GEL	45	dextroamphetamine sulfate CP24 10 MG, 15 MG	diclofenac potassium TABS 50 MG .	5
desoximetasone LIQD	45	dextroamphetamine sulfate CP24 5 MG	diclofenac sodium (ophth)	83
desoximetasone OINT	45	dextroamphetamine sulfate SOLN ..	diclofenac sodium (topical) GEL EX 43	
DESTRESS-IRON TABS	76	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	diclofenac sodium TB24	5
DESVENLAFAXINE ER	15	dextroamphetamine sulfate TABS 5 MG, 10 MG	diclofenac sodium TBEC	5
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desvenlafaxine succinate 25 MG, 50 MG	15	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	dicyclomine hcl CAPS	88
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diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	35	diphenoxylate w/ atropine LIQD ...	20	DORZOLAMIDE HCL	83
diltiazem hcl coated beads CP24 240 MG	35	diphenoxylate w/ atropine TABS ...	20	DORZOLAMIDE HCL-TIMOLOL MAL	81
diltiazem hcl coated beads CP24 360 MG	35	DIPROLENE OINT (betamethasone dipropionate augmented)	45	dorzolamide hcl-timolol maleate ..	81
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diltiazem hcl CP24 120 MG, 240 MG 35		disopyramide phosphate CAPS ...	10	doxazosin mesylate	23
diltiazem hcl CP24 180 MG	35	disulfiram 250 MG	85	doxepin hcl (sleep)	59
diltiazem hcl extended release beads	35	divalproex sodium CSDR	14	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	16
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		donepezil hydrochloride TABS 23 MG	85	DROPSAFE MEDLANCE LANCET 30G	62
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ENBREL SOSY	5	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	94	erythromycin (acne aid) GEL	42
ENBREL SURECLICK SOAJ	5	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	94	erythromycin (acne aid) SOLN	42
ENCARE SUPP 100 MG	93	EPIVIR SOLN (lamivudine)	32	erythromycin (ophth)	82
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	77	EPIVIR TABS 150 MG (lamivudine) 32		ERYTHROMYCIN	82
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enoxaparin sodium SOLN IJ 300 MG/3ML	12	epoprostenol sodium	36	erythromycin base TBEC	60
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	13	EPRONTIA SOLN 25 MG/ML (topiramate)	13	erythromycin ethylsuccinate SUSR 60	
enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ SPACE CHAMBER ANTI-STATIC DEVI	71	erythromycin ethylsuccinate TABS 60	
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	13	EQ SPACE CHAMBER ANTI-STATIC L DEVI	71	ERZOFRI 351 MG/2.25ML	30
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	13	EQ SPACE CHAMBER ANTI-STATIC M DEVI	71	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	30
ENTADFI	55	EQ SPACE CHAMBER ANTI-STATIC S DEVI	71	escitalopram oxalate SOLN	15
ENTRESTO CPSP	36	EQL ALCOHOL SWABS	68	escitalopram oxalate TABS	15
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	36	ERBITUX	27	esomeprazole magnesium CPDR .	89
ENTYVIO PEN SOAJ	54	ergocalciferol CAPS	94	esomeprazole magnesium PACK .	89
EPCLUSA PACK	34	ergoloid mesylates TABS	86	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 56	
EPCLUSA TABS	34	ergotamine w/ caffeine TABS	73	estazolam	59
EPIFOAM FOAM	45	eribulin mesylate	29	estradiol & norethindrone acetate TABS	53
epinastine hcl (ophth)	83	ERIVEDGE	27	estradiol PTTW	53
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	94	ERLEADA 60 MG	27	estradiol PTWK	53
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	94	erlotinib hcl	27	estradiol TABS	53
epinephrine (anaphylaxis) SOAJ ..	94	ertapenem sodium IJ	24	estradiol vaginal CREA	94
				estradiol vaginal TABS	94
				estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25	

MG	53	exemestane	27	fenofibrate TABS 40 MG, 120 MG ..	22
eszopiclone	59	exenatide SOPN 10 MCG/0.04ML ..	17	fenofibrate TABS 54 MG	22
ethambutol hcl TABS	25	exenatide SOPN 5 MCG/0.02ML ..	17	fenofibric acid	22
ethosuximide CAPS	14	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	24	FENOGLIDE TABS (fenofibrate) ..	22
ethosuximide SOLN	14	EXONDYS 51	80	FENSOLVI (6 MONTH) SC	52
ethynodiol diacet & eth estrad	38	EYLEA SOLN	81	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etodolac CAPS	5	EYSUVIS SUSP	82	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etodolac TABS	5	ezetimibe	22	FERRETTS TABS	58
etodolac TB24	5	ezetimibe-simvastatin	22	FERRIPROX SOLN	20
etonogestrel-ethinyl estradiol	39	FABRAZYME	52	ferrous fumarate TABS	58
etoposide CAPS	29	famciclovir	34	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	58
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	29	famotidine TABS 10 MG	89	ferrous gluconate TABS	58
etravirine 100 MG	32	famotidine TABS 20 MG, 40 MG ..	89	ferrous sulfate dried TBCR	58
etravirine 200 MG	32	FANAPT TITRATION PACK B	30	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	58
EUFLEXXA SOSY	78	FANAPT TITRATION PACK C	30	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	58
EULEXIN	27	FARXIGA (dapagliflozin propanediol)	18	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	58
EVENITY	51	FASENRA PEN SOAJ	10	ferrous sulfate TBEC 325 MG	58
everolimus (immunosuppressant) ..	75	FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate TBEC	58
everolimus TABS	28	FASTEP COVID-19 ANTIGEN TEST KIT	49	fesoterodine fumarate	89
everolimus TBSO	28	FEIBA	56	FEVERALL JUNIOR STRENGTH SUPP	6
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	88	felbamate SUSP	14	fexofenadine hcl SUSP	21
EVOMELA IV	25	felbamate TABS	14	fexofenadine hcl TABS 180 MG ...	21
EVOTAZ	32	felodipine	35	fexofenadine hcl TABS 60 MG	21
EVRYSDI	80	fenofibrate CAPS	22	FIBRICOR (fenofibric acid)	22
EVRYSDI PO 5 MG	80	fenofibrate micronized 134 MG, 200 MG	22	FIBRYGA	56
EXELON 13.3 MG/24HR (rivastigmine)	85	fenofibrate micronized 43 MG, 130 MG	22		
EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	85	fenofibrate micronized 67 MG	22		

FIFTY50 ALCOHOL PREP68	SUSP91	fluocinonide SOLN46
FIFTY50 SAFETY SEAL LANCETS . 63	FLUCELVAX QUADRIVALENT SUSY91	fluorometholone (ophth) SUSP82
FIFTY50 UNILET LANCETS 33G .63	FLUCELVAX SUSP91	fluorouracil (topical) CREA 0.5 % .43
FILTER AIR PP MISC71	FLUCELVAX SUSY91	fluorouracil (topical) CREA 5 % ...43
finasteride55	fluconazole SUSR21	fluorouracil (topical) SOLN43
FINE 3063	fluconazole TABS 100 MG21	fluoxetine hcl (pmdd) TABS 10 MG 86
FINGERSTIX LANCETS63	fluconazole TABS 150 MG21	fluoxetine hcl (pmdd) TABS 20 MG 86
fingolimod hcl86	fluconazole TABS 200 MG21	fluoxetine hcl CAPS15
FIRDAPSE25	fluconazole TABS 50 MG21	fluoxetine hcl CPDR15
FIRMAGON (240 MG DOSE)27	fludarabine phosphate SOLN26	fluoxetine hcl SOLN15
FIRMAGON 80 MG27	FLUDARABINE PHOSPHATE SOLN26	FLUOXETINE HCL TABS (fluoxetine hcl)15
FIRST-PROGESTERONE VGS SUPP94	fludarabine phosphate SOLR26	fluoxetine hcl TABS 10 MG15
flavoxate hcl90	fludrocortisone acetate TABS41	fluoxetine hcl TABS 20 MG15
FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 5 GM/100ML, 10 GM/200ML, 20 GM/400ML84	FLULAVAL QUADRIVALENT SUSY . 91	fluoxetine hcl TABS 60 MG15
flecainide acetate10	FLULAVAL SUSY91	fluphenazine decanoate31
FLEQSUVY SUSP (baclofen)78	FLUMIST91	fluphenazine hcl TABS31
FLEXICHAMBER DEVI71	FLUMIST QUADRIVALENT91	flurandrenolide CREA46
FLORRAGUT CAPS19	flunisolide (nasal)78	flurandrenolide LOTN46
FLORRAXIS CAPS19	fluocinolone acetonide (otic)84	flurandrenolide OINT46
FLOWFLEX COVID-19 AG HOME TEST KIT49	fluocinolone acetonide CREA45	flurazepam hcl59
FLUAD91	fluocinolone acetonide OIL45	flurbiprofen sodium83
FLUAD QUADRIVALENT91	fluocinolone acetonide OINT46	flurbiprofen TABS5
FLUARIX QUADRIVALENT SUSY 91	fluocinolone acetonide SOLN46	fluticasone propionate (inhalation) AEPB11
FLUARIX SUSY91	fluocinonide CREA 0.05 %46	fluticasone propionate (nasal) SUSP . 79
FLUBLOK QUADRIVALENT91	fluocinonide CREA 0.1 %46	fluticasone propionate CREA 0.05 % 46
FLUBLOK SOSY91	fluocinonide emulsified base46	fluticasone propionate hfa 110
FLUCELVAX QUADRIVALENT	fluocinonide GEL46	
	fluocinonide OINT46	

MCG/ACT, 220 MCG/ACT11	FORA LANCETS63	gabapentin CAPS 100 MG13
fluticasone propionate hfa 44 MCG/ACT11	FORFIVO XL TB24 (bupropion hcl) 15	gabapentin CAPS 300 MG, 400 MG . 13
fluticasone propionate LOTN46	FORTESTA GEL TD (testosterone) .8	gabapentin SOLN13
fluticasone propionate OINT46	fosamprenavir calcium TABS32	gabapentin TABS 600 MG, 800 MG 13
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT12	fosinopril sodium & hydrochlorothiazide24	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML78
fluticasone-salmeterol AERO12	fosinopril sodium23	GALAFOLD52
fluvastatin sodium CAPS22	FRAGMIN SOLN 10000 UNIT/4ML 13	galantamine hydrobromide CP24 .85
fluvastatin sodium TB2422	FREESTYLE LANCETS63	galantamine hydrobromide SOLN .85
fluvoxamine maleate CP2415	FREESTYLE LIBRE 14 DAY READER63	galantamine hydrobromide TABS .85
fluvoxamine maleate TABS15	FREESTYLE LIBRE 14 DAY SENSOR63	GAMASTAN IM84
FLUZONE HIGH-DOSE QUADRIVALENT91	FREESTYLE LIBRE 2 PLUS SENSOR63	GAMIFANT 10 MG/2ML, 50 MG/10ML75
FLUZONE HIGH-DOSE SUSY91	FREESTYLE LIBRE 2 READER .63	GAMMAGARD84
FLUZONE QUADRIVALENT SUSP 92	FREESTYLE LIBRE 2 SENSOR .63	GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML84
FLUZONE QUADRIVALENT SUSY 92	FREESTYLE LIBRE 3 PLUS SENSOR63	GAMMAGARD S/D LESS IGA SOLR84
FLUZONE SUSP92	FREESTYLE LIBRE 3 READER .63	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML84
FLUZONE SUSY92	FREESTYLE LIBRE 3 SENSOR .63	GAMMAPLEX SOLN84
FLYP HYPERSONIQ CARTRIDGE MISC71	FREESTYLE LIBRE READER63	GAMUNEX-C84
FOCALIN XR CP24 (dexmethylphenidate hcl)2	FREESTYLE UNISTICK II LANCETS63	GARDASIL 9 SUSP 0.5 ML92
folic acid TABS 1 MG57	frovatriptan succinate73	GARDASIL 9 SUSY 0.5 ML92
folic acid TABS 400 MCG, 800 MCG . 57	FULL KIT NEBULIZER SET MISC 71	GAS RELIEF LIQD PO 40 MG/0.6ML53
FOLOTYN26	FULPHILA57	gatifloxacin (ophth)82
fondaparinux sodium13	furosemide SOLN PO 8 MG/ML, 10 MG/ML50	GATTEX55
FONDCIRCLE SINGLE USE LANCETS63	furosemide TABS50	GAUZE SPONGES63
	FYLNETRA57	GAZYVA26

gefitinib	27	glipizide-metformin hcl	16	granisetron hcl TABS	20
GEL-ONE	78	GLOBAL ALCOHOL PREP EASE	68	GRANIX SOLN 300 MCG/ML	57
GELSYN-3 SOSY	78	GLOBAL INJECT EASE LANCETS	63	GRANIX SOSY	57
gemfibrozil TABS	22	28G	63	griseofulvin microsize SUSP	21
GEMTESA	90	GLOBAL INJECT EASE LANCETS	63	griseofulvin microsize TABS	21
GENABIO COVID-19 RAPID TEST KIT	49	30G	63	griseofulvin ultramicrosize	21
GENOTROPIN CART SC	51	GLUCAGON EMERGENCY SOLR IJ	17	guaifenesin-codeine SOLN	41
GENOTROPIN MINIQUEL PRSY	51	1 MG (glucagon)	17	guaifenesin-codeine SYRP	41
gentamicin sulfate (ophth) SOLN	82	glucagon SOLR IJ 1 MG	17	guanfacine hcl (adhd)	2
gentamicin sulfate (topical) CREA	42	GLUCOCOM LANCETS 28G	63	guanfacine hcl	23
gentamicin sulfate (topical) OINT	42	GLUCOCOM LANCETS 30G	63	GVOKE KIT SOLN	17
GENTEEL BUTTERFLY TOUCH LANCET	63	GLUCOCOM LANCETS 33G	63	GYNAZOLE-1	93
GENTLE-LET GP LANCETS	63	GLUMETZA TB24 (metformin hcl)	16	HADLIMA PUSHTOUCH SOAJ	4
GENTLE-LET LANCETS	63	glyburide micronized 1.5 MG, 3 MG, 6 MG	18	HADLIMA SOSY	4
GENVISC 850 SOSY	78	glyburide TABS	18	HAEMOLANCE	63
GENVOYA	32	glyburide-metformin	16	HAEMOLANCE LOW FLOW LANCETS	63
GILENYA (fingolimod hcl)	86	glycerin (laxative) SUPP 2 GM	59	HAEMOLANCE PLUS	63
GILENYA	86	glycerol phenylbutyrate 1.1 GM/ML	52	HAEMOLANCE PLUS HIGH FLOW	63
GILOTRIF	27	glycine diluent	85	HAEMOLANCE PLUS LOW FLOW	63
ginger (zingiber officinalis) CAPS 250 MG	2	glycopyrrolate TABS 1 MG, 2 MG	88	HAEMOLANCE PLUS MAX FLOW	64
GLASSIA SOLN	87	GLYXAMBI	16	HAEMOLANCE PLUS PEDIATRIC FLOW	64
glatiramer acetate SOSY	86	GNP ALCOHOL SWABS	68	halcinonide CREA	46
glimepiride 1 MG, 2 MG	18	GNP STERILE LANCETS 28G	63	halobetasol propionate CREA	46
glimepiride 3 MG	18	GNP STERILE LANCETS 30G	63	halobetasol propionate OINT	46
glimepiride 4 MG	18	GNP STERILE LANCETS 33G	63	HALOG CREA (halcinonide)	46
glipizide TABS 2.5 MG	18	GOJJI STERILE LANCETS	63	haloperidol decanoate	31
glipizide TABS 5 MG, 10 MG	18	GOODSENSE ALCOHOL SWABS	68	haloperidol lactate CONC	31
glipizide TB24	18	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	49		

haloperidol lactate SOLN31	HIZENTRA SOSY 10 GM/50ML ...84	STARTER AJKT4
haloperidol TABS31	HM STERILE ALCOHOL PREP ..68	HUMULIN 70/30 SUSP17
HARVONI PACK34	HULIO (2 PEN) AJKT4	HUMULIN N SUSP17
HARVONI TABS34	HULIO (2 SYRINGE) PSKT4	HUMULIN R SOLN IJ18
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML92	HUMALOG JUNIOR KWIKPEN SOPN17	HUMULIN R U-500 (CONCENTRATED) SOLN SC18
H-E-B INCONTROL ALCOHOL ...68	HUMALOG KWIKPEN SOPN 100 UNIT/ML17	HUMULIN R U-500 KWIKPEN SOPN SC18
H-E-B INCONTROL LANCETS 28G . 64	HUMALOG MIX 50/50 KWIKPEN SUPN17	HYALGAN SOLN78
H-E-B INCONTROL LANCETS 30G . 64	HUMALOG MIX 50/50 SUSP17	HYALGAN SOSY78
H-E-B INCONTROL LANCETS 33G . 64	HUMALOG MIX 75/25 KWIKPEN SUPN17	HYCANTIN CAPS29
HEMATINIC PLUS VIT/MINERALS TABS58	HUMALOG MIX 75/25 SUSP17	hydralazine hcl TABS24
HEMGENIX56	HUMALOG SOLN IJ17	hydrochlorothiazide CAPS51
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML56	HUMALOG TEMPO PEN SOPN ..17	hydrochlorothiazide TABS 25 MG, 50 MG51
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT56	HUMATE-P SOLR56	hydrocodone bitartrate CP126
HEMORRHOIDAL 0.25 %-85.5 %-3 %8	HUMIRA (2 PEN) AJKT 40 MG/0.8ML4	hydrocodone bitartrate-homatropine methylbromide SOLN41
HEPAGAM B SOLN IJ84	HUMIRA (2 PEN) AJKT4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML7
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML13	HUMIRA (2 SYRINGE) PSKT4	hydrocodone-acetaminophen TABS 325 MG-10 MG7
HEPLISAV-B SOSY92	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML4	hydrocodone-acetaminophen TABS 325 MG-5 MG7
HERCEPTIN HYLECTA28	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG7
HIBERIX SOLR IJ90	HUMIRA-PED<40KG CROHNS STARTER PSKT4	hydrocortisone (intrarectal)8
HIGH POTENCY PROBIOTIC CAPS 19	HUMIRA-PED>=40KG CROHNS START PSKT4	hydrocortisone (rectal) EX 1 %9
HIZENTRA SOLN84	HUMIRA-PED>=40KG UC STARTER AJKT4	hydrocortisone (rectal) EX 2.5 %9
	HUMIRA-PS/UV/ADOL HS STARTER AJKT4	hydrocortisone (topical) CREA 0.5 % 46
	HUMIRA-PSORIASIS/UEIT	hydrocortisone (topical) CREA 1 %

46	hydromorphone hcl TB24	6	SOAJ	4
hydrocortisone (topical) CREA 2.5 %	HYDROXATE GEL	46	HYRIMOZ-PED<40KG CROHN	
46	HYDROXYM GEL	46	STARTER SOSY	4
hydrocortisone (topical) LOTN 1 %	hydroxyurea	29	HYRIMOZ-PED>=40KG CROHN	
46	hydroxyzine hcl SOLN 25 MG/ML, 50		START SOSY	4
hydrocortisone (topical) LOTN 2.5 %	MG/ML	9	HYRIMOZ-PLAQ PSOR/UVEIT	
46	hydroxyzine hcl SYRP	10	START SOAJ	4
hydrocortisone (topical) OINT 0.5 %	hydroxyzine hcl TABS	10	HYRIMOZ-PLAQUE PSORIASIS	
46	hydroxyzine pamoate CAPS 25 MG,		START SOAJ	4
hydrocortisone (topical) OINT 1 %	100 MG	10	HY-VEE LANCETS	64
46	hydroxyzine pamoate CAPS 50 MG		HY-VEE THIN LANCETS	64
hydrocortisone (topical) OINT 2.5 %	10		ibandronate sodium SOLN	51
46	HYMOVIS	78	ibandronate sodium TABS	51
hydrocortisone (topical) SOLN 1 %	hyoscyamine sulfate ELIX	88	IBRANCE CAPS	28
46	hyoscyamine sulfate SOLN PO 0.125		IBSRELA	54
hydrocortisone acetate (topical)	MG/ML	88	ibuprofen CHEW	5
CREA 2.5 %	hyoscyamine sulfate SUBL 0.125 MG	88	ibuprofen SUSP	5
hydrocortisone acetate (topical) OINT	hyoscyamine sulfate TABS 0.125 MG	88	ibuprofen TABS 200 MG, 400 MG,	
46	hyoscyamine sulfate TB12 0.375 MG	88	600 MG, 800 MG	5
HYDROCORTISONE ACETATE	88		ibuprofen-diphenhydramine citrate	58
CREA	hyoscyamine sulfate TBDP 0.125 MG	89	ibuprofen-diphenhydramine hcl	59
hydrocortisone butyrate CREA	HYPERHEP B SOLN IM	84	icatibant acetate SOSY	56
46	HYPERHEP B SOSY	84	ICLUSIG 15 MG, 45 MG	28
hydrocortisone butyrate hydrophilic	HYPERRHO MINI-DOSE SOSY IM		ID NOW COVID-19	49
lipo base	250 UNIT	84	ID NOW COVID-19 2.0 CONTROL	49
46	HYPERRHO SOSY IM 1500 UNIT	84	ID NOW COVID-19 2.0 TEST	49
hydrocortisone butyrate LOTN	HYQVIA	84	ID NOW COVID-19 CONTROL	49
46	HYRIMOZ SOAJ	4	IDACIO (2 PEN) AJKT	4
hydrocortisone butyrate OINT	HYRIMOZ SOSY	4	IDACIO (2 SYRINGE) PSKT	4
46	HYRIMOZ-CROHNS/UC STARTER		IDACIO-CROHNS/UC STARTER	
hydrocortisone butyrate SOLN			AJKT	4
46				
hydrocortisone TABS				
40				
hydrocortisone vaginal				
94				
hydrocortisone valerate CREA				
46				
hydrocortisone valerate OINT				
46				
hydrocortisone w/acetic acid				
84				
HYDROMORPHONE HCL SUPP				
6				
hydromorphone hcl TABS				
6				

IDACIO-PSORIASIS STARTER AJKT	4	INCRELEX	52	INTELENCE	32
IDELVION	56	indapamide TABS 1.25 MG, 2.5 MG . 51		INTELENCE 200 MG (etravirine) ..	32
IGALMI FILM	59	INDICAID COVID-19 RAPID TEST KIT	49	INTELISWAB COVID-19 RAPID TEST KIT	49
IHEALTH COVID-19 RAPID TEST KIT	49	indomethacin CAPS 25 MG, 50 MG 5		INVEGA HAFYERA	30
ILEVRO	83	indomethacin CPCR	5	INVEGA SUSTENNA	30
ILUVIEN	82	INFANRIX	88	INVEGA TRINZA	30
imatinib mesylate TABS	28	INGREZZA CAPS	86	INVOKANA	18
IMBRUVICA CAPS 140 MG	28	INGREZZA CPSP	86	IPOL IJ	92
IMBRUVICA CAPS 70 MG	28	INLYTA	26	ipratropium bromide (nasal) 0.03 % 78	
IMBRUVICA TABS	28	INNOSPIRE REPLACEMENT FILTER MISC	71	ipratropium bromide (nasal) 0.06 % 78	
IMCIVREE SOLN SC	52	INPEFA	36	ipratropium bromide SOLN 0.02 % 10	
imipramine hcl TABS	16	INSPIREASE MISC	71	ipratropium-albuterol SOLN	12
imipramine pamoate	16	INSPIREASE RESERVOIR BAGS 71		irbesartan	23
imiquimod 5 %	47	INSULIN ASP PROT & ASP FLEXPEN SUPN	18	irbesartan-hydrochlorothiazide	24
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	73	INSULIN ASPART PROT & ASPART SUSP	18	irinotecan hcl	29
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	73	INSULIN GLARGINE-YFGN SOLN 18		IRON CHEWS PEDIATRIC CHEW 58	
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	73	INSULIN GLARGINE-YFGN SOPN 18		IRON TABS 28 MG	58
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	73	INSULIN LISPRO (1 UNIT DIAL) SOPN	18	ISENTRESS CHEW 100 MG	32
IMLYGIC	29	INSULIN LISPRO JUNIOR		ISENTRESS CHEW 25 MG	32
IMOVAX RABIES SUSR	92	KWIKPEN SOPN	18	ISENTRESS PACK	32
IMULDOSA SOLN IV 130 MG/26ML . 54		INSULIN LISPRO PROT & LISPRO SUPN	18	ISENTRESS TABS	32
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	44	INSULIN LISPRO SOLN IJ	18	isoniazid SYRP	25
IN TOUCH STERILE LANCETS 30G	64	INSULIN SYRINGES	69	isoniazid TABS	25
		INTELENCE (etravirine)	32	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
				isosorbide mononitrate TABS	9
				ISOSORBIDE MONONITRATE TABs	9

isosorbide mononitrate TB24	9	KALBITOR	56	KINNEY THIN LANCETS	64
isotretinoin 10 MG, 20 MG, 40 MG	42	KALETRA SOLN	32	KINRIX SUSY	88
isradipine CAPS	35	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	33	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3
ISTALOL SOLN (timolol maleate (ophth))	81	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	33	KLOR-CON TBCR 8 MEQ (potassium chloride)	74
ITCH RELIEF CREA	43	KALYDECO PACK 50 MG, 75 MG	87	KLOXXADO LIQD	20
itraconazole CAPS	21	KALYDECO TABS	87	KOATE SOLR	56
itraconazole SOLN	21	KANJINTI 420 MG	26	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	56
ivermectin (pediculicide)	48	KANUMA	52	KOGENATE FS KIT	56
ivermectin	9	KCENTRA	56	KOMBIGLYZE XR (saxagliptin- metformin hcl)	16
IXCHIQ	92	KEMOPLAT SOLN	25	KONVOMEK SUSR	89
IXEMPRA KIT	29	KENALOG AERS (triamcinolone acetone (topical))	46	KOVALTRY	56
IXIARO	92	KESIMPTA	86	KRINTAFEL	25
IXINITY SOLR	56	ketoconazole (topical) CREA	43	KROGER HEALTHPRO LANCET 26G	64
IYUZEH SOLN	83	ketoconazole (topical) SHAM 2 %	43	KROGER LANCETS	64
JAKAFI	28	KETONE TEST STRP	49	KROGER LANCETS SUPER THIN 64	
JALYN (dutasteride-tamsulosin hcl) . 55		ketoprofen CAPS 50 MG	5	KROGER LANCETS THIN	64
JANUMET TABS	16	ketoprofen CP24	5	KRYSTEXXA	55
JANUMET XR TB24	16	ketorolac tromethamine (ophth) 0.4 %	83	KYLEENA	40
JANUVIA	17	ketorolac tromethamine (ophth) 0.5 %	83	KYMRIAH	27
JARDIANCE	18	ketorolac tromethamine TABS	5	KYPROLIS	28
JENTADUETO TABS	16	KETOSTIX STRP	49	labetalol hcl TABS 100 MG	35
JEVTANA	29	ketotifen fumarate (ophth) 0.035 % 83		labetalol hcl TABS 200 MG	35
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	56	KEY-E CHEW	94	labetalol hcl TABS 300 MG	35
JOURNAVX	6	KEYTRUDA	26	labetalol hcl TABS 400 MG	35
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	23	KHAPZORY 175 MG	29	LACTEROL CAPS	19
JYNNEOS	92	KINNEY LANCETS	64	lactic acid (ammonium lactate) CREA	
KADCYLA	26				

.....47	LANCETS SUPER THIN64	LETAIRIS (ambrisentan)37
lactic acid (ammonium lactate) LOTN 12 %47	LANCETS SUPER THIN 28G64	letrozole27
lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL19	LANCETS THIN64	leucovorin calcium TABS 5 MG, 25 MG29
lactobacillus-inulin CAPS 200 MG, 200 MG-10 B CELL, 200 MG-10 BILLION, 200 MG-12 BILLION, 200 MG-20 B CELL, 200 MG-20 BILLION, 3 MG-200 MG20	LANCETS ULTRA THIN64	LEUKERAN25
lactobacillus-inulin CHEW 200 MG- 10 BILLION, 350 MG-1 GM20	LANCETS ULTRA THIN 30G64	LEUKINE SOLR IJ57
LACTOVIVE CAPS19	lanolin (topical) CREA48	leuprolide acetate (3 month) INJ 22.5 MG27
lactulose (encephalopathy)54	LANOLIN XX85	leuprolide acetate KIT IJ 1 MG/0.2ML27
lactulose SOLN59	LANOXIN TABS 125 MCG, 250 MCG (digoxin)36	LEUPROLIDE ACETATE- BUPIVACAINE27
LAGEVRIO34	lanreotide acetate53	levabuterol hcl12
LAMICTAL ODT KIT (lamotrigine) .13	LANREOTIDE ACETATE53	levabuterol hcl 1.25 MG/0.5ML12
LAMICTAL STARTER KIT 25 MG (lamotrigine)13	lansoprazole CPDR89	levabuterol tartrate12
lamivudine SOLN33	lansoprazole TBDD89	levamlodipine maleate35
lamivudine TABS 150 MG33	lanthanum carbonate CHEW55	LEVEMIR FLEXPEN SOPN18
lamivudine TABS 300 MG33	lapatinib ditosylate28	LEVEMIR SOLN18
lamivudine-zidovudine33	LEDIPASVIR-SOFOSBUVIR TABS 34	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML13
lamotrigine CHEW13	leflunomide5	levetiracetam TABS13
lamotrigine KIT 25 MG13	lenalidomide75	levetiracetam TB2413
lamotrigine TABS13	LENVIMA (10 MG DAILY DOSE) .26	levobunolol hcl 0.5 %81
lamotrigine TB2413	LENVIMA (12 MG DAILY DOSE) .26	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML52
lamotrigine TBDP13	LENVIMA (14 MG DAILY DOSE) .26	levocarnitine (metabolic modifiers) TABS52
LANCETS64	LENVIMA (18 MG DAILY DOSE) .26	levocetirizine dihydrochloride SOLN 21
LANCETS 28G THIN64	LENVIMA (20 MG DAILY DOSE) .26	levofloxacin (ophth) 0.5 %82
LANCETS 30G64	LENVIMA (24 MG DAILY DOSE) .26	levofloxacin SOLN PO53
LANCETS 33G64	LENVIMA (4 MG DAILY DOSE) ..26	levofloxacin TABS53
LANCETS MICRO THIN 33G64	LENVIMA (8 MG DAILY DOSE) ..26	levoleucovorin calcium SOLN29
	LEQSELVI TABS PO 8 MG47	
	LEQVIO23	
	LESCOL XL TB24 (fluvastatin sodium)22	

levoleucovorin calcium SOLR 29	LIPOFEN CAPS (fenofibrate) 22	lopinavir-ritonavir SOLN 33
levonorgestrel & eth estradiol TABS 38	LIQREV SUSP 37	lopinavir-ritonavir TABS 25 MG-100 MG 33
levonorgestrel (emergency oc) 1.5 MG 39	liraglutide 17	lopinavir-ritonavir TABS 50 MG-200 MG 33
levonorgestrel-eth estradiol (triphasic) 38	lisdexamfetamine dimesylate CAPS 1	LOPRESSOR SOLN PO 10 MG/ML . 35
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 38	lisdexamfetamine dimesylate CHEW . 1	loratadine CAPS 21
levonorgestrel-ethinyl estradiol (continuous) 38	lisinopril & hydrochlorothiazide ... 24	loratadine CHEW 21
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG 88	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 23	loratadine SOLN 22
levothyroxine sodium TABS 88	LITE TOUCH LANCETS 64	loratadine TABS 22
LEVULAN KERASTICK SOLR 43	LITETOUCH LANCETS 64	loratadine TBDP 10 MG 22
LIALDA TBEC (mesalamine) 54	LITETOUCH MASK LARGE MISC 71	lorazepam CONC 10
LIBERTY MEDICAL LANCETS ... 64	LITETOUCH MASK MEDIUM MISC . 71	lorazepam TABS 0.5 MG, 2 MG ... 10
LIBERVANT FILM 13	LITETOUCH MASK SMALL MISC . 71	lorazepam TABS 1 MG 10
LIBTAYO 26	LITFULO 47	LORBRENA 28
lidocaine CREA 4 % 48	lithium 30	LOREEV XR CS24 10
LIDOCAINE CREA 48	lithium carbonate CAPS 30	losartan potassium & hydrochlorothiazide 24
lidocaine hcl (mouth-throat) 2 % ... 75	lithium carbonate TABS 30	losartan potassium 23
lidocaine hcl CREA 3 % 48	lithium carbonate TBCR 30	LOTIRONEX (alose tron hcl) 54
lidocaine hcl CREA 4 % 48	LITHOBID TBCR (lithium carbonate) . 30	lovastatin TABS 10 MG, 20 MG ... 22
lidocaine hcl GEL 2 % 48	LIVE BETTER LANCET SUPER THIN 64	lovastatin TABS 40 MG 22
lidocaine hcl PRSY 48	LO LOESTRIN FE TABS 38	loxapine succinate 31
lidocaine-prilocaine CREA 48	LOCOID LIPOCREAM 46	LUCENTIS SOSY 81
LILETTA (52 MG) 40	LOCOID LOTN (hydrocortisone butyrate) 46	LUCIRA CHECK IT COVID-19 TEST KIT 50
LINZESS 54	LOKELMA 75	LUCIRA COVID-19 ALL-IN-ONE KIT 50
LIORESAL SOLN IT 78	LONSURF 28	luliconazole 43
liothyronine sodium TABS 88	loperamide hcl CAPS 20	LUMAVEX CAPS 76
	loperamide hcl TABS 20	LUMIZYME 52

LUNAVIRA CAPS	76	magnesium oxide TABS 400 MG ...	9	medroxyprogesterone acetate (contraceptive) SUSY IM	40
LUPRON DEPOT (1-MONTH) KIT IM	27	malathion	48	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	85
LUPRON DEPOT (3-MONTH) KIT IM	27	maraviroc TABS 150 MG	33	mefloquine hcl	25
LUPRON DEPOT (4-MONTH) IM .	27	maraviroc TABS 300 MG	33	megestrol acetate SUSP	27
LUPRON DEPOT (6-MONTH) IM .	27	MATULANE	29	megestrol acetate TABS	27
LUPRON DEPOT-PED (1-MONTH) .	52	MAVYRET PACK	34	MEIJER ALCOHOL SWABS	68
LUPRON DEPOT-PED (3-MONTH) .	52	MAVYRET TABS	34	MEIJER LANCETS	64
LUPRON DEPOT-PED (6-MONTH) IM	52	MAXI-TUSS PE LIQD	41	MEIJER LANCETS UNIVERSAL 21G	64
lurasidone hcl	30	MAYZENT STARTER PACK TBPK 0.25 MG	86	MEIJER LANCETS UNIVERSAL 30G	64
LUTATHERA	28	MAYZENT TABS	86	MEIJER LANCETS UNIVERSAL 33G	64
LUTRATE DEPOT INJ 22.5 MG ...	27	meclizine hcl CHEW	20	MEKINIST TABS	28
LUZU (luliconazole)	43	meclizine hcl TABS 12.5 MG, 25 MG 21	64	MEKTOVI	28
LYBALVI	86	MEDICHOICE SAFETY LANCET .	64	melatonin TABS 3 MG, 5 MG	2
LYFGENIA	57	MEDICHOICE SAFETY LANCET EXTRA	64	meloxicam TABS	5
LYRA DIRECT SARS-COV-2 ASSAY	50	MEDICHOICE SAFETY LANCET NORM	64	melphalan	25
LYRA SARS-COV-2 ASSAY	50	MEDLANCE EXTRA 21G	64	melphalan hcl IV	25
LYSODREN	27	MEDLANCE LITE 25G	64	memantine hcl CP24	86
LYUMJEV TEMPO PEN SOPN ...	18	MEDLANCE PLUS EXTRA 21G ..	64	memantine hcl SOLN	86
LYVISPAH PACK	78	MEDLANCE PLUS LANCETS	64	memantine hcl TABS	86
MACI	77	MEDLANCE PLUS LITE 25G	64	MENACTRA	90
magnesium citrate 1.745 GM/30ML 59		MEDLANCE PLUS SPECIAL 0.8MM	64	MENQUADFI 0.5 ML	90
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	60	MEDLANCE PLUS SUPERLITE 30G	64	MENVEO SOLN	90
magnesium oxide (mg supplement) TABS	74	MEDLANCE PLUS UNIVERSAL 21G	64	MENVEO SOLR	90
		MEDLANCE UNIVERSAL 21G ...	64	meperidine hcl SOLN PO 50 MG/5ML	6
		medroxyprogesterone acetate (contraceptive) SUSP IM	40	meperidine hcl TABS 50 MG	6
				meprobamate	10

mercaptopurine SUSP 2000 MG/100ML 26	sod phos-phenyl sal TABS 81.6 MG . 24	methylprednisolone TBPK 40
mercaptopurine TABS 26	methimazole TABS 87	methyltestosterone TABS 8
MERILOG SOLN SC 100 UNIT/ML 18	methocarbamol TABS 1000 MG ... 78	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 54
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML 18	methocarbamol TABS 500 MG 78	metoclopramide hcl TABS 10 MG . 54
mesalamine ENEM 54	methocarbamol TABS 750 MG, 1000 MG 78	metoclopramide hcl TABS 5 MG .. 54
mesalamine SUPP 54	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 26	metolazone 51
mesalamine TBEC 1.2 GM 54	methotrexate sodium TABS 2.5 MG 26	metoprolol & hydrochlorothiazide TABS 24
mesalamine TBEC 800 MG 54	methsuximide 14	metoprolol succinate TB24 200 MG 35
mesalamine w/ cleanser 54	methyldopa TABS 23	metoprolol succinate TB24 25 MG, 50 MG, 100 MG 35
mesna SOLN 29	methylergonovine maleate TABS . 84	metoprolol tartrate TABS 100 MG . 35
mesna TABS 29	METHYLIN SOLN (methylphenidate hcl) 2	metoprolol tartrate TABS 25 MG, 50 MG 35
MESNEX TABS 29	methylphenidate hcl CHEW 2	metoprolol tartrate TABS 37.5 MG, 75 MG 35
metaxalone 78	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG 2	metronidazole (topical) CREA 48
METAXALONE 640 MG 78	methylphenidate hcl CP24 60 MG .. 2	metronidazole (topical) GEL 0.75 % 48
metformin hcl SOLN 16	methylphenidate hcl CP24 2	metronidazole (topical) LOTN 48
metformin hcl TABS 500 MG, 850 MG, 1000 MG 16	methylphenidate hcl CPCR 2	metronidazole TABS 250 MG, 500 MG 24
metformin hcl TABS 625 MG 16	methylphenidate hcl SOLN 2	metronidazole vaginal 93
metformin hcl TABS 750 MG 16	methylphenidate hcl TABS 2	metyrosine 23
metformin hcl TB24 500 MG, 1000 MG 16	methylphenidate hcl TB24 2	MICONAZOLE 7 SUPP 100 MG .. 93
metformin hcl TB24 500 MG, 750 MG 16	methylphenidate hcl TBCR 10 MG, 20 MG 2	miconazole nitrate (topical) CREA . 43
methadone hcl TABS 10 MG 6	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG 2	miconazole nitrate vaginal CREA 2 % 93
methadone hcl TABS 5 MG 6	methylphenidate hcl TBCR 45 MG, 63 MG 2	miconazole nitrate vaginal KIT 93
methamphetamine hcl 1	methylprednisolone TABS 4 MG, 8 MG 40	miconazole nitrate vaginal SUPP 100 MG 93
methazolamide TABS 50		
methenamine mandelate 25		
methenamine-hyosc-methylene blue-		

miconazole nitrate vaginal SUPP 200 MG	93	M-M-R II SOLR	92	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	6
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	84	MNEXSPIKE SUSY 10 MCG/0.2ML .	92	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	6
MICROBALANCE CAPS	19	MOBILE LANCETS 30G	65	morphine sulfate SUPP	7
MICROCHAMBER DEVI	71	MODERNA COVID-19 BIVALENT	92	morphine sulfate TABS	7
MICROCHAMBER MISC	71	MODERNA COVID-19 VAC 6M-11Y SUSP	92	morphine sulfate TBCR	7
MICROFLOR 33 CAPS	19	MODERNA COVID-19 VAC 6M-11Y SUSY	92	MOTPOLY XR CP24	13
MICROLET LANCETS	64	MODERNA COVID-19 VACCINE SUSP	92	MOTRIN CHILDRENS CHEW (ibuprofen)	5
MICROSPACER MISC	71	moexipril hcl	23	MOTRIN INFANTS DROPS SUSP (ibuprofen)	5
midazolam hcl SOLN IJ	59	mometasone furoate (nasal) SUSP 79	79	MOUNJARO	17
MIDAZOLAM HCL SOLN IJ	59	mometasone furoate CREA	46	MOVANTIK	54
midodrine hcl	94	mometasone furoate OINT	46	moxifloxacin hcl (ophth) SOLN OP 82	82
MIEBO	83	mometasone furoate SOLN	47	moxifloxacin hcl TABS	53
mifepristone (hyperglycemia)	17	MONISTAT 3 CREA	93	MPD SAFETY LANCET 21G	65
miglitol	16	MONISTAT CARE INSTANT ITCH RLF 1 %	94	MPD SAFETY LANCET 23G	65
miglustat	57	MONOLET LANCETS	65	MPD SAFETY LANCET 28G	65
MINIELITE FILTER REPLACEMENTS MISC	71	MONOLET OPD LANCETS	65	MPD SAFETY LANCET 30G	65
minocycline hcl CAPS	87	MONOLETTOR SAFETY LANCETS	65	MULPLETA	57
minoxidil 2.5 MG, 10 MG	24	MONOVISC	78	MULTIPLE VITAMINS TABS-ASSORTED BRAND	76
mirabegron TB24	90	montelukast sodium CHEW	11	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	76
MIRCERA	57	montelukast sodium PACK	11	multiple vitamins w/ iron TABS	76
MIRENA (52 MG)	40	montelukast sodium TABS	11	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	76
mirtazapine TABS	14	morphine sulfate beads	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	76
mirtazapine TBDP	14	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	MULTIVITAMIN DROPS/IRON SOLN	77
misoprostol	89				
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	28				
MIUDELLA INTRAUTERINE COPPER	39				
MM TWIST LANCETS	65				

MULTIVITAMIN INFANT & TODDLER SOLN	77	naloxone hcl SOSY 0.4 MG/ML ...	20	neomycin-polymy-dexameth OINT	82
mupirocin calcium (topical)	42	naloxone hcl SOSY 2 MG/2ML ...	20	neomycin-polymy-dexameth SUSP	
mupirocin OINT	43	naltrexone hcl	20	0.1 %-3.5 MG/ML-10000 UNIT/ML,	
MVASI	26	NAMENDA TITRATION PAK TABS		0.1 %	83
MVW COMPL FORM PROBIOTIC-KIDS CPDR	19	(memantine hcl)	86	neomycin-polymyxin w/ pramoxine	43
MVW COMPLETE FORMULATION SOLN	76	naphazoline w/ pheniramine 0.3 %-0.025 %	82	neomycin-polymyxin-gramicidin ...	82
MYALEPT	52	naphazoline w/ pheniramine 0.315 %-0.027 %	82	neomycin-polymyxin-hc (ophth) ...	83
mycophenolate mofetil CAPS	75	naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-hc (otic) SOLN .	83
mycophenolate mofetil hcl	75	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (otic) SUSP .	83
mycophenolate mofetil SUSR	75	naproxen SUSP	5	NEULASTA ONPRO SOSY 6	
mycophenolate mofetil TABS	75	naproxen TABS	5	MG/0.6ML	57
mycophenolate sodium	75	naproxen TBEC	5	NEULASTA SOSY	57
MYDAYIS CP24 (amphetamine-dextroamphetamine)	1	naproxen-esomeprazole magnesium	5	NEUPOGEN SOLN	57
MYFEMBREE	53	naratriptan hcl	73	NEUPOGEN SOSY	57
MYGLUCOHEALTH LANCETS 30G 65		NARCAN LIQD (naloxone hcl)	20	nevirapine SUSP	33
MYLERAN TABS	26	NATAZIA	38	nevirapine TABS	33
MYOBLOC	80	nateglinide	18	nevirapine TB24 400 MG	33
MYRBETRIQ TB24 (mirabegron) .	90	NATROBA (spinosad)	48	NEXIUM 24HR CPDR	
NABI-HB SOLN IM	84	NATURAL FIBER LAXATIVE POWD 59		(esomeprazole magnesium)	89
nabumetone	5	NEBULIZER AIR TUBE/PLUGS		NEXIUM CPDR 20 MG	
nadolol TABS 20 MG, 40 MG, 80 MG	35	MISC	71	(esomeprazole magnesium)	89
NAGLAZYME	52	nefazodone hcl	15	NEXIUM PACK 10 MG, 20 MG, 40	
naloxone hcl LIQD	20	NEFFY SOLN NA	94	MG (esomeprazole magnesium) ..	89
naloxone hcl SOCT	20	NEMLUVIO	47	NEXPLANON	39
naloxone hcl SOLN 0.4 MG/ML ...	20	neomycin sulfate TABS	3	NGENLA	51
naloxone hcl SOLN 4 MG/10ML ...	20	neomycin-bacitracin zn-polymyxin	82	niacin (antihyperlipidemic) TBCR .	23
		neomycin-bacitracin-polymyxin OINT	43	niacin CPCR 250 MG, 500 MG	94
				NIACIN ER CPCR	94
				NIACIN ER TBCR	94
				niacin TABS 500 MG	94

niacin TBCR	94	NIZORAL SHAM	43	nortriptyline hcl CAPS	16
nicardipine hcl CAPS	35	NORDITROPIN FLEXPOR SOPN	51	nortriptyline hcl SOLN	16
NICOTINE KIT	87	norelgestromin-ethinyl estradiol ...	39	NORVIR CAPS	33
nicotine polacrilex GUM	87	norethin acet & estrad-fe CAPS ...	38	NORVIR PACK	33
nicotine polacrilex LOZG	87	norethin acet & estrad-fe CHEW ...	38	NORVIR TABS (ritonavir)	33
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	87	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	38	NOSE CLIP MISC	71
NICOTROL INHA	87	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	38	NOVA SAFETY LANCETS 23G ..	65
NICOTROL NS SOLN	87	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...	38	NOVA SAFETY LANCETS 28G ..	65
nifedipine CAPS	36	norethindrone & eth estradiol 35 MCG-1 MG	38	NOVA SUREFLEX LANCETS	65
nifedipine TB24 30 MG, 90 MG ...	36	norethindrone & ethinyl estradiol-fe 38		NOVAREL IM	51
nifedipine TB24 60 MG	36	norethindrone (contraceptive)	40	NOVAVAX COVID-19 VACCINE SUSP	92
nilotinib hcl 50 MG, 150 MG, 200 MG	28	norethindrone acet & eth estra TABS 38		NOVAVAX COVID-19 VACCINE SUSY	92
nimodipine CAPS	36	norethindrone acetate TABS	85	NOVOEIGHT	56
NINLARO	28	norethindrone acetate-ethinyl estradiol	53	NOVOLOG 70/30 FLEXPEN RELION SUPN	18
nisoldipine	36	norethindrone acetate-ethinyl estradiol-fe	39	NOVOLOG MIX 70/30 FLEXPEN SUPN	18
nitisinone CAPS	52	norethindrone-eth estradiol (triphasic)	39	NOVOLOG MIX 70/30 RELION SUSP	18
NITRO-BID OINT	9	norgestimate-ethinyl estradiol (triphasic)	39	NOVOLOG MIX 70/30 SUSP	18
nitrofurantoin	25	norgestimate-ethinyl estradiol	39	NOVOSEVEN RT	56
nitrofurantoin macrocrystal 50 MG, 100 MG	25	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	39	NP THYROID TABS	88
nitrofurantoin monohyd macro	25	NORLIQVA SOLN	36	NPLATE 250 MCG, 500 MCG	57
nitroglycerin CPCR	9	NORPACE CAPS (disopyramide phosphate)	10	NUCALA SOAJ	10
nitroglycerin PT24	9			NUCALA SOLR	10
nitroglycerin SUBL	9			NUCALA SOSY	10
NIVA THYROID TABS	88			NULOJIX	75
NIVESTYM SOLN	57			NUMOISYN LIQD	76
NIVESTYM SOSY	57			NUPLAZID CAPS	30
NIX LICE KILLING SPRAY LIQD XX . 48				NUPLAZID TABS 10 MG	30

NURTEC	73	olanzapine SOLR	31	KIT	50
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	92	olanzapine TABS	31	ON/GO ONE COVID-19 HOME TEST KIT	50
NUVESSA	93	olanzapine TBDP	31	ONCASPAR	28
NUWIQ KIT	56	olmesartan medoxomil	23	ondansetron hcl SOLN PO 4 MG/5ML	20
NUWIQ SOLR	56	olmesartan medoxomil-amlodipine- hydrochlorothiazide	24	ondansetron hcl TABS 4 MG, 8 MG 20	
NYPOZI	57	olmesartan medoxomil- hydrochlorothiazide	24	ondansetron TBDP 16 MG	20
nystatin (mouth-throat)	75	olopatadine hcl (nasal)	78	ondansetron TBDP 4 MG, 8 MG ..	20
nystatin (topical) CREA	43	olopatadine hcl	83	ONETOUCH DELICA PLUS LANCET30G	65
nystatin (topical) OINT	43	OLPRUVA (2 GM DOSE) THPK ..	52	ONETOUCH DELICA PLUS LANCET33G	65
nystatin (topical) POWD EX	43	OLPRUVA (3 GM DOSE) THPK ..	52	ONETOUCH DELICA SAFETY LANCING	65
nystatin TABS	21	OLPRUVA (4 GM DOSE) THPK ..	52	ONETOUCH ULTRASOFT 2 LANCETS	65
nystatin-triamcinolone CREA	43	OLPRUVA (5 GM DOSE) THPK ..	52	ONGLYZA (saxagliptin hcl)	17
nystatin-triamcinolone OINT	43	OLPRUVA (6 GM DOSE) THPK ..	52	ONPATTRO	87
NYVEPRIA	57	OLPRUVA (6.67 GM DOSE) THPK 52		ONYDA XR SUER	2
OBIZUR	56	OLUMIANT	3	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	26
OCALIVA	54	omega-3-acid ethyl esters	22	OPIPZA FILM	32
OCREVUS ZUNOVO	86	omeprazole CPDR	89	OPSYNVI	36
OCTAGAM SOLN	84	omeprazole TBEC	89	OPTICHAMBER DIAMOND DEVI .	71
octreotide acetate KIT	53	omeprazole-sodium bicarbonate CAPS	89	OPTICHAMBER DIAMOND MISC .	71
octreotide acetate SOLN	53	omeprazole-sodium bicarbonate PACK	89	OPTICHAMBER DIAMOND-LG MASK DEVI	71
octreotide acetate SOSY	53	OMNITROPE SOCT	52	OPTICHAMBER DIAMOND-MD MASK MISC	71
ODEFSEY	33	OMVOH (300 MG DOSE) SOAJ ..	54	OPTICHAMBER DIAMOND-SM MASK MISC	71
ODOMZO	27	OMVOH (300 MG DOSE) SOSY ..	54	OPTIONS GYNOL II	
OFEV	87	OMVOH SOAJ	54		
ofloxacin (ophth)	82	OMVOH SOLN	54		
ofloxacin (otic)	83	OMVOH SOSY	54		
ofloxacin 300 MG, 400 MG	53	ON/GO COVID-19 ANTIGEN TEST			
OHC COVID-19 ANTIGEN SELF TEST KIT	50				
OHTUVAYRE	11				

CONTRACEPTIVE GEL	93	oxazepam CAPS	10	PACLITAXEL PROTEIN-BOUND PART	29
OPVEE NA	20	oxcarbazepine SUSP	13	paclitaxel protein-bound particles ..	29
OPZELURA	47	oxcarbazepine TABS	13	paliperidone	30
ORALAIR SUBL	2	OXERVATE	82	PALYNZIQ	52
ORENITRAM MONTH 1 TEPK	36	oxiconazole nitrate CREA	43	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	51
ORENITRAM MONTH 2 TEPK	36	OXISTAT CREA (oxiconazole nitrate)	43	PAMIDRONATE DISODIUM SOLN 51	
ORENITRAM MONTH 3 TEPK	36	oxybutynin chloride SOLN	89	pantoprazole sodium PACK	89
ORFADIN SUSP	52	oxybutynin chloride TABS 2.5 MG ..	89	pantoprazole sodium TBEC 20 MG 89	
ORIAHNN	53	oxybutynin chloride TABS 5 MG ..	89	pantoprazole sodium TBEC 40 MG 89	
ORILISSA	51	oxybutynin chloride TB24	89	PANZYGA	84
ORKAMBI PACK	87	oxycodone hcl CAPS	7	PARAGARD INTRAUTERINE COPPER	39
ORKAMBI TABS	87	oxycodone hcl CONC 100 MG/5ML 7		PARI ALTERA NEBULIZER HANDSET MISC	71
orphenadrine citrate TB12	78	oxycodone hcl SOLN	7	PARI BABY CONVERSION KIT MISC	72
orphenadrine w/ aspirin & caff	78	oxycodone hcl T12A 10 MG, 20 MG, 40 MG	7	PARI ERAPID NEBULIZER HANDSET MISC	72
ORTHOVISC	78	oxycodone hcl T12A 80 MG	7	PARI EXPIRATORY FILTER SET DEVI	72
ORUDIS CAPS 75 MG	5	oxycodone hcl TABS	7	PARI MASK SET MISC	72
oseltamivir phosphate CAPS 30 MG . 34		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI SOFT PLASTIC ADULT MASK MISC	72
oseltamivir phosphate CAPS 45 MG, 75 MG	34	oxymorphone hcl TB12 15 MG	7	PARI SOFT PLASTIC PED MASK MISC	72
oseltamivir phosphate SUSR	34	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7		PARI VORTEX ADULT MASK	72
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OTEZLA TBPK	5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	17	paroxetine hcl TABS	15
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	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	17	paroxetine hcl TB24	15
OTULFI SOLN SC 45 MG/0.5ML ..	44	OZEMPIC (2 MG/DOSE) SOPN ...	17		
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pirfenidone TABS 534 MG	87	potassium chloride microencapsulated crystals er	74
piroxicam CAPS	5	potassium chloride PACK PO 20 MEQ	74
PLEGRIDY SOSY IM	86	potassium chloride SOLN PO 10 %, 20 %, 10 %	74
plerixafor	58	potassium chloride TBCR 8 MEQ, 10 MEQ	74
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PNEUMOVAX 23 SOSY	90	potassium citrate-citric acid PACK .55	
POCKET CHAMBER DEVI	72	potassium iodide (expectorant) SOLN	41
POCKET SPACER DEVI	72	POTELIGEO	26
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polymyxin b-trimethoprim	82	pramipexole dihydrochloride TABS	
polysaccharide iron complex CAPS 58		pramipexole dihydrochloride TB24	30
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		prednisolone sodium phosphate SOLN 15 MG/5ML	40
		prednisolone sodium phosphate SOLN 20 MG/5ML	40
		prednisolone sodium phosphate SOLN 5 MG/5ML	40
		prednisolone SOLN	40
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		PREGNYL IM	51
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sodium)	89	pyridostigmine bromide TABS 60 MG	25	quinapril-hydrochlorothiazide 12.5 MG-20 MG	24
protriptyline hcl	16	pyridostigmine bromide TBCR	25	quinapril-hydrochlorothiazide 25 MG-20 MG	24
PROVENGE	27	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	95	quinidine gluconate TBCR	10
PROVENTIL HFA AERS (albuterol sulfate)	12	pyrimethamine	25	quinidine sulfate TABS	10
pseudoephedrine hcl TABS	79	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	44	QULIPTA	73
pseudoephedrine hcl TB12	79	PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	44	QUVIVIQ	59
pseudoephedrine-ibuprofen TABS	41	PYZCHIVA SC 45 MG/0.5ML	44	RABAVERT	92
PSS SELECT GP LANCETS	65	QC ALCOHOL SWABS	68	rabeprazole sodium TBEC	89
PSS SELECT SAFETY LANCETS 65	65	QC LANCETS SUPER THIN 30G	65	RALDESY SOLN PO 10 MG/ML	15
psyllium CAPS 0.36 GM, 0.52 GM	59	QC LANCETS ULTRA THIN	65	raloxifene hcl	52
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 58.6 %, 100 %	59	QC UNILET LANCETS 28G	65	ramelteon	59
PULMICORT FLEXHALER AEPB	11	QC UNILET LANCETS MICRO THIN	65	ramipril CAPS	23
PULMOZYME	87	QDOLO SOLN (tramadol hcl)	7	ranitidine hcl TABS 150 MG, 300 MG	89
PURE COMFORT ALCOHOL PREP	68	QELBREE	2	ranolazine TB12	9
PURE COMFORT LANCETS 30G 65	65	QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate)	1	RAPAFLO 4 MG (silodosin)	55
PURE COMFORT SPACER CHAMBER DEVI	72	QUADRACEL SUSP	88	RAPID RESPONSE COVID-19	50
PX LANCETS MICROTHIN 33G	65	QUADRACEL SUSY	88	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
PX LANCETS ULTRA THIN 28G	65	quetiapine fumarate TABS	31	READYLANCE SAFETY LANCETS	65
pyrantel pamoate SUSP	9	quetiapine fumarate TB24	31	REALITY LANCETS	65
pyrazinamide	25	QUICKVUE AT-HOME COVID-19 TEST KIT	50	REALITY SWABS	69
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	48	QUICKVUE SARS ANTIGEN TEST	50	REALITY TRIGGER LANCETS	65
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	48	quinapril hcl	23	REBINYN	56
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	48	quinapril-hydrochlorothiazide 12.5 MG-10 MG	24	RECOMBINATE SOLR	56
				RECOMBIVAX HB SUSP	92
				RECOMBIVAX HB SUSY	93

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RELION LANCETS THIN 26G66	REVLIMID75	risperidone TBDP30
RELION LANCETS ULTRA-THIN 30G66	REXTOVY LIQD 20	RITEFLO DEVI72
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RENVELA TABS (sevelamer carbonate)55	RHO GAM ULTRA-FILTERED PLUS SOSY IM 84	rivaroxaban TABS 2.5 MG12
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REPATHA PUSHTRONEX SYSTEM SOCT23	RIASTAP56	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR 86
REPATHA SOSY23	ribavirin (hepatitis c) CAPS 34	rivastigmine tartrate CAPS 86
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		ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG30
		ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG 30

ropinirole hydrochloride TB24	30	sapropterin dihydrochloride PACK .52	selenium sulfide SHAM 1 %	44
rosuvastatin calcium TABS	22	sapropterin dihydrochloride TABS .52	SELZENTRY SOLN	33
ROTARIX SUSP	93	SAPS CARE ALCOHOL PREP . . .69	SEMGLEE (YFGN) SOLN	18
ROTATEQ SOLN	93	SAPS HEALTH ALCOHOL PREP .69	SEMGLEE (YFGN) SOPN	18
RUBRACA	28	SAPS HEALTH CARE ALCOHOL PREP	sennosides TABS 8.6 MG	60
RUCONEST	56	PREP	sennosides-docusate sodium TABS 59	
rufinamide SUSP	14	SAPS HEALTH PLUS LANCETS .66	SENSILANCE SAFETY LANCETS 21G	66
RUKOBIA	33	SAPS HEALTH TWIST TOP LANCETS	SENSILANCE SAFETY LANCETS 26G	66
RYALTRIS	78	SAPS TWIST TOP LANCETS . . .66	SENSILANCE SAFETY LANCETS 28G	66
RYBELSUS TABS	17	SAPSCARE TWIST TOP LANCETS 66	SENSILANCE SAFETY LANCETS 28G	66
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RYZNEUTA SOSY SC 20 MG/ML .58		SAVELLA TITRATION PACK MISC 86	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	15
SABRIL PACK (vigabatrin)	14	saxagliptin hcl	sertraline hcl CAPS 150 MG, 200 MG	15
SABRIL TABS (vigabatrin)	14	saxagliptin-metformin hcl	sertraline hcl CONC	15
sacubitril-valsartan TABS	36	SB ALCOHOL PREP	sertraline hcl TABS	15
SAFE-T-LANCE	66	SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %	sevelamer carbonate PACK	55
SAFE-T-LANCE PLUS	66	SB LANCETS THIN	sevelamer carbonate TABS	55
SAFETY LANCET 30G/PRESSURE ACT	66	SB LANCETS ULTRA THIN	sevelamer hcl	55
SAFETY LANCETS	66	SCHOOLTIME SHAMPOO SHAM 48	SEVENFACT	56
SAFETY LANCETS 21G	66	SELARSDI SOLN IV 130 MG/26ML 54	SHINGRIX	93
SAFETY LANCETS 23G	66	SELARSDI SOLN SC 45 MG/0.5ML . 44	SIDESTREAM ADULT FACE MASK MISC	72
SAFETY LANCETS 28G	66	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	SIDESTREAM PEDIATRIC FACE MASK MISC	72
salicylic acid GEL 6 %	48	selegiline hcl CAPS	SIDESTREAM PLS ADULT FACE MASK MISC	72
saline SOLN 0.65 %	78	selegiline hcl TABS	SIGNIFOR	53
salsalate	6	selenium sulfide LOTN 1 %	SIGNIFOR LAR	53
SAMI THE SEAL FILTERS MISC . 72		selenium sulfide LOTN 2.5 %		
SANDIMMUNE CAPS (cyclosporine) 75				
SANDIMMUNE SOLN IV 50 MG/ML . 75				

SIKLOS TABS 57	sirolimus TABS75	MG/ML 74
sildenafil citrate (pulmonary hypertension) SOLN 37	SITAGLIPTIN17	SODIUM OXYBATE SOLN85
sildenafil citrate (pulmonary hypertension) SUSR37	SITAGLIPTIN BASE-METFORMIN HCL TABS 16	sodium phenylbutyrate POWD 52
sildenafil citrate (pulmonary hypertension) TABS37	SIVEXTRO TABS25	sodium phenylbutyrate TABS52
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silodosin55	SKYRIZI SOLN54	SOFIA SARS ANTIGEN FIA50
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SIMLANDI (2 PEN) AJKT 4	SOAANZ TABS 20 MG 50	SOLUS V2 TWIST LANCETS 30G 66
SIMLANDI (2 SYRINGE) PSKT4	sodium bicarbonate (antacid) TABS 325 MG, 650 MG9	SOLUVITA ACD WITH FLUORIDE SOLN77
SIMPLYTHICK EASY MIX 85	sodium chloride (gu irrigant) 0.9 % 55	SOMA TABS 250 MG (carisoprodol) . 78
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SIMPLYTHICK EASYMIX LEVEL 3 . 85	sodium citrate & citric acid 55	SOOTHENEB NBL 100 ADULT MASK MISC73
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simvastatin TABS 80 MG22	sodium fluoride (dental) GEL 76	SOOTHENEB NBL 100 MED CUP MISC 73
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	sodium fluoride SOLN 0.5 MG/ML .74	
	SODIUM FLUORIDE SOLN 0.5	

MISC	73	85	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	42	
sorafenib tosylate	28	STIMUFEND	58	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	42
SORBITOL PO 70 %	59	STIOLTO RESPIMAT	12	sulfacetamide sod-prednisolone SOLN	83
SORILUX FOAM	44	STIVARGA	28	sulfamethoxazole-trimethoprim SUSP	24
sotalol hcl (afib/afib)	35	STRENSIQ	52	sulfamethoxazole-trimethoprim TABS	24
sotalol hcl TABS 240 MG	35	STRESS FORMULA/IRON/ENERGY TABS	76	sulfasalazine TABS	54
sotalol hcl TABS 80 MG, 120 MG, 160 MG	35	STRIBILD	33	sulfasalazine TBEC	54
SOTYKTU	44	STROMECTOL (ivermectin)	9	sulindac TABS	5
SOVALDI PACK	34	SUBLOCADE SOSY	8	sumatriptan	74
SOVALDI TABS	34	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 4 MG/0.5ML	74
SPEEDY SWAB COVID-19 ANTIGEN KIT	50	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 6 MG/0.5ML	74
SPEVIGO SOLN	44	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 4 MG/0.5ML	74
SPEVIGO SOSY	44	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 6 MG/0.5ML	74
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	93	SUCRAID	50	sumatriptan succinate SOLN 6 MG/0.5ML	74
SPIKEVAX SUSP	93	sucralfate SUSP	89	sumatriptan succinate TABS	74
SPIKEVAX SUSY	93	sucralfate TABS	89	sumatriptan-naproxen sodium	73
spinosad	48	SUDAFED CHILDRENS LIQD	79	sunitinib malate	28
SPINRAZA	80	SUDAFED PE CHILDRENS SOLN 79		SUNLENCA SOLN	33
SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	10	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	36	SUNLENCA TABS PO 300 MG ...	33
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XCOPRI TABS	14	YEZTUGO TABS PO 300 MG	34	252600 UNIT-189600 UNIT-60000	
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XELSTRYM	1	YONDELIS	26	10000 UNIT, 63000 UNIT-47000	
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XEOMIN	80	YUFLYMA (1 PEN) AJKT	4	63000 UNIT-20000 UNIT	50
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XIAFLEX	75	YUFLYMA (2 SYRINGE) PSKT	4	ZEPBOUND SOAJ	1
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zoledronic acid SOLN 5 MG/100ML	51	ZOLGENSMA 5.1-5.5 KG	80	ZUBSOLV SUBL 0.71 MG-2.9 MG	.8
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