

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 |
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| Antibiotics - 3rd Generation Quinolones |
| Anticonvulsants - Carbamazepine Derivatives |
| Behavioral Health - Atypical Antipsychotics & Combos |
| Cardiovascular - Oral Pulmonary Hypertension Agents |
| Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other |
| Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Comboos, Insulins |
| Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos |
| Gastrointestinal - Hepatitis C Agents |
| Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters |

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| 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 |

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| 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 |

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|---|
| 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 |

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| Trial and Failure of 5 Preferred Products Required Prior to Non-Preferred Products |
| Ophthalmic/Glaucoma - Beta Blocker Agents |

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| 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 | | | | | |
| Amphetamines | | | | | |
| ADDERALL XR CP24 (amphetamine-dextroamphetamine) | NP | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP | dextroamphetamine sulfate TABS 5 MG, 10 MG | NP | AL(At least 3 yrs old); MP |
| ADDERALL TABS (amphetamine-dextroamphetamine) | 2 | Generic for Adderall; QL(3 EA daily); MP | dextroamphetamine sulfate TABS 5 MG, 10 MG | 1 | AL(At least 3 yrs old); MP |
| amphetamine sulfate TABS | 1 | Generic for Evekeo; MP; PA | DYANAVEL XR TBCR | NP | |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP | lisdexamfetamine dimesylate CAPS | NP | QL(1 EA daily); MP; PA |
| amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG | NP | MP | lisdexamfetamine dimesylate CHEW | 1 | MP; PA |
| amphetamine-dextroamphetamine TABS | 1 | Generic for Adderall; QL(3 EA daily); MP | methamphetamine hcl | 1 | Generic for Desoxyxn; MP; PA |
| dextroamphetamine sulfate CP24 10 MG, 15 MG | 1 | Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP | MYDAYIS CP24 (amphetamine-dextroamphetamine) | NP | MP |
| dextroamphetamine sulfate CP24 5 MG | 1 | Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP | VYVANSE CAPS | 2 | QL(1 EA daily); MP; PA |
| dextroamphetamine sulfate SOLN | NP | Generic for Procentra; MP; PA | VYVANSE CHEW | NP | MP; PA |
| dextroamphetamine sulfate SOLN | 2 | Generic for Procentra; MP; PA | XELSTRYM | NP | |
| dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG | 1 | MP | Analeptics | | |
| | | | caffeine citrate SOLN PO 60 MG/3ML | 1 | QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP |
| | | | Anorexiants Non-Amphetamine | | |
| | | | phentermine hcl-topiramate | NP | PA |
| | | | QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) | 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 | MP |
| QELBREE | NP | MP | <i>methylphenidate hcl TBCR 45 MG, 63 MG</i> | NP | |
| Stimulants - Misc. | | | <i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i> | 1 | Generic for Concerta; 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 10 MG, 20 MG</i> | 1 | AL(At least 6 yrs old); MP |
| AZSTARYS | NP | MP | RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG | 2 | Generic for Concerta; AL(At least 6 yrs old); MP |
| CONCERTA TBCR (<i>methylphenidate hcl</i>) | 2 | Generic for Concerta; AL(At least 6 yrs old); MP | RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>) | 2 | |
| <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 60 MG</i> | 1 | MP; PA | Alternative Medicine - M's | | |
| <i>methylphenidate hcl CP24</i> | NP | Generic for Aptensio XR; MP; PA | <i>melatonin TABS 3 MG, 5 MG</i> | 1 | QL(1 EA daily) |
| | | | AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| | | | Aminoglycosides | | |
| | | | BETHKIS NEBU (<i>tobramycin</i>) | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| 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 CD/UC/HS START AJKT 80 MG/0.8ML | NP | SP; PA |
| Antirheumatic - Enzyme Inhibitors | | | ADALIMUMAB-ADAZ SOAJ | 2 | SP; PA |
| OLUMIANT | NP | SP; PA | ADALIMUMAB-ADAZ SOSY | 2 | SP; PA |
| RINVOQ LQ SOLN | 2 | SP; PA | ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML | NP | SP; PA |
| RINVOQ TB24 | 2 | SP; PA | ADALIMUMAB-ADBAM (2 PEN) AJKT | NP | SP; PA |
| XELJANZ SOLN | NP | SP; PA | ADALIMUMAB-ADBAM (2 SYRINGE) PSKT | NP | SP; PA |
| Antirheumatic Antimetabolites | | | ADALIMUMAB-ADBAM(CD/UC/HS STRT) AJKT | 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-ADBAM(PS/UV STARTER) 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-BWWD SOAJ 40 MG/0.4ML | 2 | SP; PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | | ADALIMUMAB-BWWD SOSY 40 MG/0.4ML | 2 | SP; PA |
| ABRILADA (1 PEN) AJKT | NP | SP; PA | ADALIMUMAB-FKJP (2 PEN) AJKT | NP | SP; PA |
| ABRILADA (2 PEN) AJKT | NP | SP; PA | ADALIMUMAB-FKJP (2 SYRINGE) PSKT | NP | SP; PA |
| ABRILADA (2 SYRINGE) PSKT | NP | SP; PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|-------------------------------------|-----------|---------------------|
| 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/VEIT 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/VEIT 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 |
| HUMIRA-PED>=40KG CROHNS START PSKT | 2 | SP; PA | YUFLYMA-CD/UC/HS STARTER AJKT | NP | SP; PA |
| | | | YUSIMRY | NP | SP; PA |
| | | | Interleukin-6 Receptor Inhibitors | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML | NP | SP; PA |
| 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 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</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, 75 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>naproxen sodium TABS 275 MG, 550 MG</i> | 1 | MP |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | 1 | QL(4 EA daily) |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>aspirin TBEC 81 MG, 325 MG</i> | 0 | |
| <i>diflunisal TABS</i> | 1 | MP |
| <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 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>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i> | NP | PA |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|---|-----------|---------------------|
| <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i> | 1 | QL(16.67 ML daily) | <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | 1 | QL(4 EA daily) |
| <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i> | 1 | QL(240 ML per fill retail) | <i>butalbital-aspirin-caffeine w/cod</i> | 1 | QL(4 EA daily) |
| <i>morphine sulfate SUPP</i> | 1 | QL(24 EA per fill retail) | <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 TABS</i> | 1 | QL(6 EA daily) | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i> | 1 | QL(6 EA daily) |
| <i>morphine sulfate TBCR</i> | 1 | QL(3 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 10 MG, 20 MG, 40 MG</i> | 1 | QL(2 EA daily); PA | Opioid Partial Agonists | | |
| <i>oxycodone hcl TABS</i> | 1 | QL(6 EA daily) | <i>BRIXADI (WEEKLY) SOSY</i> | 2 | SP |
| <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1 | | <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 3 MG-12 MG</i> | 1 | QL(2 EA daily) |
| <i>QDOLO SOLN (tramadol hcl)</i> | NP | | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i> | 1 | QL(6 EA daily) |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i> | 2 | PA | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i> | 1 | QL(3 EA daily) |
| <i>tramadol hcl SOLN</i> | NP | | Opioid Combinations | | |
| <i>TRAMADOL HCL SOLN (tramadol hcl)</i> | NP | | <i>acetaminophen w/ codeine SOLN</i> | 1 | QL(30 ML daily) |
| <i>tramadol hcl TABS 50 MG</i> | 1 | QL(8 EA daily) | <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i> | 1 | QL(6 EA daily) |
| <i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i> | NP | | | | |
| <i>tramadol hcl TB24</i> | 1 | PA | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG | 1 | QL(12 EA daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 2 MG-8 MG | 1 | QL(3 EA daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG | 1 | QL(12 EA daily) |
| <i>buprenorphine hcl</i> SUBL | 1 | PA |
| <i>buprenorphine</i> PTWK | 1 | PA |
| BUTRANS PTWK (<i>buprenorphine</i>) | 2 | PA |
| SUBLOCADE SOSY | 2 | 1 max fill(s) per 30 day(s) retail; SP |
| 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 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NP | QL(6 EA daily) |
| SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NP | QL(3 EA daily) |
| ZUBSOLV SUBL 1.4 MG-5.7 MG | 2 | 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 0.36 MG-1.4 MG | 2 | QL(12 EA daily) |
| ZUBSOLV SUBL 2.1 MG-8.6 MG | 2 | QL(2 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| ANDROGEL PUMP GEL TD (<i>testosterone</i>) | NP | PA |
| AVEED SOLN | 2 | SP; PA |
| FORTESTA GEL TD (<i>testosterone</i>) | NP | PA |
| <i>methyltestosterone</i> TABS | 1 | |
| TESTOPEL PLLT | 2 | SP; PA |
| <i>testosterone cypionate</i> SOLN IM 200 MG/ML | 1 | QL(4 ML per 30 day(s) retail) |
| <i>testosterone</i> GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 % | 1 | PA |
| <i>testosterone</i> GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM | 1 | |
| <i>testosterone</i> GEL TD 1 % | NP | |
| <i>testosterone</i> GEL TD 10 MG/ACT | NP | PA |
| <i>testosterone</i> SOLN | 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</i> (intrarectal) | 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</i> (rectal) FOAM EX | 1 | QL(15 GM per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| PROCTOFOAM FOAM EX 1 % | 2 | QL(15 GM per fill retail) |
| Rectal Steroids | | |
| ANUSOL-HC EX (hydrocortisone (rectal)) | 2 | QL(30 GM per fill retail) |
| hydrocortisone (rectal) EX 2.5 % | 1 | QL(30 GM per fill retail) |
| hydrocortisone (rectal) EX 1 % | 1 | RX/OTC |
| PREPARATION H EX 1 % | 2 | RX/OTC |
| PREPARATION H SOOTHING RELIEF EX 1 % | 2 | RX/OTC |
| ANTACIDS | | |
| Antacid Combinations | | |
| alum & mag hydrox-simethicone LIQD | 1 | QL(16.53 ML daily) |
| 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 | 1 | QL(16.53 ML daily) |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE GEL SUSP | 2 | |
| Antacids - Bicarbonate | | |
| sodium bicarbonate (antacid) TABS 325 MG, 650 MG | 1 | QL(16.53 EA daily) |
| Antacids - Calcium Salts | | |
| calcium carbonate (antacid) CHEW 500 MG | 1 | |
| Antacids - Magnesium Salts | | |
| magnesium oxide TABS 400 MG | 1 | |
| ANTHELMINTICS - Drugs to Treat Worm | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Infections | | |
| Anthelmintics | | |
| BENZNIDAZOLE | 2 | SP; PA |
| EMVERM CHEW | 2 | QL(1 EA per 14 day(s) retail) |
| ivermectin | 1 | |
| PIN RID CHEW | 2 | QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail |
| pyrantel pamoate SUSP | 1 | QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| STROMEKTOL (ivermectin) | 2 | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ASPRUZYO SPRINKLE PACK | NP | |
| ranolazine TB12 | 1 | |
| Nitrates | | |
| isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG | 1 | MP |
| isosorbide mononitrate TABS | 1 | QL(2 EA daily); MP |
| isosorbide mononitrate TB24 | 1 | QL(1 EA daily); MP |
| nitroglycerin CPCR | 1 | MP |
| nitroglycerin OINT | 1 | MP |
| nitroglycerin PT24 | 1 | MP |
| nitroglycerin SUBL | 1 | MP |
| ANTIANSXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| BUCAPSOL PO 7.5 MG, 10 MG, 15 MG | NP | |
| bupirone hcl | 1 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>droperidol SOLN 2.5 MG/ML</i> | 1 | |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i> | 1 | |
| <i>hydroxyzine hcl SYRP</i> | 1 | |
| <i>hydroxyzine hcl TABS</i> | 1 | MP |
| <i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i> | 1 | |
| <i>hydroxyzine pamoate CAPS 50 MG</i> | 1 | MP |
| <i>meprobamate</i> | 1 | |
| Benzodiazepines | | |
| ALPRAZOLAM INTENSOL CONC | NP | |
| <i>alprazolam TABS</i> | 1 | QL(4 EA daily) |
| <i>alprazolam TB24</i> | 1 | |
| <i>alprazolam TBDP</i> | NP | |
| <i>chlordiazepoxide hcl CAPS</i> | 1 | QL(4 EA daily) |
| <i>clorazepate dipotassium TABS</i> | 1 | QL(3 EA daily) |
| <i>diazepam CONC</i> | NP | |
| <i>diazepam SOLN PO 5 MG/5ML</i> | 1 | QL(500 ML per fill retail) |
| <i>diazepam SOLN IJ 5 MG/ML</i> | NP | |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i> | 1 | |
| DIAZEPAM SOLN IJ 5 MG/ML | 1 | |
| <i>diazepam TABS</i> | 1 | QL(4 EA daily) |
| <i>lorazepam CONC</i> | 1 | |
| <i>lorazepam TABS 1 MG</i> | 1 | QL(4 EA daily) |
| <i>lorazepam TABS 0.5 MG, 2 MG</i> | 1 | QL(3 EA daily) |
| LOREEV XR CS24 | NP | |
| <i>oxazepam CAPS</i> | NP | QL(4 EA daily) |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate CAPS</i> | 1 | MP |
| NORPACE CAPS (<i>disopyramide phosphate</i>) | 2 | MP |
| <i>quinidine gluconate TBCR</i> | 1 | MP |
| <i>quinidine sulfate TABS</i> | 1 | MP |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | 1 | MP |
| <i>propafenone hcl TABS</i> | 1 | MP |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl TABS 200 MG</i> | 1 | MP |
| <i>dofetilide</i> | 1 | MP; PA |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR | NP | SP; PA |
| FASENRA PEN SOAJ | 2 | SP; PA |
| FASENRA SOSY 10 MG/0.5ML | 2 | SP; PA |
| NUCALA SOAJ | 2 | SP; PA |
| NUCALA SOLR | 2 | SP; PA |
| NUCALA SOSY | 2 | SP; PA |
| TEZSPIRE SOAJ | NP | SP; PA |
| TEZSPIRE SOSY | NP | SP; PA |
| XOLAIR SOAJ | 2 | SP; PA |
| XOLAIR SOLR | 2 | SP; PA |
| XOLAIR SOSY | 2 | SP; PA |
| Anti-Inflammatory Agents | | |
| <i>cromolyn sodium NEBU</i> | 1 | QL(8 ML daily) |
| Bronchodilators - Anticholinergics | | |
| <i>ipratropium bromide hfa 17 MCG/ACT</i> | 1 | QL(0.867 GM daily) |
| <i>ipratropium bromide SOLN 0.02 %</i> | 1 | QL(15 ML daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>) | 2 | |
| <i>tiotropium bromide</i> CAPS IN 18 MCG | NP | |
| Leukotriene Modulators | | |
| <i>montelukast sodium</i> CHEW | 1 | QL(1 EA daily); MP |
| <i>montelukast sodium</i> PACK | 1 | QL(1 EA daily) |
| <i>montelukast sodium</i> TABS | 1 | QL(1 EA daily); MP |
| <i>zafirlukast</i> | 1 | |
| <i>zileuton</i> TB12 | NP | |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors | | |
| OHTUVAYRE | NP | SP |
| Steroid Inhalants | | |
| ARMONAIR DIGIHALER | NP | |
| ASMANEX (120 METERED DOSES) AEPB | 2 | |
| ASMANEX (14 METERED DOSES) AEPB | 2 | |
| ASMANEX (30 METERED DOSES) AEPB | 2 | |
| ASMANEX (60 METERED DOSES) AEPB | 2 | |
| <i>beclomethasone dipropionate</i> 40 MCG/ACT, 80 MCG/ACT | NP | |
| <i>budesonide (inhalation)</i> SUSP | 1 | QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old) |
| <i>fluticasone propionate (inhalation)</i> AEPB | 1 | QL(2 EA daily) |
| <i>fluticasone propionate hfa</i> 110 MCG/ACT, 220 MCG/ACT | 1 | QL(12 GM per 30 day(s) retail) |
| <i>fluticasone propionate hfa</i> 44 MCG/ACT | 1 | QL(11 GM per 30 day(s) retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| PULMICORT FLEXHALER AEPB | 2 | QL(1 EA per 25 day(s) retail) |
| PULMICORT FLEXHALER AEPB | 2 | QL(1 EA per 25 day(s) retail) |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>) | 2 | QL(2 EA daily) |
| ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>) | 2 | |
| AIRDUO DIGIHALER | NP | |
| AIRSUPRA | NP | |
| <i>albuterol sulfate</i> AERS | 0 | Limit 2 inhalers per month; QL(0.57 GM daily) |
| <i>albuterol sulfate</i> AERS | NP | Limit 2 inhalers per month; QL(1.2 GM daily) |
| <i>albuterol sulfate</i> AERS | 0 | Limit 2 inhalers per month; QL(0.45 GM daily) |
| <i>albuterol sulfate</i> AERS | 0 | QL(0.57 GM daily) |
| <i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML | 1 | QL(375 ML per 30 day(s) retail) |
| <i>albuterol sulfate</i> NEBU | 1 | QL(2 EA daily) |
| <i>albuterol sulfate</i> NEBU 0.083 % | 1 | QL(375 ML per 25 day(s) retail) |
| ALBUTEROL SULFATE NEBU | 2 | QL(2 ML daily) |
| <i>albuterol sulfate</i> SYRP | 1 | MP |
| <i>albuterol sulfate</i> TABS | 1 | |
| BEVESPI AEROSPHERE | NP | |
| BREO ELLIPTA | 2 | |
| BREZTRI AEROSPHERE | NP | |
| <i>budesonide-formoterol fumarate dihydrate</i> | NP | QL(11 GM per 30 day(s) retail) |
| COMBIVENT RESPIMAT AERS | 2 | QL(4 GM per 30 day(s) retail) |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|--|-----------|---------------------|
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | 1 | QL(18 ML per 30 day(s) retail) | Anticonvulsants - Misc. | | |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | 1 | QL(60 ML per 30 day(s) retail) | <i>brivaracetam SOLN IV 50 MG/5ML</i> | 1 | SP; PA |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 1 | QL(48 ML per 30 day(s) retail) | <i>carbamazepine CHEW 100 MG</i> | 1 | MP |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i> | 1 | QL(36 ML per 30 day(s) retail) | <i>carbamazepine CHEW 200 MG</i> | 1 | |
| <i>fondaparinux sodium</i> | 1 | PA | <i>carbamazepine CP12</i> | 1 | MP |
| FRAGMIN SOLN 10000 UNIT/4ML | NP | SP | <i>carbamazepine SUSP</i> | 1 | MP |
| <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1 | | <i>carbamazepine TABS</i> | 1 | MP |
| Thrombin Inhibitors | | | <i>carbamazepine TB12</i> | 1 | MP |
| <i>dabigatran etexilate mesylate CAPS</i> | 1 | | CARBATROL CP12 (<i>carbamazepine</i>) | NP | MP |
| PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>) | NP | | ELEPSIA XR TB24 | NP | |
| PRADAXA PACK | NP | SP | EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>) | NP | |
| ANTICONVULSANTS - Drugs to Treat Seizures | | | <i>gabapentin CAPS 300 MG, 400 MG</i> | 1 | MP |
| Anticonvulsants - Benzodiazepines | | | <i>gabapentin CAPS 100 MG</i> | 1 | QL(9 EA daily); MP |
| <i>clobazam SUSP</i> | 1 | | <i>gabapentin SOLN</i> | 1 | MP |
| <i>clobazam TABS</i> | 1 | | <i>gabapentin TABS 600 MG, 800 MG</i> | 1 | MP |
| <i>clonazepam TABS</i> | 1 | QL(4 EA daily) | LAMICTAL ODT KIT (<i>lamotrigine</i>) | NP | |
| <i>clonazepam TBDP</i> | 1 | | LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>) | NP | |
| LIBERVANT FILM | NP | | <i>lamotrigine CHEW</i> | 1 | MP |
| VALTOCO 10 MG DOSE LIQD | 2 | QL(10 EA per 30 day(s) retail) | <i>lamotrigine KIT 25 MG</i> | NP | |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML | 2 | QL(10 EA per 30 day(s) retail) | <i>lamotrigine TABS</i> | 1 | MP |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML | 2 | QL(10 EA per 30 day(s) retail) | <i>lamotrigine TB24</i> | 1 | |
| VALTOCO 5 MG DOSE LIQD | 2 | QL(10 EA per 30 day(s) retail) | <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> | 1 | MP |
| | | | <i>oxcarbazepine TABS</i> | 1 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>pregabalin CAPS</i> | 1 | PA |
| <i>pregabalin SOLN</i> | 1 | PA |
| <i>primidone 125 MG</i> | 1 | |
| <i>primidone 50 MG, 250 MG</i> | 1 | MP |
| <i>rufinamide SUSP</i> | 1 | SP |
| SUBVENITE SUSP PO 10 MG/ML | NP | |
| 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 25 MG</i> | 1 | QL(6 EA daily); MP |
| <i>topiramate TABS 50 MG, 100 MG, 200 MG</i> | 1 | MP |
| TRILEPTAL SUSP (<i>oxcarbazepine</i>) | NP | MP |
| ZONISADE SUSP | NP | |
| <i>zonisamide CAPS</i> | 1 | MP |
| ZTALMY | NP | |
| Carbamates | | |
| <i>felbamate SUSP</i> | 1 | |
| <i>felbamate TABS</i> | 1 | |
| XCOPRI (250 MG DAILY DOSE) TBPB | NP | |
| XCOPRI TABS | NP | |
| GABA Modulators | | |
| SABRIL PACK (<i>vigabatrin</i>) | 2 | SP; PA |
| SABRIL TABS (<i>vigabatrin</i>) | 2 | SP; PA |
| <i>tiagabine hcl 2 MG, 4 MG</i> | 1 | MP |
| <i>tiagabine hcl 12 MG, 16 MG</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|--|
| AUVELITY | NP | | <i>fluoxetine hcl CPDR</i> | NP | |
| Antidepressants - Misc. | | | <i>fluoxetine hcl SOLN</i> | 1 | |
| <i>bupropion hcl TABS</i> | 1 | MP | <i>fluoxetine hcl TABS 10 MG</i> | 1 | AL(At least 7 yrs old); MP |
| <i>bupropion hcl TB12 150 MG</i> | 1 | QL(3 EA daily); MP | <i>fluoxetine hcl TABS 60 MG</i> | 1 | |
| <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 200 MG</i> | 1 | QL(2 EA daily); MP | FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>) | NP | |
| <i>bupropion hcl TB24 150 MG</i> | 1 | QL(3 EA daily); MP | <i>fluvoxamine maleate CP24</i> | NP | |
| <i>bupropion hcl TB24 300 MG</i> | 1 | QL(1 EA daily); MP | <i>fluvoxamine maleate TABS</i> | 1 | |
| <i>bupropion hcl TB24 450 MG</i> | 2 | | <i>paroxetine hcl TABS</i> | 1 | MP |
| FORFIVO XL TB24 (<i>bupropion hcl</i>) | NP | | <i>paroxetine hcl TB24</i> | 1 | |
| GABA Receptor Modulator - Neuroactive Steroid | | | <i>sertraline hcl CAPS 150 MG, 200 MG</i> | NP | PA |
| ZULRESSO | 2 | SP; PA | SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>) | NP | PA |
| ZURZUVAE | NP | SP | <i>sertraline hcl CONC</i> | NP | |
| Monoamine Oxidase Inhibitors (MAOIs) | | | <i>sertraline hcl TABS</i> | 1 | MP |
| <i>phenelzine sulfate</i> | 1 | | ZOLOFT CONC (<i>sertraline hcl</i>) | NP | |
| <i>tranylcypromine sulfate</i> | 1 | | Serotonin Modulators | | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | <i>nefazodone hcl</i> | 1 | |
| <i>citalopram hydrobromide CAPS 30 MG</i> | NP | | RALDESY SOLN PO 10 MG/ML | NP | |
| CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>) | 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 60 MG (<i>duloxetine hcl</i>) | NP | QL(2 EA daily); AL(At least 7 yrs old); MP |
| <i>escitalopram oxalate TABS</i> | 1 | MP | | | |
| <i>fluoxetine hcl CAPS</i> | 1 | MP | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>) | NP | QL(1 EA daily); AL(At least 7 yrs old); MP |
| DESVENLAFAXINE ER | 2 | |
| <i>desvenlafaxine succinate</i> 25 MG, 50 MG | 1 | QL(1 EA daily); MP |
| <i>desvenlafaxine succinate</i> 100 MG | 1 | QL(4 EA daily); MP |
| <i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 40 MG | 1 | QL(1 EA daily); AL(At least 7 yrs old); MP |
| <i>duloxetine hcl</i> CPEP 60 MG | 1 | QL(2 EA daily); AL(At least 7 yrs old); MP |
| VENLAFAXINE BESYLATE ER | NP | |
| <i>venlafaxine hcl</i> CP24 150 MG | 1 | QL(2 EA daily); MP |
| <i>venlafaxine hcl</i> CP24 37.5 MG | 1 | QL(4 EA daily); MP |
| <i>venlafaxine hcl</i> CP24 75 MG | 1 | QL(5 EA daily); MP |
| <i>venlafaxine hcl</i> TABS | 1 | MP |
| <i>venlafaxine hcl</i> TB24 | 1 | QL(1 EA daily) |
| Tricyclic Agents | | |
| <i>amitriptyline hcl</i> TABS | 1 | MP |
| <i>amoxapine</i> | 1 | |
| <i>clomipramine hcl</i> | 1 | |
| <i>desipramine hcl</i> TABS | 1 | |
| <i>doxepin hcl</i> CAPS 150 MG | 1 | |
| <i>doxepin hcl</i> CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG | 1 | MP |
| <i>doxepin hcl</i> CONC | 1 | |
| <i>imipramine hcl</i> TABS | 1 | |
| <i>imipramine pamoate</i> | 1 | |
| <i>nortriptyline hcl</i> CAPS | 1 | |
| <i>nortriptyline hcl</i> SOLN | 1 | |
| <i>protriptyline hcl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>trimipramine maleate</i> CAPS | 1 | |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose</i> | 1 | |
| <i>miglitol</i> | 1 | |
| Antidiabetic Combinations | | |
| <i>alogliptin-metformin hcl</i> | NP | QL(2 EA daily); MP |
| <i>alogliptin-pioglitazone</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG | NP | QL(1 EA daily); MP |
| <i>dapagliflozin free base-metformin hcl</i> TB24 PO 1000 MG-10 MG, 1000 MG-5 MG | NP | |
| DUETACT (<i>pioglitazone hcl-glimepiride</i>) | NP | |
| <i>glipizide-metformin hcl</i> | 1 | MP |
| <i>glyburide-metformin</i> | 1 | MP |
| GLYXAMBI | 2 | |
| JANUMET XR TB24 | 2 | |
| JANUMET TABS | 2 | |
| JENTADUETO TABS | 2 | QL(2 EA daily); AL(At least 18 yrs old); MP |
| <i>pioglitazone hcl-glimepiride</i> | NP | |
| <i>pioglitazone hcl-metformin hcl</i> TABS | 1 | QL(2 EA daily); MP |
| <i>saxagliptin-metformin hcl</i> | NP | |
| <i>sitagliptin free base-metformin hcl</i> TABS 1000 MG-50 MG, 500 MG-50 MG | NP | |
| XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|---|-----------|--|
| ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>) | NP | | ZEGALOGUE SOAJ | 2 | |
| | | | ZEGALOGUE SOSY | 2 | |
| Biguanides | | | Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| GLUMETZA TB24 (<i>metformin hcl</i>) | NP | | <i>alogliptin benzoate</i> | NP | QL(1 EA daily); MP |
| <i>metformin hcl SOLN</i> | 1 | | BRYNOVIN SOLN PO 25 MG/ML | NP | |
| <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i> | 1 | MP | JANUVIA | 2 | |
| <i>metformin hcl TABS 625 MG</i> | NP | | ONGLYZA 5 MG (<i>saxagliptin hcl</i>) | NP | |
| <i>metformin hcl TABS 750 MG</i> | 1 | | <i>saxagliptin hcl</i> | 1 | |
| <i>metformin hcl TB24 500 MG, 750 MG</i> | 1 | MP | <i>sitagliptin 25 MG, 50 MG, 100 MG</i> | NP | |
| <i>metformin hcl TB24 500 MG, 1000 MG</i> | NP | | TRADJENTA | 2 | QL(1 EA daily); AL(At least 18 yrs old); MP |
| Diabetic Other | | | ZITUVIO 25 MG, 50 MG, 100 MG (<i>sitagliptin</i>) | | |
| BAQSIMI ONE PACK POWD | 2 | QL(0.069 EA daily) | Incretin Mimetic Agents | | |
| 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>exenatide SOPN 5 MCG/0.02ML</i> | 1 | QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA |
| <i>dextrose (diabetic use) CHEW 4 GM</i> | 1 | QL(1.67 EA daily); MP | <i>liraglutide</i> | NP | QL(0.3 ML daily); PA |
| <i>diazoxide</i> | NP | | MOUNJARO | NP | PA |
| GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>) | 2 | QL(1 EA per fill retail); MP | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 2 | PA |
| <i>glucagon SOLR IJ 1 MG</i> | 1 | QL(1 EA per fill retail); MP | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 2 | PA |
| GVOKE KIT SOLN | NP | | OZEMPIC (2 MG/DOSE) SOPN | 2 | PA |
| <i>mifepristone (hyperglycemia)</i> | 1 | SP; PA | RYBELSUS TABS | NP | PA |
| PROGLYCEM (<i>diazoxide</i>) | 2 | | TRULICITY | 2 | PA |
| TRUEPLUS GLUCOSE ON THE GO CHEW | 2 | QL(1.67 EA daily); MP | VICTOZA (<i>liraglutide</i>) | 2 | QL(0.3 ML daily); PA |
| TRUEPLUS GLUCOSE CHEW | 2 | QL(1.67 EA daily); MP | Insulin | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|--|-----------|--------------------------------|
| BASAGLAR TEMPO PEN SOPN | NP | | KIRSTY SOLN IJ 100 UNIT/ML | NP | |
| HUMALOG JUNIOR KWIKPEN SOPN | NP | | KIRSTY SOPN SC 100 UNIT/ML | NP | |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML | NP | QL(30 ML per 30 day(s) retail) | LANTUS SOLOSTAR SOPN | 2 | QL(30 ML per 30 day(s) retail) |
| HUMALOG MIX 50/50 KWIKPEN SUPN | NP | QL(30 ML per 30 day(s) retail) | LEVEMIR FLEXPEN SOPN | NP | |
| HUMALOG MIX 50/50 SUSP | 2 | QL(40 ML per 30 day(s) retail) | LEVEMIR SOLN | NP | |
| HUMALOG MIX 75/25 KWIKPEN SUPN | NP | QL(30 ML per 30 day(s) retail) | LYUMJEV TEMPO PEN SOPN | NP | |
| HUMALOG MIX 75/25 SUSP | NP | QL(40 ML per 30 day(s) retail) | MERILOG SOLOSTAR SOPN SC 100 UNIT/ML | NP | |
| HUMALOG TEMPO PEN SOPN | NP | | MERILOG SOLN SC 100 UNIT/ML | NP | |
| HUMALOG SOLN IJ | NP | QL(40 ML per 30 day(s) retail) | NOVOLOG 70/30 FLEXPEN RELION SUPN | NP | QL(30 ML per 30 day(s) retail) |
| HUMULIN 70/30 SUSP | 2 | QL(40 ML per 30 day(s) retail) | NOVOLOG MIX 70/30 FLEXPEN SUPN | NP | QL(30 ML per 30 day(s) retail) |
| HUMULIN N SUSP | 2 | QL(40 ML per 30 day(s) retail) | NOVOLOG MIX 70/30 RELION SUSP | NP | QL(40 ML per 30 day(s) retail) |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | | NOVOLOG MIX 70/30 SUSP | NP | QL(40 ML per 30 day(s) retail) |
| HUMULIN R U-500 KWIKPEN SOPN SC | 2 | | REZVOGLAR KWIKPEN | NP | |
| HUMULIN R SOLN IJ | 2 | QL(40 ML per 30 day(s) retail) | SEMGLEE (YFGN) SOLN | NP | |
| INSULIN GLARGINE-YFGN SOLN | 2 | Generic for Semglee | SEMGLEE (YFGN) SOPN | NP | |
| INSULIN GLARGINE-YFGN SOPN | 2 | Generic for Semglee | Insulin Sensitizing Agents | | |
| INSULIN GLARGINE-YFGN SOPN | 2 | | <i>pioglitazone hcl</i> | 1 | QL(1 EA daily); MP |
| INSULIN LISPRO (1 UNIT DIAL) SOPN | 2 | QL(30 ML per 30 day(s) retail) | Meglitinide Analogues | | |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | 2 | | <i>nateglinide</i> | 1 | QL(3 EA daily); MP |
| INSULIN LISPRO PROT & LISPRO SUPN | 2 | QL(30 ML per 30 day(s) retail) | <i>repaglinide</i> | 1 | |
| INSULIN LISPRO SOLN IJ | 2 | QL(40 ML per 30 day(s) retail) | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| | | | <i>dapagliflozin TABS PO 5 MG, 10 MG</i> | NP | |
| | | | FARXIGA TABS PO (<i>dapagliflozin</i>) | 2 | |
| | | | INVOKANA | NP | MP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| JARDIANCE | 2 | QL(1 EA daily) | FLORRAGUT CAPS | 2 | RX/OTC |
| Sulfonylureas | | | FLORRAXIS CAPS | 2 | RX/OTC |
| <i>glimepiride 3 MG</i> | 1 | | HIGH POTENCY PROBIOTIC CAPS | 2 | RX/OTC |
| <i>glimepiride 1 MG, 2 MG</i> | 1 | QL(4 EA daily); MP | LACTEROL CAPS | 2 | RX/OTC |
| <i>glimepiride 4 MG</i> | 1 | QL(2 EA daily); MP | <i>lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL</i> | 1 | |
| <i>glipizide TABS 5 MG, 10 MG</i> | 1 | MP | LACTOVIVE CAPS | 2 | RX/OTC |
| <i>glipizide TABS 2.5 MG</i> | 1 | | MICROBALANCE CAPS | 2 | RX/OTC |
| <i>glipizide TB24</i> | 1 | MP | MICROFLOR 33 CAPS | 2 | RX/OTC |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | 1 | MP | MICROVARA CPDR | 2 | RX/OTC |
| <i>glyburide TABS</i> | 1 | MP | MVW COMPL FORM PROBIOTIC-KIDS CPDR | 2 | RX/OTC |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | | NEXIVA CAPS | 2 | RX/OTC |
| Antidiarrheal/Probiotic Agents - Misc. | | | NOVORA CAPS | 2 | RX/OTC |
| BILAC CAPS | 2 | RX/OTC | PROBENTRA CPDR | 2 | RX/OTC |
| BIOCORE DAILY CAPS | 2 | RX/OTC | PROBINATE CAPS | 2 | RX/OTC |
| BIOCORE IMMUNE+ CAPS | 2 | RX/OTC | <i>probiotic product CAPS 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</i> | 1 | RX/OTC |
| <i>bismuth subsalicylate CHEW 262 MG</i> | 1 | | | | |
| <i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i> | 1 | | | | |
| CULTURELLE KIDS PURELY CHEW | 2 | | | | |
| CULTURELLE KIDS CHEW | 2 | | | | |
| DERMACINRX PROBISOL CAPS | 2 | RX/OTC | | | |
| DERMACINRX PROBITRAN CAPS | 2 | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>probiotic product CPDR 50 MG</i> | 1 | RX/OTC |
| 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 | |
| <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>lactobacillus-inulin CHEW 200 MG-10 BILLION, 350 MG-1 GM</i> | 1 | |
| Antiperistaltic Agents | | |
| <i>diphenoxylate w/ atropine LIQD</i> | 1 | |
| <i>diphenoxylate w/ atropine TABS</i> | 1 | |
| <i>loperamide hcl CAPS</i> | 1 | QL(8 EA daily); RX/OTC |
| <i>loperamide hcl TABS</i> | 1 | QL(8 EA daily) |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 2 | |
| <i>deferasirox PACK</i> | 1 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>deferasirox TABS</i> | 1 | SP; PA |
| <i>deferasirox TBSO</i> | 1 | SP; PA |
| <i>deferiprone TABS</i> | 1 | SP; PA |
| FERRIPROX SOLN | 2 | SP; PA |
| Antidotes and Specific Antagonists | | |
| ANDEXXA 200 MG | 2 | SP; PA |
| BRIDION SOLN | 2 | PA |
| <i>deferoxamine mesylate</i> | 1 | SP; PA |
| SM IPECAC SYRUP | 2 | |
| VISTOGARD | 2 | |
| Opioid Antagonists | | |
| KLOXXADO LIQD | 0 | QL(18 EA per 90 day(s) retail); MP |
| <i>naloxone hcl LIQD</i> | 0 | QL(18 EA per 90 day(s) retail); MP; RX/OTC |
| <i>naloxone hcl SOCT</i> | 0 | QL(18 ML per 90 day(s) retail); MP |
| <i>naloxone hcl SOLN 0.4 MG/ML</i> | 0 | QL(18 ML per 90 day(s) retail); MP |
| <i>naloxone hcl SOLN 4 MG/10ML</i> | 0 | QL(180 ML per 90 day(s) retail); MP |
| <i>naloxone hcl SOSY 2 MG/2ML</i> | 0 | QL(18 ML per 90 day(s) retail); MP |
| <i>naloxone hcl SOSY 0.4 MG/ML</i> | 1 | |
| <i>naltrexone hcl</i> | 0 | MP |
| NARCAN LIQD (<i>naloxone hcl</i>) | 0 | QL(18 EA per 90 day(s) retail); MP; RX/OTC |
| OPVEE NA | 0 | QL(6 EA per 30 day(s) retail); MP |
| REXTOVY LIQD | 2 | |
| VIVITROL | 0 | SP; MP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| ZIMHI SOSY | 0 | QL(9 ML per 90 day(s) retail); MP |
| ZURNAI IJ 1.5 MG/0.5ML | 2 | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| <i>granisetron hcl TABS</i> | 1 | |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i> | 1 | QL(50 ML per fill retail) |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i> | 1 | QL(2 EA daily) |
| <i>ondansetron TBDP 4 MG, 8 MG</i> | 1 | QL(2 EA daily) |
| <i>ondansetron TBDP 16 MG</i> | 1 | |
| Antiemetics - Anticholinergic | | |
| ANTIVERT CHEW 25 MG | 2 | RX/OTC |
| <i>meclizine hcl CHEW</i> | 1 | RX/OTC |
| MECLIZINE HCL CHEW 25 MG | 2 | RX/OTC |
| <i>meclizine hcl TABS 12.5 MG, 25 MG</i> | 1 | RX/OTC |
| Antiemetics - Miscellaneous | | |
| BONJESTA TBCR | 2 | |
| <i>doxylamine-pyridoxine TBEC</i> | 1 | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| APONVIE EMUL | NP | |
| <i>aprepitant CAPS</i> | 1 | |
| <i>aprepitant CPPK PO</i> | 1 | |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungals | | |
| <i>griseofulvin microsize SUSP</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>griseofulvin microsize TABS</i> | 1 | |
| <i>griseofulvin ultramicrosize</i> | 1 | |
| <i>nystatin TABS</i> | 1 | QL(6 EA daily) |
| <i>terbinafine hcl TABS</i> | 1 | QL(1 EA daily; 90 EA per 120 day(s) retail) |
| Imidazole-Related Antifungals | | |
| <i>fluconazole SUSR</i> | 1 | QL(70 ML per fill retail) |
| <i>fluconazole TABS 150 MG</i> | 1 | QL(2 EA daily) |
| <i>fluconazole TABS 100 MG</i> | 1 | QL(1 EA daily) |
| <i>fluconazole TABS 200 MG</i> | 1 | |
| <i>fluconazole TABS 50 MG</i> | 1 | QL(7 EA per fill retail) |
| <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) |
| <i>chlorpheniramine maleate TABS</i> | 1 | QL(120 EA per fill retail) |
| <i>dexchlorpheniramine maleate SOLN</i> | 1 | |
| Antihistamines - Ethanolamines | | |
| BENADRYL ALLERGY EXTRA STR TABS | 2 | QL(4 EA daily) |
| DAYHIST ALLERGY 12 HOUR RELIEF TABS | 2 | QL(2 EA daily) |
| <i>diphenhydramine hcl CAPS</i> | 1 | QL(4 EA daily) |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i> | 1 | QL(240 ML per fill retail) |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1 | QL(240 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <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 180 MG</i> | 1 | QL(1 EA daily) |
| <i>fexofenadine hcl TABS 60 MG</i> | 1 | QL(2 EA daily) |
| <i>levocetirizine dihydrochloride SOLN</i> | 1 | RX/OTC |
| <i>loratadine CAPS</i> | 1 | |
| <i>loratadine CHEW</i> | 1 | |
| <i>loratadine SOLN</i> | 1 | QL(240 ML per fill retail) |
| <i>loratadine TABS</i> | 1 | |
| <i>loratadine TBDP 10 MG</i> | 1 | |
| <i>XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML</i> | 2 | RX/OTC |
| Antihistamines - Phenothiazines | | |
| <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>promethazine hcl SUPP</i> | 1 | QL(12 EA per fill retail); AL(At least 2 yrs old) |
| <i>promethazine hcl TABS</i> | 1 | AL(At least 2 yrs old) |
| Antihistamines - Piperidines | | |
| <i>cyproheptadine hcl SYRP</i> | 1 | |
| <i>cyproheptadine hcl TABS</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin</i> | 1 | |
| Antihyperlipidemics - Misc. | | |
| <i>omega-3-acid ethyl esters</i> | 1 | |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light PACK</i> | 1 | MP |
| <i>cholestyramine light POWD</i> | 1 | MP |
| <i>cholestyramine PACK</i> | 1 | MP |
| <i>cholestyramine POWD</i> | 1 | MP |
| <i>colestipol hcl GRAN</i> | 1 | MP |
| <i>colestipol hcl TABS</i> | 1 | MP |
| Fibric Acid Derivatives | | |
| <i>fenofibrate micronized 134 MG, 200 MG</i> | 1 | QL(1 EA daily); MP |
| <i>fenofibrate micronized 67 MG</i> | 1 | QL(2 EA daily); MP |
| <i>fenofibrate micronized 30 MG, 43 MG, 130 MG</i> | 1 | |
| <i>fenofibrate CAPS</i> | 2 | MP |
| <i>fenofibrate TABS 40 MG, 120 MG</i> | NP | |
| <i>fenofibrate TABS 54 MG</i> | 1 | QL(3 EA daily); MP |
| <i>fenofibric acid</i> | NP | |
| <i>FENOGLIDE TABS (fenofibrate)</i> | NP | |
| <i>FIBRICOR (fenofibric acid)</i> | NP | |
| <i>gemfibrozil TABS</i> | 1 | QL(2 EA daily); MP |
| <i>LIPOFEN CAPS (fenofibrate)</i> | NP | MP |
| HMG CoA Reductase Inhibitors | | |
| <i>ATORVALIQ SUSP</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>atorvastatin calcium TABS</i> | 1 | QL(1 EA daily); MP |
| <i>fluvastatin sodium CAPS</i> | NP | |
| <i>fluvastatin sodium TB24</i> | NP | |
| LESCOL XL TB24 (<i>fluvastatin sodium</i>) | NP | |
| <i>lovastatin TABS 10 MG, 20 MG</i> | 1 | QL(1 EA daily); MP |
| <i>lovastatin TABS 40 MG</i> | 1 | QL(2 EA daily); MP |
| <i>pravastatin sodium</i> | 1 | QL(1 EA daily); MP |
| <i>rosuvastatin calcium TABS</i> | 1 | QL(1 EA daily); MP |
| <i>simvastatin TABS 80 MG</i> | 1 | MP |
| <i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i> | 1 | QL(1 EA daily); MP |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | 1 | |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors | | |
| 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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 | | |
| <i>metyrosine</i> | 1 | SP; PA |
| Angiotensin II Receptor Antagonists | | |
| ARB LI 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>methyl dopa TABS</i> | 1 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <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 | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1 | |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i> | 1 | QL(3 EA daily) |
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i> | 1 | QL(4 EA daily) |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i> | 1 | QL(2 EA daily) |
| <i>telmisartan-amlodipine</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide</i> | 1 | QL(1 EA daily) |
| <i>trandolapril-verapamil hcl</i> | NP | |
| <i>valsartan-hydrochlorothiazide</i> | 1 | QL(1 EA daily); MP |
| Antihypertensives - Misc. | | |
| VECAMYL | 2 | SP; PA |
| Vasodilators | | |
| <i>hydralazine hcl TABS</i> | 1 | MP |
| <i>minoxidil 2.5 MG, 10 MG</i> | 1 | MP |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| <i>metronidazole TABS 250 MG, 500 MG</i> | 1 | |
| <i>trimethoprim TABS</i> | 1 | |
| Anti-infective Misc. - Combinations | | |
| <i>methenamine-hyosc-methylene blue-sod phosph-phenyl 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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>ertapenem sodium IJ</i> | 1 | SP; PA |
| Glycopeptides | | |
| <i>vancomycin hcl CAPS 125 MG</i> | 1 | QL(4 EA daily) |
| <i>vancomycin hcl CAPS 250 MG</i> | 1 | QL(8 EA daily) |
| <i>vancomycin hcl SOLR IV 500 MG</i> | 1 | QL(0.467 EA daily) |
| <i>vancomycin hcl SOLR 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) |
| 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 | | |
| <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) | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| Antimalarial Combinations | | |
| COARTEM | 2 | QL(24 EA per fill retail) |
| Antimalarials | | |
| <i>chloroquine phosphate TABS 250 MG</i> | 0 | QL(2 EA daily); MP |
| <i>chloroquine phosphate TABS 500 MG</i> | 0 | QL(8 EA per 56 day(s) retail) |
| DARAPRIM (<i>pyrimethamine</i>) | NP | SP; PA |
| KRINTAFEL | 2 | QL(2 EA per 30 day(s) retail) |
| <i>mefloquine hcl</i> | 1 | |
| <i>pyrimethamine</i> | 1 | SP; PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| FIRDAPSE | 2 | SP; PA |
| <i>pyridostigmine bromide TABS 60 MG</i> | 1 | |
| <i>pyridostigmine bromide TBCR</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| <i>ethambutol hcl TABS</i> | 1 | MP |
| <i>isoniazid SYRP</i> | 1 | MP |
| <i>isoniazid TABS</i> | 1 | MP |
| <i>pyrazinamide</i> | 1 | |
| <i>rifampin CAPS</i> | 1 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| BELRAPZO SOLN | 2 | SP; PA |
| BENDAMUSTINE HCL SOLN | 2 | SP; PA |
| <i>bendamustine hcl SOLR</i> | 1 | SP; PA |
| BENDEKA SOLN | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i> | 1 | SP; PA | <i>methotrexate sodium TABS 2.5 MG</i> | 1 | MP |
| <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i> | 1 | SP; PA | <i>pemetrexed disodium SOLR 100 MG, 500 MG</i> | 1 | SP; PA |
| CISPLATIN SOLR | 2 | SP; PA | <i>pralatrexate</i> | 1 | SP; PA |
| <i>cyclophosphamide CAPS 50 MG</i> | 1 | | TABLOID | 2 | SP; PA |
| CYCLOPHOSPHAMIDE TABS | 2 | | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 2 | |
| EVOMELA IV | 2 | SP; PA | Antineoplastic - Angiogenesis Inhibitors | | |
| KEMOPLAT SOLN | 2 | SP; PA | AVASTIN | 2 | SP; PA |
| LEUKERAN | 2 | | CYRAMZA | 2 | SP; PA |
| <i>melphalan hcl IV</i> | 1 | SP; PA | INLYTA | 2 | SP; PA |
| MYLERAN TABS | 2 | | LENVIMA (10 MG DAILY DOSE) | 2 | SP; PA |
| TEMODAR SOLR | 2 | SP; PA | LENVIMA (12 MG DAILY DOSE) | 2 | SP; PA |
| <i>temozolomide CAPS</i> | 1 | SP; PA | LENVIMA (14 MG DAILY DOSE) | 2 | SP; PA |
| VIVIMUSTA SOLN | 2 | SP; PA | LENVIMA (18 MG DAILY DOSE) | 2 | SP; PA |
| YONDELIS | 2 | SP; PA | LENVIMA (20 MG DAILY DOSE) | 2 | SP; PA |
| Antimetabolites | | | LENVIMA (24 MG DAILY DOSE) | 2 | SP; PA |
| <i>azacitidine SUSR</i> | 1 | SP; PA | LENVIMA (4 MG DAILY DOSE) | 2 | SP; PA |
| <i>capecitabine</i> | 1 | SP; PA | LENVIMA (8 MG DAILY DOSE) | 2 | SP; PA |
| <i>cladribine 10 MG/10ML</i> | 1 | SP; PA | MVASI | 2 | SP; PA |
| <i>cytarabine SOLN</i> | 1 | SP; PA | ZALTRAP | 2 | SP; PA |
| <i>decitabine</i> | 1 | SP; PA | Antineoplastic - Antibodies | | |
| <i>fludarabine phosphate SOLN</i> | 1 | SP; PA | ADCETRIS | 2 | SP; PA |
| <i>fludarabine phosphate SOLR</i> | 1 | SP; PA | ARZERRA | 2 | SP; PA |
| FOLOTYN | 2 | SP; PA | BLINCYTO | 2 | SP; PA |
| <i>mercaptopurine SUSP 2000 MG/100ML</i> | 1 | | DARZALEX | 2 | SP; PA |
| <i>mercaptopurine TABS</i> | 1 | | EMPLICITI | 2 | SP; PA |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | 1 | | GAZYVA | 2 | SP; PA |
| | | | KADCYLA | 2 | SP; PA |
| | | | KEYTRUDA | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| LIBTAYO | 2 | SP; PA |
| OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML | 2 | SP; PA |
| POLIVY 140 MG | 2 | SP; PA |
| POTELIGEO | 2 | SP; PA |
| RITUXAN | 2 | SP; PA |
| TECENTRIQ | 2 | SP; PA |
| UNITUXIN | 2 | SP; PA |
| YERVOY | 2 | SP; PA |
| ZEVALIN Y-90 | 2 | SP; PA |
| Antineoplastic - Anti-HER2 Agents | | |
| KANJINTI 420 MG | 2 | SP; PA |
| PERJETA | 2 | SP; PA |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPK | 2 | SP; PA |
| VENCLEXTA TABS | 2 | SP; PA |
| Antineoplastic - Cellular Immunotherapy | | |
| KYMRIAH | 2 | SP; PA |
| PROVENGE | 2 | SP; PA |
| YESCARTA | 2 | SP; PA |
| Antineoplastic - EGFR Inhibitors | | |
| ERBITUX | 2 | SP; PA |
| <i>erlotinib hcl</i> | 1 | SP; PA |
| <i>gefitinib</i> | 1 | SP; PA |
| GILOTRIF | 2 | SP; PA |
| PORTRAZZA | 2 | SP; PA |
| TAGRISO | 2 | SP; PA |
| VECTIBIX 100 MG/5ML, 400 MG/20ML | 2 | SP; PA |
| VIZIMPRO | 2 | SP; PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | 2 | SP; PA |
| ERIVEDGE | 2 | SP; PA |
| ODOMZO | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate</i> | 1 | SP; PA |
| <i>anastrozole</i> | 1 | MP |
| <i>bicalutamide</i> | 1 | QL(1 EA daily) |
| CAMCEVI | 2 | SP |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 2 | SP; PA |
| ELIGARD KIT SC 7.5 MG | 2 | SP; PA |
| EMCYT | 2 | SP; PA |
| ERLEADA 60 MG | 2 | SP; PA |
| EULEXIN | 2 | |
| <i>exemestane</i> | 1 | |
| FIRMAGON 80 MG | 2 | SP; PA |
| FIRMAGON (240 MG DOSE) | 2 | SP; PA |
| <i>letrozole</i> | 1 | QL(1 EA daily); MP |
| <i>leuprolide acetate (3 month) INJ 22.5 MG</i> | 1 | |
| LEUPROLIDE ACETATE-BUPIVACAINE | 2 | SP; PA |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 1 | SP; PA |
| LUPRON DEPOT (1-MONTH) KIT IM | 2 | SP; PA |
| LUPRON DEPOT (3-MONTH) KIT IM | 2 | SP; PA |
| LUPRON DEPOT (4-MONTH) IM | 2 | SP; PA |
| LUPRON DEPOT (6-MONTH) IM | 2 | SP; PA |
| LUTRATE DEPOT INJ 22.5 MG | 2 | |
| LYSODREN | 2 | SP; PA |
| <i>megestrol acetate SUSP</i> | 1 | |
| <i>megestrol acetate TABS</i> | 1 | |
| <i>tamoxifen citrate TABS</i> | 1 | MP |
| <i>toremifene citrate</i> | 1 | PA |
| TRELSTAR MIXJECT 3.75 MG | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------------|
| TRELSTAR MIXJECT 11.25 MG, 22.5 MG | 2 | SP; PA | COTELLIC | 2 | SP; PA |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG | 2 | SP; PA | <i>dasatinib</i> | 1 | SP; PA |
| VABRINTY KIT SC 7.5 MG | 2 | SP; PA | <i>everolimus TABS</i> | 1 | SP; PA |
| XTANDI CAPS | 2 | SP; PA | <i>everolimus TBSO</i> | 1 | SP; PA |
| ZOLADEX 10.8 MG | 2 | SP; PA | IBRANCE CAPS 100 MG, 125 MG | 2 | SP; PA |
| ZOLADEX 3.6 MG | 2 | SP; PA | ICLUSIG 15 MG, 45 MG | 2 | SP; PA |
| Antineoplastic - Immunomodulators | | | <i>imatinib mesylate TABS</i> | 1 | SP; PA |
| <i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i> | 1 | SP; PA | IMBRUVICA CAPS 140 MG | 2 | SP; PA |
| Antineoplastic Antibiotics | | | IMBRUVICA CAPS 70 MG | 2 | QL(1 EA daily); SP; PA |
| <i>daunorubicin hcl SOLN 50 MG/10ML</i> | 1 | SP; PA | IMBRUVICA TABS | 2 | QL(1 EA daily); SP; PA |
| ELLECE SOLN | 2 | SP; PA | JAKAFI | 2 | SP; PA |
| <i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i> | 1 | SP; PA | KYPROLIS | 2 | SP; PA |
| <i>valrubicin</i> | 1 | SP; PA | <i>lapatinib ditosylate</i> | 1 | SP; PA |
| Antineoplastic Combinations | | | LORBRENA | 2 | SP; PA |
| HERCEPTIN HYLECTA | 2 | SP; PA | MEKINIST TABS | 2 | SP; PA |
| LONSURF | 2 | SP; PA | MEKTOVI | 2 | SP; PA |
| Antineoplastic Enzyme Inhibitors | | | <i>nilotinib hcl 50 MG, 150 MG, 200 MG</i> | 1 | SP; PA |
| ALECENSA | 2 | SP; PA | NINLARO | 2 | SP; PA |
| BELEODAQ | 2 | SP; PA | <i>pazopanib hcl</i> | 1 | SP; PA |
| <i>bortezomib SOLR IJ</i> | 1 | SP; PA | PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | 2 | SP; PA |
| BOSULIF TABS 100 MG, 500 MG | 2 | SP; PA | <i>romidepsin SOLR</i> | 1 | SP; PA |
| BRAFTOVI 75 MG | 2 | SP; PA | RUBRACA | 2 | SP; PA |
| CABOMETYX TABS | 2 | SP; PA | <i>sorafenib tosylate</i> | 1 | SP; PA |
| CAPRELSA | 2 | SP; PA | STIVARGA | 2 | SP; PA |
| COMETRIQ (100 MG DAILY DOSE) KIT | 2 | SP; PA | <i>sunitinib malate</i> | 1 | SP; PA |
| COMETRIQ (140 MG DAILY DOSE) KIT | 2 | SP; PA | TAFINLAR CAPS | 2 | SP; PA |
| COMETRIQ (60 MG DAILY DOSE) KIT | 2 | SP; PA | TALZENNA 0.25 MG, 1 MG | 2 | SP; PA |
| | | | <i>temsirolimus</i> | 1 | SP; PA |
| | | | TIBSOVO | 2 | SP; PA |
| | | | VITRAKVI CAPS | 2 | SP; PA |
| | | | VITRAKVI SOLN | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VOTRIENT | 2 | SP; PA |
| XALKORI CAPS | 2 | SP; PA |
| XOSPATA | 2 | SP; PA |
| ZELBORAF | 2 | SP; PA |
| ZOLINZA | 2 | SP; PA |
| ZYDELIG | 2 | SP; PA |
| ZYKADIA TABS | 2 | SP; PA |
| Antineoplastic Enzymes | | |
| ONCASPAS | 2 | SP; PA |
| Antineoplastic Radiopharmaceuticals | | |
| LUTATHERA | 2 | SP; PA |
| Antineoplastics Misc. | | |
| ACTIMMUNE 100 MCG/0.5ML | 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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| AVOPEF SOLN 100 MG/5ML | 2 | SP; PA |
| <i>docetaxel CONC 160 MG/8ML</i> | 1 | SP; PA |
| DOCETAXEL CONC 160 MG/8ML | 2 | SP; PA |
| <i>docetaxel SOLN</i> | 1 | SP; PA |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML | 2 | SP; PA |
| DOCIVYX SOLN | 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 |
| 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 | | |
| HYCAMTIN 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>trihexphenidyl hcl SOLN</i> | 1 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>trihexyphenidyl hcl TABS</i> | 1 | MP |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl CAPS</i> | 1 | MP |
| <i>amantadine hcl SOLN</i> | 1 | MP |
| <i>amantadine hcl TABS</i> | 1 | MP |
| APOKYN SOCT | 2 | SP; PA |
| <i>apomorphine hydrochloride SOCT</i> | 1 | SP; PA |
| <i>bromocriptine mesylate CAPS</i> | 1 | |
| <i>bromocriptine mesylate TABS 2.5 MG</i> | 1 | |
| <i>carbidopa-levodopa TABS</i> | 1 | MP |
| <i>carbidopa-levodopa TBCR</i> | 1 | MP |
| DHIVY TABS | 2 | MP |
| <i>pramipexole dihydrochloride TABS</i> | 1 | QL(3 EA daily); AL(At least 18 yrs old) |
| <i>pramipexole dihydrochloride TB24</i> | 1 | |
| <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i> | 1 | QL(3 EA daily); MP |
| <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i> | 1 | QL(6 EA daily); MP |
| <i>ropinirole hydrochloride TB24</i> | 1 | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| <i>selegiline hcl CAPS</i> | 1 | MP |
| <i>selegiline hcl TABS</i> | 1 | MP |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium</i> | 1 | |
| <i>lithium carbonate CAPS</i> | 1 | |
| <i>lithium carbonate TABS</i> | 1 | |
| <i>lithium carbonate TBCR</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--------------------------------------|-----------|---|
| RISPERDAL CONSTA (risperidone microspheres) | 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 | Muscarinic Agents | | |
| | | | COBENFY STARTER PACK CPPK | NP | |
| | | | COBENFY CAPS | NP | |
| risperidone microspheres | 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 | Phenothiazines | | |
| risperidone SOLN | 1 | | chlorpromazine hcl TABS | 1 | |
| risperidone TABS | 1 | | fluphenazine decanoate | 1 | |
| risperidone TBDP | 1 | | fluphenazine hcl TABS | 1 | |
| RYKINDO SRER | NP | AL(At least 18 yrs old); SP | perphenazine TABS | 1 | |
| UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML | 2 | SP | prochlorperazine | 1 | |
| UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML | 2 | SP | prochlorperazine edisylate 10 MG/2ML | 1 | |
| Butyrophenones | | | prochlorperazine maleate TABS | 1 | |
| haloperidol decanoate | 1 | | thioridazine hcl | 1 | |
| haloperidol lactate CONC | 1 | | trifluoperazine hcl TABS | 1 | |
| haloperidol lactate SOLN | 1 | | Quinolinone Derivatives | | |
| haloperidol TABS | 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 |
| Dibenzapines | | | 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 |
| clozapine TABS | 0 | | ABILIFY MAINTENA PRSY | 2 | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP |
| clozapine TBDP | 0 | | ABILIFY MAINTENA SRER | 2 | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP |
| loxapine succinate | 1 | | ABILIFY MYCITE MAINTENANCE KIT | NP | SP |
| olanzapine SOLR | 1 | | ABILIFY MYCITE STARTER KIT | NP | SP |
| olanzapine TABS | 1 | AL(At least 10 yrs old) | aripiprazole SOLN PO | 1 | QL(30 ML daily) |
| olanzapine TBDP | 1 | | | | |
| quetiapine fumarate TABS | 1 | | | | |
| quetiapine fumarate TB24 | 1 | | | | |
| ZYPREXA RELPREVV | NP | SP | | | |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|--|-----------|---------------------|
| INTELENCE | 0 | QL(4 EA daily) | PREZISTA TABS 75 MG, 600 MG, 800 MG | 0 | QL(2 EA daily) |
| ISENTRESS CHEW 25 MG | 0 | QL(12 EA daily) | PREZISTA TABS 150 MG | 0 | QL(3 EA daily) |
| ISENTRESS CHEW 100 MG | 0 | QL(6 EA daily) | PREZISTA TABS (<i>darunavir</i>) | 0 | QL(2 EA daily) |
| ISENTRESS PACK | 0 | QL(2 EA daily) | RETROVIR CAPS (<i>zidovudine</i>) | 0 | QL(6 EA daily) |
| ISENTRESS TABS | 0 | QL(2 EA daily) | RETROVIR SYRP (<i>zidovudine</i>) | 0 | QL(60 ML daily) |
| KALETRA SOLN | 0 | QL(160 ML per fill retail) | REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>) | 0 | QL(2 EA daily) |
| KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>) | 0 | QL(6 EA daily) | REYATAZ PACK | 0 | QL(6 EA daily) |
| KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>) | 0 | QL(4 EA daily) | <i>rilpivirine hcl</i> 25 MG | 0 | QL(1 EA daily) |
| <i>lamivudine</i> SOLN | 0 | QL(30 ML daily) | <i>ritonavir</i> TABS | 0 | QL(12 EA daily) |
| <i>lamivudine</i> TABS 300 MG | 0 | QL(1 EA daily) | RUKOBIA | 0 | |
| <i>lamivudine</i> TABS 150 MG | 0 | QL(2 EA daily) | SELZENTRY SOLN | 0 | QL(35 ML daily) |
| <i>lamivudine-zidovudine</i> | 0 | QL(2 EA daily) | STRIBILD | 0 | |
| <i>lopinavir-ritonavir</i> SOLN | 0 | QL(160 ML per fill retail) | 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>lopinavir-ritonavir</i> TABS 25 MG-100 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>maraviroc</i> TABS 300 MG | 0 | QL(4 EA daily) | SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | 0 | QL(1 EA daily) |
| <i>nevirapine</i> SUSP | 0 | QL(40 ML daily) | SYMTUZA | 0 | QL(1 EA daily) |
| <i>nevirapine</i> TABS | 0 | QL(2 EA daily) | <i>tenofovir disoproxil fumarate</i> TABS | 0 | QL(1 EA daily) |
| <i>nevirapine</i> TB24 400 MG | 0 | QL(1 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) | | | |
| PREZISTA SUSP | 0 | QL(12 ML daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| VIRACEPT TABS 625 MG | 0 | QL(4 EA daily) |
| VIRACEPT TABS 250 MG | 0 | QL(9 EA daily) |
| VIREAD POWD | 0 | |
| VIREAD TABS (<i>tenofovir disoproxil fumarate</i>) | 0 | QL(1 EA daily) |
| VIREAD TABS | 0 | QL(1 EA daily) |
| 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</i> CAPS | 0 | QL(6 EA daily) |
| <i>zidovudine</i> SYRP | 0 | QL(60 ML daily) |
| <i>zidovudine</i> TABS | 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</i> TABS | 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)</i> CAPS | 1 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>ribavirin (hepatitis c)</i> TABS 200 MG | 1 | SP; PA |
| SOFOSBUVIR-VELPATASVIR TABS | 2 | SP |
| SOVALDI PACK | NP | SP; PA |
| SOVALDI TABS | NP | SP; PA |
| VOSEVI | NP | SP; PA |
| ZEPATIER | NP | SP; PA |
| Herpes Agents | | |
| <i>acyclovir</i> CAPS | 1 | QL(50 EA per 30 day(s) retail) |
| <i>acyclovir</i> SUSP | 1 | QL(400 ML per 30 day(s) retail) |
| <i>acyclovir</i> TABS PO 800 MG | 1 | QL(50 EA per 30 day(s) retail) |
| <i>acyclovir</i> TABS PO 400 MG | 1 | QL(3 EA daily) |
| <i>famciclovir</i> | 1 | |
| <i>valacyclovir hcl</i> 500 MG | 1 | QL(2 EA daily) |
| <i>valacyclovir hcl</i> 1 GM | 1 | QL(42 EA per 21 day(s) retail) |
| Influenza Agents | | |
| <i>oseltamivir phosphate</i> CAPS 45 MG, 75 MG | 1 | QL(10 EA per fill retail) |
| <i>oseltamivir phosphate</i> CAPS 30 MG | 1 | QL(20 EA per fill retail) |
| <i>oseltamivir phosphate</i> SUSR | 1 | QL(120 ML per fill retail) |
| <i>rimantadine hydrochloride</i> TABS | 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 | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|--|-----------|---------------------|
| Alpha-Beta Blockers | | | Beta Blockers Non-Selective | | |
| <i>carvedilol</i> 3.125 MG, 6.25 MG, 12.5 MG | 1 | QL(3 EA daily); MP | <i>nadolol</i> TABS 20 MG, 40 MG, 80 MG | 1 | MP |
| <i>carvedilol</i> 25 MG | 1 | QL(4 EA daily); MP | <i>pindolol</i> TABS | NP | MP |
| <i>carvedilol phosphate</i> | NP | QL(1 EA daily); MP | <i>propranolol hcl</i> CP24 | 1 | QL(2 EA daily); MP |
| COREG CR (<i>carvedilol phosphate</i>) | NP | QL(1 EA daily); MP | <i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML | 1 | MP |
| <i>labetalol hcl</i> TABS 100 MG | 1 | QL(3 EA daily); MP | <i>propranolol hcl</i> TABS | 1 | MP |
| <i>labetalol hcl</i> TABS 400 MG | 1 | | <i>sotalol hcl (afib/af)</i> | 1 | QL(2 EA daily); MP |
| <i>labetalol hcl</i> TABS 300 MG | 1 | QL(8 EA daily); MP | <i>sotalol hcl</i> TABS 240 MG | 1 | MP |
| <i>labetalol hcl</i> TABS 200 MG | 1 | QL(6 EA daily); MP | <i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG | 1 | QL(2 EA daily); MP |
| Beta Blockers Cardio-Selective | | | <i>timolol maleate</i> TABS | NP | MP |
| <i>acebutolol hcl</i> CAPS | 1 | MP | CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| <i>atenolol</i> TABS | 1 | QL(2 EA daily); MP | Calcium Channel Blockers | | |
| <i>betaxolol hcl</i> | 1 | | <i>amlodipine besylate</i> TABS | 1 | QL(1 EA daily); MP |
| <i>bisoprolol fumarate</i> | 1 | QL(1 EA daily); MP | CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>) | NP | MP |
| <i>bisoprolol fumarate</i> 2.5 MG | 1 | | CONJUPRI (<i>levamlodipine maleate</i>) | 2 | |
| LOPRESSOR SOLN PO 10 MG/ML | NP | | <i>diltiazem hcl</i> coated beads CP24 120 MG, 180 MG, 300 MG | 1 | QL(1 EA daily); MP |
| LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>) | NP | | <i>diltiazem hcl</i> coated beads CP24 360 MG | 1 | MP |
| <i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG | 1 | QL(4 EA daily); MP | <i>diltiazem hcl</i> coated beads CP24 240 MG | 1 | QL(2 EA daily); MP |
| <i>metoprolol succinate</i> TB24 200 MG | 1 | QL(2 EA daily); MP | <i>diltiazem hcl</i> extended release beads | 1 | QL(1 EA daily); MP |
| <i>metoprolol tartrate</i> TABS 100 MG | 1 | QL(4.5 EA daily); MP | <i>diltiazem hcl</i> CP12 | 1 | QL(2 EA daily); MP |
| <i>metoprolol tartrate</i> TABS 12.5 MG, 37.5 MG, 75 MG | 1 | | <i>diltiazem hcl</i> CP24 180 MG | 1 | MP |
| <i>metoprolol tartrate</i> TABS 25 MG, 50 MG | 1 | QL(4 EA daily); MP | <i>diltiazem hcl</i> CP24 120 MG, 240 MG | 1 | QL(1 EA daily); MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>diltiazem hcl TABS</i> | 1 | QL(3 EA daily); MP |
| <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i> | NP | MP |
| <i>felodipine</i> | 1 | QL(1 EA daily); MP |
| <i>isradipine CAPS</i> | NP | |
| <i>levamlodipine maleate</i> | 1 | |
| <i>nicardipine hcl CAPS</i> | NP | MP |
| <i>nifedipine CAPS</i> | 1 | QL(4 EA daily); MP |
| <i>nifedipine TB24 60 MG</i> | 1 | QL(2 EA daily); MP |
| <i>nifedipine TB24 30 MG, 90 MG</i> | 1 | QL(1 EA daily); MP |
| <i>nimodipine CAPS</i> | 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 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i> | NP | QL(2 EA daily); MP |
| <i>verapamil hcl CP24 300 MG</i> | NP | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| 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 |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Cephalosporins - 2nd Generation | | |
| CEFACLOR ER TB12 | NP | |
| <i>cefaclor CAPS</i> | 1 | |
| <i>cefaclor SUSR 250 MG/5ML</i> | 1 | |
| <i>cefprozil SUSR</i> | 1 | QL(75 ML per fill retail); AL(Up to 12 yrs old) |
| <i>cefprozil TABS</i> | 1 | QL(20 EA per fill retail) |
| <i>cefuroxime axetil TABS</i> | 1 | QL(20 EA per fill retail) |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir CAPS</i> | 1 | QL(20 EA per fill retail) |
| <i>cefdinir SUSR</i> | 1 | QL(60 ML per fill retail) |
| <i>cefixime CAPS</i> | 1 | |
| <i>cefixime SUSR</i> | 1 | |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|--|
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | LO LOESTRIN FE TABS | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>drospirenone-ethinyl estradiol</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | NATAZIA | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethin acet & estrad-fe CAPS</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>ethynodiol diacet & eth estrad</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethin acet & estrad-fe CHEW</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>levonorgestrel & eth estradiol TABS</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 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 | |
| | | | <i>norethindrone & ethinyl estradiol-fe</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 acet & eth estra TABS</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | Combination Contraceptives - Vaginal | | |
| | | | <i>etonogestrel-ethinyl estradiol</i> | 0 | PV |
| <i>norethindrone acetate-ethinyl estradiol-fe</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | Copper Contraceptives - IUD | | |
| <i>norethindrone-eth estradiol (triphasic)</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>norgestimate-ethinyl estradiol</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 (triphasic)</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | Emergency Contraceptives | | |
| <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</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 |
| TYBLUME CHEW | 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 |
| Combination Contraceptives - Transdermal | | | Progestin Contraceptives - Implants | | |
| <i>norelgestromin-ethinyl estradiol</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | NEXPLANON | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV |
| | | | Progestin Contraceptives - Injectable | | |
| | | | 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 |

| 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 | | |
| | | | Glucocorticosteroids | | |
| | | | <i>budesonide TB24</i> | NP | |
| | | | CORTISONE ACETATE TABS | 2 | |
| | | | <i>deflazacort SUSP</i> | 1 | SP; PA |
| | | | <i>deflazacort TABS</i> | 1 | SP; PA |
| | | | DEXAMETHASONE INTENSOL CONC | 2 | |
| | | | <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1 | QL(150 ML per 30 day(s) retail) |
| Progestin Contraceptives - IUD | | | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML | 2 | QL(150 ML per 30 day(s) retail) |
| KYLEENA | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i> | 1 | QL(150 ML per 30 day(s) retail) |
| LILETTA (52 MG) | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone ELIX</i> | 1 | |
| MIRENA (52 MG) | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone SOLN</i> | 1 | |
| SKYLA | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i> | 1 | |
| Progestin Contraceptives - Oral | | | <i>hydrocortisone TABS</i> | 1 | |
| <i>norethindrone (contraceptive)</i> | 0 | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <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 15 MG/5ML</i> | 1 | QL(240 ML per fill retail) |
| | | | <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i> | 1 | QL(150 ML per fill retail) |
| | | | <i>prednisolone SOLN</i> | 1 | |
| | | | PREDNISONE INTENSOL CONC | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>prednisone SOLN</i> | 1 | |
| <i>prednisone TABS</i> | 1 | |
| <i>prednisone TBPk</i> | 1 | |
| UCERIS TB24 (<i>budesonide</i>) | NP | |
| ZILRETTA SRER | 2 | SP; PA |
| Mineralocorticoids | | |
| <i>fludrocortisone acetate TABS</i> | 1 | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| <i>benzonatate 100 MG</i> | 1 | AL(At least 10 yrs old) |
| <i>benzonatate 200 MG</i> | 1 | QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old) |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i> | 1 | |
| Cough/Cold/Allergy Combinations | | |
| <i>brompheniramine & phenyleph ELIX</i> | 1 | QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>brompheniramine & pseudoeph ELIX</i> | 1 | QL(120 ML per fill retail) |
| <i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i> | 1 | QL(120 ML per fill retail) |
| <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i> | 1 | QL(240 ML per fill retail) |
| <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i> | 1 | QL(240 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>guaifenesin-codeine SOLN</i> | 1 | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML | 2 | QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i> | 1 | QL(240 ML per fill retail) |
| <i>phenylephrine-dm SOLN</i> | 1 | QL(240 ML per fill retail) |
| <i>promethazine & phenylephrine SYRP</i> | 1 | QL(240 ML per fill retail); AL(At least 2 yrs old) |
| <i>promethazine w/codeine SOLN</i> | 1 | QL(240 ML per fill retail); AL(At least 6 yrs old) |
| <i>promethazine w/codeine SYRP</i> | 1 | QL(240 ML per fill retail); AL(At least 6 yrs old) |
| <i>pseudoephedrine-ibuprofen TABS</i> | 1 | |
| Expectorants | | |
| <i>potassium iodide (expectorant) SOLN</i> | 1 | |
| Misc. Respiratory Inhalants | | |
| <i>sodium chloride (inhalant) AERS</i> | 1 | QL(240 ML per fill retail) |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i> | 1 | |
| Mucolytics | | |
| <i>acetylcysteine SOLN</i> | 1 | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>) | NP | QL(2 EA daily); AL(At least 12 yrs old) |
| <i>adapalene-benzoyl peroxide GEL</i> | 1 | |
| <i>adapalene CREA</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|--|-----------|--|
| <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) |
| <i>benzoyl peroxide LIQD 5 %, 10 %</i> | 1 | | <i>tretinoin CREA 0.025 %</i> | 1 | QL(20 GM per fill retail); AL(Up to 35 yrs old) |
| <i>benzoyl peroxide LOTN 5 %, 10 %</i> | 1 | | <i>tretinoin CREA 0.05 %, 0.1 %</i> | 1 | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| BENZOYL PEROXIDE LOTN 5 %, 10 % | 2 | | <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i> | 1 | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| <i>clindamycin phosphate (topical) GEL</i> | 1 | QL(75 ML per fill retail) | Antibiotics - Topical | | |
| <i>clindamycin phosphate (topical) LOTN</i> | 1 | QL(60 ML per fill retail) | <i>bacitracin (topical) OINT</i> | 1 | QL(453.9 GM per fill retail) |
| <i>clindamycin phosphate (topical) SOLN</i> | 1 | | <i>bacitracin zinc OINT</i> | 1 | QL(453.6 GM per fill retail) |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1 | | <i>gentamicin sulfate (topical) CREA</i> | 1 | QL(30 GM per fill retail) |
| <i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i> | 1 | | <i>gentamicin sulfate (topical) OINT</i> | 1 | QL(30 GM per fill retail) |
| <i>clindamycin phosphate-tretinoin</i> | 1 | | <i>mupirocin calcium (topical)</i> | 1 | |
| DIFFERIN CREA (<i>adapalene</i>) | NP | | <i>mupirocin OINT</i> | 1 | QL(30 GM per fill retail) |
| DIFFERIN GEL 0.3 % (<i>adapalene</i>) | NP | | | | |
| DIFFERIN LOTN | NP | | | | |
| <i>erythromycin (acne aid) GEL</i> | 1 | QL(60 GM per fill retail) | | | |
| <i>erythromycin (acne aid) SOLN</i> | 1 | | | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------------|
| <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 |
| <i>terbinafine hcl (topical) CREA</i> | 1 | QL(42 GM per fill retail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| <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 160 MG/ML</i> | NP | SP; PA |
| <i>BIMZELX SOAJ 320 MG/2ML</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) |
| <i>COSENTYX (300 MG DOSE) SOSY</i> | NP | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|----------------------------|
| COSENTYX SENSOREADY (300 MG) SOAJ | NP | SP; PA | USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA |
| COSENTYX SENSOREADY PEN SOAJ | NP | SP; PA | USTEKINUMAB-TTWE | NP | SP; PA |
| COSENTYX UNOREADY SOAJ | NP | SP; PA | USTEKINUMAB-TTWE SC | NP | SP; PA |
| COSENTYX SOLN | NP | SP; PA | VTAMA | NP | PA |
| COSENTYX SOSY | NP | SP; PA | YESINTEK SOLN 45 MG/0.5ML | NP | SP; PA |
| IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | YESINTEK SOSY | NP | SP; PA |
| OTULFI SOLN SC 45 MG/0.5ML | NP | SP; PA | Antiseborrheic Products | | |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | <i>selenium sulfide LOTN 2.5 %</i> | 1 | QL(120 ML per fill retail) |
| PYZCHIVA SC 45 MG/0.5ML | NP | SP; PA | <i>selenium sulfide LOTN 1 %</i> | 1 | QL(240 ML per fill retail) |
| PYZCHIVA 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | <i>selenium sulfide SHAM 1 %</i> | 1 | QL(240 ML per fill retail) |
| PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | <i>sulfacetamide sodium LIQD</i> | 1 | QL(480 ML per fill retail) |
| SELARSDI SOLN SC 45 MG/0.5ML | NP | SP; PA | Antivirals - Topical | | |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | <i>acyclovir topical CREA</i> | 1 | QL(1 GM daily) |
| SKYRIZI PEN SOAJ | NP | SP; PA | <i>acyclovir topical OINT</i> | 1 | |
| SKYRIZI SOSY | NP | SP; PA | DENAVIR (<i>penciclovir</i>) | 2 | |
| SORILUX FOAM | NP | | <i>penciclovir</i> | NP | |
| SOTYKTU | NP | SP; PA | ZOVIRAX CREA (<i>acyclovir topical</i>) | NP | QL(1 GM daily) |
| SPEVIGO SOLN | NP | SP; PA | ZOVIRAX OINT (<i>acyclovir topical</i>) | 2 | |
| SPEVIGO SOSY | NP | SP; PA | Burn Products | | |
| STEQEYMA | NP | SP; PA | <i>silver sulfadiazine</i> | 1 | QL(85 GM per fill retail) |
| TALTZ SOSY | 2 | SP; PA | Corticosteroids - Topical | | |
| <i>tazarotene CREA</i> | 1 | QL(60 GM per fill retail); AL(Up to 21 yrs old) | <i>alclometasone dipropionate CREA</i> | 1 | |
| USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML | NP | SP; PA | <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 | | <i>desonide CREA</i> | 1 | 1 package(s) per fill retail |
| <i>betamethasone valerate LOTN</i> | NP | QL(60 ML per fill retail) | <i>desonide LOTN</i> | 1 | |
| <i>betamethasone valerate OINT</i> | NP | QL(45 GM per fill retail) | <i>desonide OINT</i> | 1 | 1 package(s) per fill retail |
| <i>calcipotriene-betamethasone dipropionate OINT</i> | 1 | | <i>desoximetasone CREA 0.05 %</i> | NP | QL(60 GM per fill retail) |
| <i>calcipotriene-betamethasone dipropionate SUSP</i> | 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 | |
| | | | <i>fluocinolone acetonide OINT</i> | NP | |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|--|-----------|---|
| SANADERMRX SKIN REPAIR 0.1 %-5 % | 2 | | ANZUPGO CREA EX 20 MG/GM | NP | PA |
| SYNALAR CREA (fluocinolone acetonide) | NP | | CIBINQO | NP | SP; PA |
| SYNALAR OINT (fluocinolone acetonide) | NP | | DUPIXENT SOAJ | 2 | SP; PA |
| TACLONEX SUSP (calcipotriene-betamethasone dipropionate) | NP | | DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML | 2 | SP; PA |
| TOPICORT SPRAY LIQD (desoximetasone) | NP | | DUPIXENT SOSY 300 MG/2ML | 2 | SP; PA |
| TOPICORT CREA 0.25 % (desoximetasone) | NP | | EBGLYSS SOAJ | 2 | SP; PA |
| TOPICORT CREA 0.05 % (desoximetasone) | NP | QL(60 GM per fill retail) | EBGLYSS SOSY | 2 | SP; PA |
| TOPICORT GEL (desoximetasone) | NP | | OPZELURA | NP | PA |
| triamcinolone acetonide (topical) AERS | NP | | Emollient/Keratolytic Agents | | |
| triamcinolone acetonide (topical) CREA 0.5 % | 1 | QL(15 GM per fill retail) | GORDONS UREA CREA 40 % | 2 | QL(85.05 GM per fill retail); RX/OTC |
| triamcinolone acetonide (topical) CREA 0.1 % | 1 | QL(85.2 GM per fill retail) | urea CREA 40 % | 1 | QL(85.05 GM per fill retail); RX/OTC |
| triamcinolone acetonide (topical) CREA 0.025 % | 1 | QL(160 GM per fill retail) | urea LOTN 40 % | 1 | QL(325 GM per fill retail) |
| triamcinolone acetonide (topical) LOTN | NP | QL(60 ML per fill retail) | Emollients | | |
| triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % | 1 | QL(80 GM per fill retail) | lactic acid (ammonium lactate) CREA | 1 | QL(385 GM per fill retail); RX/OTC |
| triamcinolone acetonide (topical) OINT 0.5 % | 1 | QL(15 GM per fill retail) | lactic acid (ammonium lactate) LOTN 12 % | 1 | QL(400 GM per fill retail; 400 per fill mail); RX/OTC |
| triamcinolone acetonide (topical) OINT 0.05 % | 1 | | Hair Growth Agents | | |
| triamcinolone acetonide-dimethicone-silicone | 1 | | LEQSELVI TABS PO 8 MG | NP | SP; PA |
| TRIVIX 0.1 %-5 % | 2 | | LITFULO | NP | SP; PA |
| Eczema Agents | | | Immunomodulating Agents - Systemic | | |
| ADBRY SOAJ | 2 | SP; PA | NEMLUVIO | NP | SP; PA |
| ADBRY SOSY | 2 | SP; PA | Immunomodulating Agents - Topical | | |
| | | | imiquimod 5 % | 1 | QL(48 EA per 180 day(s) retail) |
| | | | Immunosuppressive Agents - Topical | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|--|-----------|-----------------------------------|
| ELIDEL (<i>pimecrolimus</i>) | 2 | QL(1 GM daily); AL(At least 2 yrs old); PA | <i>lidocaine hcl CREA 3 %</i> | 1 | QL(85 GM per fill retail); RX/OTC |
| <i>pimecrolimus</i> | 1 | QL(1 GM daily); AL(At least 2 yrs old); PA | <i>lidocaine hcl GEL 2 %</i> | 1 | QL(85 GM per fill retail); RX/OTC |
| <i>tacrolimus (topical) OINT 0.1 %</i> | 1 | PA | <i>lidocaine hcl PRSY</i> | 1 | QL(85 ML per fill retail) |
| <i>tacrolimus (topical) OINT 0.03 %</i> | 1 | QL(1 GM daily); AL(At least 2 yrs old); PA | <i>lidocaine CREA 4 %</i> | 1 | QL(76.5 GM per fill retail) |
| Keratolytic/Antimitotic/Vesicant Agents | | | LIDOCAINE CREA | 2 | QL(85 GM per fill retail) |
| DERMACINRX SALICYLIC ACID GEL 6 % | 2 | QL(40 GM per fill retail) | <i>lidocaine-prilocaine CREA</i> | 1 | QL(5800 GM per fill retail) |
| <i>podofilox SOLN</i> | 1 | QL(4 ML per fill retail) | LIDOMAX GEL 2 % | 2 | QL(85 GM per fill retail); RX/OTC |
| <i>salicylic acid GEL 6 %</i> | 1 | QL(40 GM per fill retail) | PROXIVOL GEL 2 % | 2 | QL(85 GM per fill retail); RX/OTC |
| Local Anesthetics - Topical | | | Misc. Topical | | |
| <i>capsaicin CREA 0.035 %</i> | 1 | QL(120 GM per fill retail; 120 per fill mail) | <i>lanolin (topical) CREA</i> | 1 | |
| <i>capsaicin CREA 0.025 %, 0.075 %</i> | 1 | QL(60 GM per fill retail) | <i>zinc oxide (topical) OINT 20 %</i> | 1 | QL(60 GM per fill retail) |
| <i>capsaicin CREA 0.1 %</i> | 1 | QL(56.6 GM per fill retail) | Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| CASTIVA WARMING LOTN | 2 | QL(113 GM per fill retail) | ZORYVE CREA EX | NP | PA |
| COLLAVERA GEL 2 % | 2 | QL(85 GM per fill retail); RX/OTC | ZORYVE FOAM EX | NP | |
| DERMACINRX LIDOCAINE CREA 3 % | 2 | QL(85 GM per fill retail); RX/OTC | Rosacea Agents | | |
| <i>dibucaine</i> | 1 | QL(56.7 GM per fill retail) | <i>metronidazole (topical) CREA</i> | 1 | QL(45 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>metronidazole (topical) GEL 0.75 %</i> | 1 | QL(45 GM per fill retail) |
| | | | <i>metronidazole (topical) LOTN</i> | 1 | |
| Scabicides & Pediculicides | | | Scabicides & Pediculicides | | |
| | | | BEDDING SPRAY LICE TREATMENT AERO 0.5 % | 2 | |
| | | | CVS LICE-BEDBUG-MITE AERO 0.5 % | 2 | |
| | | | FT LICE-BEDBUG-MITE AERO 0.5 % | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 % | 2 | |
| <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-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i> | 1 | |
| SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 % | 2 | |
| 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) |
| STOP LICE STEP 3 AERO 0.5 % | 2 | |
| STOP LICE AERO 0.5 % | 2 | |
| Tar Products | | |
| <i>coal tar extract SHAM 0.5 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|
| Wound Care Products | | |
| APLIGRAF DISK | 2 | PA |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| <i>cosyntropin SOLR</i> | 1 | SP; PA |
| THYROGEN 0.9 MG | 2 | SP; PA |
| Diagnostic Tests | | |
| 2SAN COVID-19 RAPID SELF 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 |
| ACCUA SARS-COV-2 | 0 | |
| ADVIN COVID-19 ANTIGEN TEST KIT | 0 | |
| BD VERITOR SYSTEM SARS-COV-2 | 0 | |
| BINAXNOW COVID-19 AG CARD | 0 | |
| BINAXNOW COVID-19 AG HOME TEST KIT | 0 | |
| BINAXNOW COVID-19 ANTIGEN SELF KIT | 0 | |
| CARESTART COVID-19 HOME TEST KIT | 0 | |
| CHEMSTRIP K STRP | 2 | |
| CLEARDETECT COVID-19 AG HOME KIT | 0 | |
| CLINITEST RAPID COVID-19 TEST KIT | 0 | |
| COBAS LIAT SARS-COV-2 ASSAY | 0 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|--|-----------|---------------------|
| COBAS LIAT SARS-COV-2 CONTROL | 0 | RX/OTC | LUCIRA COVID-19 ALL-IN-ONE KIT | 0 | RX/OTC |
| COVID-19 AT HOME ANTIGEN TEST KIT | 0 | | LYRA DIRECT SARS-COV-2 ASSAY | 0 | |
| COVID-19 AT-HOME TEST KIT | 0 | | LYRA SARS-COV-2 ASSAY | 0 | |
| COVID-19 OTC ANTIGEN 1-PACK KIT | 0 | | OHC COVID-19 ANTIGEN SELF TEST KIT | 0 | |
| COVID-19 OTC ANTIGEN 2-PACK KIT | 0 | | ON/GO COVID-19 ANTIGEN TEST KIT | 0 | |
| CVS COVID-19 AT HOME TEST KIT KIT | 0 | | ON/GO ONE COVID-19 HOME TEST KIT | 0 | |
| DIATRUST COVID-19 HOME TEST KIT | 0 | | PILOT COVID-19 AT-HOME TEST KIT | 0 | |
| ELLUME COVID-19 HOME TEST KIT | 0 | | QUICKVUE AT-HOME COVID-19 TEST KIT | 0 | |
| FASTEP COVID-19 ANTIGEN TEST KIT | 0 | | QUICKVUE SARS ANTIGEN TEST | 0 | |
| FLOWFLEX COVID-19 AG HOME TEST KIT | 0 | | RAPID RESPONSE COVID-19 | 0 | |
| GENABIO COVID-19 RAPID TEST KIT | 0 | | RELION KETONE TEST STRP | 2 | |
| GOTOKNOW COVID-19 ANTIGEN RAPI KIT | 0 | | SOFIA SARS ANTIGEN FIA | 0 | |
| ID NOW COVID-19 | 0 | | SOFIA2 SARS ANTIGEN FIA | 0 | |
| ID NOW COVID-19 2.0 CONTROL | 0 | RX/OTC | SPEEDY SWAB COVID-19 ANTIGEN KIT | 0 | |
| ID NOW COVID-19 2.0 TEST | 0 | | XPERT XPRESS SARS-COV-2 | 0 | |
| ID NOW COVID-19 CONTROL | 0 | RX/OTC | DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| IHEALTH COVID-19 RAPID TEST KIT | 0 | | Digestive Enzymes | | |
| INDICAID COVID-19 RAPID TEST KIT | 0 | | CREON CPEP | 2 | |
| INTELISWAB COVID-19 RAPID TEST KIT | 0 | | SUCRAID | 2 | SP; PA |
| KETONE TEST STRP | 2 | | | | |
| KETOSTIX STRP | 2 | | | | |
| LUCIRA CHECK IT COVID-19 TEST KIT | 0 | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | |

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

| | | |
|---------------------------|---|----|
| <i>acetazolamide CP12</i> | 1 | MP |
| <i>acetazolamide TABS</i> | 1 | MP |
| <i>methazolamide TABS</i> | 1 | MP |

Diuretic Combinations

| | | |
|---|---|--------------------|
| <i>amiloride & hydrochlorothiazide</i> | 1 | QL(1 EA daily) |
| <i>spironolactone & hydrochlorothiazide</i> | 1 | MP |
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1 | QL(1 EA daily); MP |
| <i>triamterene & hydrochlorothiazide TABS</i> | 1 | QL(1 EA daily); MP |

Loop Diuretics

| | | |
|---|---|--------------------|
| <i>bumetanide TABS</i> | 1 | MP |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i> | 1 | MP |
| <i>furosemide TABS</i> | 1 | MP |
| <i>SOANZ TABS 20 MG</i> | 2 | MP |
| <i>toremide TABS 20 MG</i> | 1 | MP |
| <i>toremide TABS 5 MG, 10 MG, 100 MG</i> | 1 | QL(1 EA daily); MP |

Potassium Sparing Diuretics

| | | |
|---------------------------|---|----------------|
| <i>amiloride hcl TABS</i> | 1 | QL(4 EA daily) |
|---------------------------|---|----------------|

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|-----------|---------------------|
| <i>spironolactone TABS</i> | 1 | MP |

Thiazides and Thiazide-Like Diuretics

| | | |
|--|---|----|
| <i>chlorthalidone 25 MG, 50 MG</i> | 1 | MP |
| <i>hydrochlorothiazide CAPS</i> | 1 | MP |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i> | 1 | MP |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i> | 1 | MP |
| <i>metolazone</i> | 1 | MP |

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators

| | | |
|---|----|--|
| <i>ACTONEL TABS 150 MG (risedronate sodium)</i> | NP | |
| <i>ACTONEL TABS 35 MG (risedronate sodium)</i> | NP | 4 per 28 days; QL(4 EA per 28 day(s) retail) |
| <i>alendronate sodium SOLN</i> | NP | QL(10.8 ML daily); MP |
| <i>alendronate sodium TABS 5 MG, 10 MG</i> | 1 | QL(1 EA daily); MP |
| <i>alendronate sodium TABS 35 MG, 70 MG</i> | 1 | QL(0.15 EA daily); MP |
| <i>AELVIA TBEC (risedronate sodium)</i> | NP | |
| <i>BONSITY SOPN 560 MCG/2.24ML</i> | 2 | PA |
| <i>calcitonin (salmon) NA</i> | 1 | QL(4 ML per 30 day(s) retail) |
| <i>calcitonin (salmon) IJ</i> | 1 | QL(2 ML per 30 day(s) retail) |
| <i>EVENTITY</i> | 2 | SP; PA |
| <i>ibandronate sodium SOLN</i> | 1 | SP; PA |
| <i>ibandronate sodium TABS</i> | 1 | PA |
| <i>NATPARA</i> | 2 | PA |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 1 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|--------------------------|
| PAMIDRONATE DISODIUM SOLN | 2 | SP; PA | OMNITROPE SOCT | NP | SP; PA |
| PROLIA SOSY | 2 | SP; PA | SKYTROFA | NP | SP; PA |
| <i>risedronate sodium TABS 35 MG</i> | NP | 4 per 28 days; QL(4 EA per 28 day(s) retail) | SOGROYA | 2 | SP; PA |
| <i>risedronate sodium TABS 150 MG</i> | NP | | Hormone Receptor Modulators | | |
| <i>risedronate sodium TABS 5 MG, 30 MG</i> | NP | QL(1 EA daily) | <i>raloxifene hcl</i> | 1 | QL(1 EA daily) |
| <i>risedronate sodium TBEC</i> | NP | | Insulin-Like Growth Factors (Somatomedins) | | |
| <i>teriparatide SOPN</i> | 1 | PA | INCRELEX | 2 | SP; PA |
| TERIPARATIDE SOPN | 2 | PA | LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| XGEVA SOLN | 2 | SP; PA | FENSOLVI (6 MONTH) SC | 2 | SP; PA |
| <i>zoledronic acid CONC</i> | 1 | SP; PA | LUPRON DEPOT-PED (1-MONTH) | 2 | SP; PA |
| <i>zoledronic acid SOLN 5 MG/100ML</i> | 1 | SP; PA | LUPRON DEPOT-PED (3-MONTH) | 2 | SP; PA |
| ZOLEDRONIC ACID SOLN | 2 | SP; PA | LUPRON DEPOT-PED (6-MONTH) IM | 2 | SP; PA |
| Corticotropin | | | SUPPRELIN LA | NP | SP; PA |
| ACTHAR GEL | 2 | SP; PA | SYNAREL | 2 | SP; PA |
| CORTROPHIN GEL | 2 | SP; PA | Metabolic Modifiers | | |
| Fertility Regulators | | | ALDURAZYME | 2 | SP; PA |
| CHORIONIC GONADOTROPIN IM | 2 | PA | <i>betaine</i> | 1 | SP; PA |
| NOVAREL IM 5000 UNIT | 2 | PA | BUPHENYL POWD (<i>sodium phenylbutyrate</i>) | 2 | SP; PA |
| PREGNYL IM | 2 | PA | BUPHENYL TABS (<i>sodium phenylbutyrate</i>) | 2 | SP; PA |
| GnRH/LHRH Antagonists | | | <i>calcitriol CAPS</i> | 1 | |
| ORLISSA | 2 | SP; PA | CARBAGLU (<i>carglumic acid</i>) | 2 | SP; PA |
| Growth Hormone Receptor Antagonists | | | <i>carglumic acid</i> | NP | SP; PA |
| SOMAVERT | 2 | SP; PA | <i>cinacalcet hcl</i> | 1 | SP; PA |
| Growth Hormones | | | CRYSVITA | 2 | SP; PA |
| GENOTROPIN MINIQUICK PRSY | 2 | SP; PA | ELAPRASE | 2 | SP; PA |
| GENOTROPIN CART SC | 2 | SP; PA | FABRAZYME | 2 | SP; PA |
| NGENLA | NP | SP; PA | GALAFOLD | 2 | QL(0.5 EA daily); SP; PA |
| NORDITROPIN FLEXPLO SOPN | 2 | SP; PA | <i>glycerol phenylbutyrate 1.1 GM/ML</i> | 1 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| IMCIVREE SOLN SC | NP | SP; PA |
| KANUMA | 2 | SP; PA |
| <i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i> | 1 | QL(30 ML daily) |
| <i>levocarnitine (metabolic modifiers) TABS</i> | 1 | QL(3 EA daily) |
| LUMIZYME | 2 | SP; PA |
| MYALEPT | 2 | SP; PA |
| NAGLAZYME | 2 | SP; PA |
| <i>nitisinone CAPS</i> | 1 | SP; PA |
| OLPRUVA (2 GM DOSE) THPK | NP | SP |
| OLPRUVA (3 GM DOSE) THPK | NP | SP |
| OLPRUVA (4 GM DOSE) THPK | NP | SP |
| OLPRUVA (5 GM DOSE) THPK | NP | SP |
| OLPRUVA (6 GM DOSE) THPK | NP | SP |
| OLPRUVA (6.67 GM DOSE) THPK | NP | SP |
| ORFADIN SUSP | 2 | SP; PA |
| PALYNZIQ | 2 | SP; PA |
| <i>paricalcitol SOLN</i> | 1 | SP; PA |
| PARSABIV | 2 | SP; PA |
| PHEBURANE PLLT | 2 | PA |
| RAVICTI 1.1 GM/ML (<i>glycerol phenylbutyrate</i>) | 2 | SP; PA |
| REVCIVI | 2 | SP; PA |
| <i>sapropterin dihydrochloride PACK</i> | 1 | SP; PA |
| <i>sapropterin dihydrochloride TABS</i> | 1 | SP; PA |
| <i>sodium phenylbutyrate POWD</i> | NP | SP; PA |
| <i>sodium phenylbutyrate TABS</i> | NP | SP; PA |
| STRENSIQ | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| VIMIZIM | 2 | SP; PA |
| XPHOZAH | NP | SP |
| Posterior Pituitary Hormones | | |
| <i>desmopressin acetate spray</i> | 1 | QL(5 ML per fill retail) |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | 1 | QL(5 ML per fill retail) |
| <i>desmopressin acetate SOLN IJ</i> | 1 | SP; PA |
| DESMOPRESSIN ACETATE SOLN NA | 2 | SP; PA |
| <i>desmopressin acetate TABS</i> | 1 | QL(6 EA daily) |
| Somatostatic Agents | | |
| <i>lanreotide acetate</i> | 1 | SP; PA |
| LANREOTIDE ACETATE | 2 | SP; PA |
| <i>octreotide acetate KIT</i> | 1 | SP; PA |
| <i>octreotide acetate SOLN</i> | 1 | SP; PA |
| <i>octreotide acetate SOSY</i> | 1 | SP; PA |
| SIGNIFOR | 2 | SP; PA |
| SIGNIFOR LAR | 2 | SP; PA |
| SOMATULINE DEPOT | 2 | SP; PA |
| Vasopressin Receptor Antagonists | | |
| <i>tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG</i> | 1 | SP; PA |
| <i>tolvaptan TABS</i> | 1 | SP; PA |
| <i>tolvaptan TBPK</i> | 1 | SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| COMBIPATCH PTTW | 2 | QL(8 EA per 28 day(s) retail) |
| <i>estradiol & norethindrone acetate TABS</i> | 1 | |
| MYFEMBREE | 2 | |
| <i>norethindrone acetate-ethinyl estradiol</i> | 0 | |
| ORIAHNN | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| PREMPHASE | 2 | QL(1 EA daily) |
| PREMPRO | 2 | QL(1 EA daily) |
| Estrogens | | |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 2 | QL(0.29 EA daily); MP |
| <i>estradiol PTTW</i> | 1 | QL(0.29 EA daily); MP |
| <i>estradiol PTWK</i> | 1 | QL(0.143 EA daily); MP |
| <i>estradiol TABS</i> | 1 | MP |
| <i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i> | 1 | QL(1 EA daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i> | 1 | |
| CIPRO SUSR | 2 | |
| <i>levofloxacin SOLN PO</i> | 1 | |
| <i>levofloxacin TABS</i> | 1 | QL(1 EA daily; 14 EA per fill retail) |
| <i>moxifloxacin hcl TABS</i> | 1 | |
| <i>ofloxacin 300 MG, 400 MG</i> | NP | QL(56 EA per fill retail) |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Antiflatulents | | |
| GAS RELIEF LIQD PO 40 MG/0.6ML | 2 | QL(30 ML per fill retail) |
| <i>simethicone CHEW 80 MG</i> | 1 | |
| <i>simethicone LIQD PO</i> | 1 | QL(30 ML per fill retail) |
| <i>simethicone SUSP</i> | 1 | QL(45 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| Bile Acid Synthesis Disorder Agents | | |
| CHOLBAM | 2 | QL(5 EA daily); SP; PA |
| CTEXLI TABS PO 250 MG | 2 | SP; PA |
| Farnesoid X Receptor (FXR) Agonists | | |
| OCALIVA | 2 | SP; PA |
| Gallstone Solubilizing Agents | | |
| <i>chenodiol</i> | 1 | SP; PA |
| <i>ursodiol CAPS</i> | 1 | QL(3 EA daily); MP |
| <i>ursodiol TABS 250 MG</i> | 1 | QL(7 EA daily); MP |
| Gastrointestinal Stimulants | | |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1 | |
| <i>metoclopramide hcl TABS 10 MG</i> | 1 | |
| <i>metoclopramide hcl TABS 5 MG</i> | 1 | MP |
| Inflammatory Bowel Agents | | |
| <i>balsalazide disodium CAPS</i> | 1 | QL(9 EA daily) |
| CANASA SUPP (<i>mesalamine</i>) | NP | |
| ENTYVIO PEN SOAJ | NP | SP; PA |
| IMULDOSA SOLN IV 130 MG/26ML | NP | SP; PA |
| LIALDA TBEC (<i>mesalamine</i>) | NP | |
| <i>mesalamine w/ cleanser</i> | 1 | |
| <i>mesalamine ENEM</i> | 1 | QL(60 ML daily) |
| <i>mesalamine SUPP</i> | 1 | |
| <i>mesalamine TBEC 1.2 GM</i> | 1 | |
| <i>mesalamine TBEC 800 MG</i> | NP | QL(3 EA daily) |
| OMVOH (300 MG DOSE) SOAJ | NP | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OMVOH (300 MG DOSE) SOSY | NP | SP; PA |
| OMVOH SOAJ | NP | SP; PA |
| OMVOH SOLN | NP | SP; PA |
| OMVOH SOSY | NP | SP; PA |
| SELARSDI SOLN IV 130 MG/26ML | NP | SP |
| SKYRIZI SOCT | NP | SP; PA |
| SKYRIZI SOLN | NP | SP; PA |
| STEQEYMA | NP | SP; PA |
| <i>sulfasalazine TABS</i> | 1 | MP |
| <i>sulfasalazine TBEC</i> | 1 | MP |
| TREMFYA PEN SOAJ SC 200 MG/2ML | NP | SP; PA |
| TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML | NP | SP; PA |
| TREMFYA SOLN IV | NP | SP; PA |
| TREMFYA SOSY SC 200 MG/2ML | NP | SP; PA |
| VELSIPITY | NP | SP; PA |
| ZYMFENTRA (1 PEN) AJKT | NP | SP; PA |
| ZYMFENTRA (2 PEN) AJKT | NP | SP; PA |
| ZYMFENTRA (2 SYRINGE) PSKT | NP | SP; PA |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy)</i> | 1 | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl</i> | NP | PA |
| IBSRELA | NP | PA |
| LINZESS | 2 | PA |
| LOTRONEX (<i>alosetron hcl</i>) | NP | PA |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| Phosphate Binder Agents | | |
| <i>calcium acetate (phosphate binder) CAPS</i> | 1 | MP |
| <i>calcium acetate (phosphate binder) TABS</i> | NP | RX/OTC |
| <i>calcium acetate (phosphate binder) TABS</i> | 2 | RX/OTC |
| <i>calcium acetate (phosphate binder) TABS</i> | 1 | RX/OTC |
| <i>lanthanum carbonate CHEW</i> | 1 | |
| RENVELA TABS (<i>sevelamer carbonate</i>) | NP | |
| <i>sevelamer carbonate PACK</i> | 1 | |
| <i>sevelamer carbonate TABS</i> | 1 | |
| <i>sevelamer hcl</i> | 1 | |
| Short Bowel Syndrome (SBS) Agents | | |
| GATTEX | 2 | SP; PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| CYTRA K CRYSTALS PACK 1002 MG-3300 MG | 2 | |
| <i>potassium citrate (alkalinizer) TBCR</i> | 1 | |
| <i>sodium citrate & citric acid</i> | 1 | QL(16.67 ML daily); RX/OTC |
| Cystinosis Agents | | |
| CYSTAGON CAPS | 2 | SP; PA |
| PROCYSBI CPDR | 2 | SP; PA |
| PROCYSBI PACK | 2 | SP; PA |
| Genitourinary Irrigants | | |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | 1 | |
| Interstitial Cystitis Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ELMIRON CAPS | 2 | QL(3 EA daily) |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl</i> | 1 | |
| <i>dutasteride</i> | 1 | |
| <i>dutasteride-tamsulosin hcl</i> | NP | |
| ENTADFI | NP | |
| <i>finasteride</i> | 1 | QL(1 EA daily); MP |
| JALYN (<i>dutasteride-tamsulosin hcl</i>) | NP | |
| RAPAFLO 4 MG (<i>silodosin</i>) | NP | |
| <i>silodosin</i> | 1 | |
| <i>tamsulosin hcl</i> | 1 | QL(2 EA daily); MP |
| Urinary Analgesics | | |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i> | 1 | |
| Urinary Stone Agents | | |
| <i>tiopronin TABS</i> | 1 | SP; PA |
| Vesicoureteral Reflux (VUR) Agents | | |
| DEFLUX | 2 | SP; PA |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid</i> | 1 | MP |
| Gout Agents | | |
| <i>allopurinol 100 MG, 300 MG</i> | 1 | MP |
| <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 |
| KRYSTEXXA | 2 | SP; PA |
| Uricosurics | | |
| <i>probenecid</i> | 1 | MP |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Treat Blood Disorders | | |
| Antihemophilic Products | | |
| ADVATE | 2 | SP; PA |
| ADYNOVATE | 2 | SP; PA |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 2 | SP; PA |
| ALPHANATE SOLR | 2 | SP; PA |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT | 2 | SP; PA |
| ALPROLIX | 2 | SP; PA |
| ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 2 | SP; PA |
| BENEFIX KIT | 2 | SP; PA |
| COAGADDEX | 2 | SP; PA |
| CORIFACT | 2 | SP; PA |
| ELOCTATE | 2 | SP; PA |
| ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT | 2 | SP; PA |
| FEIBA | 2 | SP; PA |
| FIBRYGA | 2 | SP; PA |
| HEMGENIX | 2 | SP; PA |
| HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML | 2 | SP; PA |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | 2 | SP; PA |
| HUMATE-P SOLR | 2 | SP; PA |
| IDELVION | 2 | SP; PA |
| IXINITY SOLR | 2 | SP; PA |
| JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT | 2 | SP; PA |
| KCENTRA | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT | 2 | SP; PA |
| KOATE SOLR | 2 | SP; PA |
| KOGENATE FS KIT | 2 | SP; PA |
| KOVALTRY | 2 | SP; PA |
| NOVOEIGHT | 2 | SP; PA |
| NOVOSEVEN RT | 2 | SP; PA |
| NUWIQ KIT | 2 | SP; PA |
| NUWIQ SOLR | 2 | SP; PA |
| OBIZUR | 2 | SP; PA |
| PROFILNINE | 2 | SP; PA |
| REBINYN | 2 | SP; PA |
| RECOMBINATE SOLR | 2 | SP; PA |
| RIASTAP | 2 | SP; PA |
| RIXUBIS SOLR | 2 | SP; PA |
| ROCTAVIAN | 2 | SP; PA |
| SEVENFACT | 2 | SP; PA |
| TRETTEN | 2 | SP; PA |
| VONVENDI | 2 | SP; PA |
| WILATE KIT | 2 | SP; PA |
| XYNTHA | 2 | SP; PA |
| XYNTHA SOLOFUSE | 2 | SP; PA |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant acetate SOSY</i> | 1 | SP; PA |
| Complement Inhibitors | | |
| BERINERT KIT | 2 | SP; PA |
| CINRYZE SOLR IV | 2 | SP; PA |
| RUCONEST | 2 | SP; PA |
| SOLIRIS | 2 | SP; PA |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE | 2 | SP; PA |
| Hematorheologic Agents | | |
| <i>pentoxifylline</i> | 1 | MP |
| Human Protein C | | |
| CEPROTIN | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| Plasma Kallikrein Inhibitors | | |
| KALBITOR | 2 | SP; PA |
| TAKHZYRO SOLN | 2 | SP; PA |
| Plasma Proteins | | |
| THROMBATE III 500 UNIT | 2 | SP; PA |
| Platelet Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole</i> | 1 | |
| BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>) | 2 | QL(2 EA daily) |
| <i>cilostazol</i> | 1 | QL(2 EA daily); MP |
| <i>clopidogrel bisulfate 300 MG</i> | 1 | |
| <i>clopidogrel bisulfate 75 MG</i> | 1 | QL(1 EA daily); MP |
| <i>dipyridamole</i> | 1 | MP |
| <i>prasugrel hcl</i> | 1 | QL(1 EA daily) |
| <i>ticagrelor 60 MG, 90 MG</i> | 1 | QL(2 EA daily) |
| YOSPRALA 81 MG-40 MG | 2 | |
| Thrombolytic Agent - Misc | | |
| DEFITELIO | 2 | SP; PA |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| 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 | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i> | 1 | | PROCRIT | NP | SP; PA |
| Folic Acid/Folates | | | PROCRIT | NP | SP; PA |
| <i>folic acid TABS 400 MCG, 800 MCG</i> | 1 | QL(1 EA daily) | RELEUKO SOSY | NP | SP |
| <i>folic acid TABS 1 MG</i> | 1 | MP; RX/OTC | RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP | SP; PA |
| Hematopoietic Gene Therapy | | | RETACRIT | 2 | SP; PA |
| ZYNTEGLO | 2 | SP; PA | ROLVEDON | NP | SP |
| Hematopoietic Growth Factors | | | RYZNEUTA SOSY SC 20 MG/ML | NP | SP |
| DOPTELET | 2 | SP; PA | STIMUFEND | NP | SP |
| <i>eltrombopag olamine PACK 12.5 MG</i> | 1 | SP; PA | UDENYCA ONBODY SOSY | NP | SP |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i> | 1 | SP; PA | UDENYCA SOAJ | NP | SP |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP | SP; PA | UDENYCA SOSY | NP | SP; PA |
| FULPHILA | 2 | SP; PA | ZARXIO | NP | SP; PA |
| FYLNETRA | NP | SP | ZIEXTENZO | NP | SP |
| GRANIX SOLN 300 MCG/ML | NP | SP; PA | Hematopoietic Mixtures | | |
| GRANIX SOSY | NP | SP; PA | <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i> | 1 | QL(1 EA daily) |
| LEUKINE SOLR IJ | NP | SP; PA | HEMATINIC PLUS VIT/MINERALS TABS | 2 | QL(1 EA daily) |
| MIRCERA | NP | SP; PA | Iron | | |
| MULPLETA | 2 | SP; PA | FERRETTS TABS | 2 | QL(2 EA daily) |
| NEULASTA ONPRO SOSY 6 MG/0.6ML | NP | SP; PA | <i>ferrous fumarate TABS</i> | 1 | QL(2 EA daily) |
| NEULASTA SOSY | NP | SP; PA | <i>ferrous gluconate TABS</i> | 1 | |
| NEUPOGEN SOLN | 2 | SP; PA | <i>ferrous sulfate dried TBCR</i> | 1 | |
| NEUPOGEN SOSY | 2 | SP; PA | <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i> | 1 | QL(3.4 ML daily) |
| NIVESTYM SOLN | NP | SP; PA | <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i> | 1 | QL(16 ML daily) |
| NIVESTYM SOSY | NP | SP; PA | <i>ferrous sulfate TABS</i> | 1 | MP |
| NPLATE 250 MCG, 500 MCG | 2 | SP; PA | <i>ferrous sulfate TBEC 325 MG</i> | 1 | MP |
| NYPOZI | NP | SP | <i>ferrous sulfate TBEC</i> | 1 | |
| NYVEPRIA | NP | SP; PA | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| IRON CHEWS PEDIATRIC CHEW | 2 | |
| IRON TABS 28 MG | 2 | |
| <i>polysaccharide iron complex CAPS</i> | 1 | QL(1 EA daily) |
| Stem Cell Mobilizers | | |
| <i>plerixafor</i> | 1 | SP; PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| <i>aminocaproic acid SOLN PO 0.25 GM/ML</i> | 1 | SP; PA |
| <i>aminocaproic acid TABS 1000 MG</i> | 1 | SP; PA |
| <i>aminocaproic acid TABS 500 MG</i> | 1 | QL(24 EA per fill retail); SP; PA |
| <i>tranexamic acid TABS</i> | 1 | QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| 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 25 MG</i> | 1 | QL(4 EA daily) |
| <i>diphenhydramine hcl (sleep) TABS 50 MG</i> | 1 | |
| <i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>doxylamine succinate (sleep)</i> | 1 | |
| <i>ibuprofen-diphenhydramine citrate</i> | 1 | |
| <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 | |
| <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 22.5 MG</i> | NP | |
| <i>temazepam 7.5 MG</i> | 1 | |
| <i>temazepam 15 MG, 30 MG</i> | 1 | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>triazolam</i> | 1 | QL(1 EA daily) |
| <i>zaleplon</i> | 1 | QL(1 EA daily) |
| ZOLPIDEM TARTRATE CAPS | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>zolpidem tartrate SUBL</i> | NP | |
| <i>zolpidem tartrate TABS</i> | 1 | QL(1 EA daily) |
| <i>zolpidem tartrate TBCR</i> | 1 | |
| Orexin Receptor Antagonists | | |
| QUVIVIQ | NP | |
| Selective Melatonin Receptor Agonists | | |
| <i>ramelteon</i> | 1 | |
| <i>tasimelteon CAPS</i> | 1 | SP; PA |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| <i>calcium polycarbophil TABS</i> | 1 | QL(10 EA daily) |
| <i>psyllium CAPS 0.36 GM, 0.52 GM</i> | 1 | |
| <i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i> | 1 | |
| SB FIB LAX ORANGE POWD 33 % | 2 | |
| Electrolyte-based Osmotic Laxatives | | |
| <i>magnesium citrate 1.745 GM/30ML</i> | 1 | |
| <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | 1 | QL(33 ML daily) |
| <i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i> | 1 | |
| Laxative Combinations | | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i> | 1 | QL(4000 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1 | QL(4000 ML per fill retail) |
| <i>sennosides-docusate sodium TABS</i> | 1 | QL(4 EA daily) |
| Laxatives - Miscellaneous | | |
| <i>glycerin (laxative) SUPP 2 GM</i> | 1 | |
| <i>lactulose SOLN</i> | 1 | |
| <i>polyethylene glycol 3350 PACK</i> | 1 | QL(34 EA daily) |
| <i>polyethylene glycol 3350 POWD</i> | 1 | QL(34 GM daily) |
| SORBITOL PO 70 % | 2 | |
| 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 | |
| DOCUSATE SODIUM SYRP | 2 | |
| <i>docusate sodium TABS</i> | 1 | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin SUSR 100 MG/5ML</i> | 1 | QL(15 ML per fill retail) |
| <i>azithromycin SUSR 200 MG/5ML</i> | 1 | QL(30 ML per fill retail) |
| <i>azithromycin TABS 600 MG</i> | 1 | QL(8 EA per 28 day(s) retail) |
| <i>azithromycin TABS 500 MG</i> | 1 | QL(4 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--------------------------------|-----------|---|
| <i>azithromycin TABS 250 MG</i> | 1 | QL(6 EA per fill retail) | ACCU-CHEK GUIDE ME KIT | 2 | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC |
| Clarithromycin | | | ACCU-CHEK GUIDE KIT | 2 | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC |
| <i>clarithromycin SUSR</i> | 1 | QL(200 ML per fill retail) | ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| <i>clarithromycin TABS</i> | 1 | QL(28 EA per fill retail) | ACCU-CHEK SOFTCLIX LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| <i>clarithromycin TB24</i> | 1 | QL(14 EA per fill retail) | ACCUTREND PLUS | 2 | |
| Erythromycins | | | ACTI-LANCE 28G | 2 | QL(6.67 EA daily); RX/OTC |
| E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>) | NP | | ACTI-LANCE LITE LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>) | NP | | ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL(6.67 EA daily); RX/OTC |
| <i>erythromycin base CPEP</i> | NP | | ACTI-LANCE UNIVERSAL 23G | 2 | QL(6.67 EA daily); RX/OTC |
| <i>erythromycin base TABS</i> | 1 | | ADVANCED MOBILE LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| <i>erythromycin base TBEC</i> | 1 | | ADVANTAGE SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| <i>erythromycin ethylsuccinate SUSR</i> | 1 | | ADVOCATE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| <i>erythromycin ethylsuccinate TABS</i> | 1 | | ADVOCATE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDICAL DEVICES AND SUPPLIES | | | ADVOCATE SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| Bandages-Dressings-Tape | | | ADVOCATE SAFETY LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC |
| ALCOHOL PREP PADS-MISC | 2 | OTC | ADVOCATE SAFETY LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC |
| Contraceptives | | | ADVOCATE SAFETY LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC |
| CONDOMS-MISC | 2 | QL(36 ea per fill retail) | ADVOCATE SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| Diabetic Supplies | | | AGAMATRIX ULTRA-THIN LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL(6.67 EA daily); RX/OTC | | | |
| ACCU-CHEK GUIDE CONTROL LIQD | 2 | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| AIMSCO TWIST LANCETS 32G | 2 | QL(6.67 EA daily); RX/OTC | CARETOUCH TWIST MC LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | CHOSEN LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| AQUALANCE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | CHOSEN SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE COMFORT LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | CLEANLET LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE LANCETS | 2 | QL(6.67 EA daily); RX/OTC | CLEVER CHEK LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC | CLEVER CHOICE COMFORT EZ | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL(6.67 EA daily); RX/OTC | CLEVER CHOICE LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL(6.67 EA daily); RX/OTC | CLEVER CHOICE LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL(6.67 EA daily); RX/OTC | CLEVER CHOICE LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| AURORA LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily); RX/OTC | COAGUCHEK LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| AURORA LANCET THIN 23G | 2 | QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| BD MICROTAINER LANCETS | 2 | QL(6.67 EA daily); RX/OTC | COMFORT ASSURED LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC |
| CAREONE LANCET SUPER THIN 30G | 2 | QL(6.67 EA daily); RX/OTC | COMFORT TOUCH LANCETS 31G | 2 | QL(6.67 EA daily); RX/OTC |
| CAREONE LANCET THIN 23G | 2 | QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| CARESENS LANCETS | 2 | QL(6.67 EA daily); RX/OTC | COMFORT TOUCH PLUS LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| CARESENS LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | COMFORT TOUCH TWIST LANCET 30G | 2 | QL(6.67 EA daily); RX/OTC |
| CARETOUCH SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC | CVS LANCETS ORIGINAL | 2 | QL(6.67 EA daily); RX/OTC |
| CARETOUCH SAFETY LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC | CVS LANCETS THIN 26G | 2 | QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | CVS ULTRA THIN LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL(6.67 EA daily); RX/OTC |
| CARETOUCH TWIST LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | DIATHRIVE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| | | | DROPLET LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|--|
| DROPLET PERSONAL LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC |
| DROPSAFE ACTI-LANCE 23G | 2 | QL(6.67 EA daily); RX/OTC | EASY TOUCH SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| DROPSAFE MEDLANCE LANCET 30G | 2 | QL(6.67 EA daily); RX/OTC | EMBRACE LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily); RX/OTC |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL(6.67 EA daily); RX/OTC | EMBRACE PRESSURE ACTIVATED 21G | 2 | QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | EMBRACE PRESSURE ACTIVATED 28G | 2 | QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | FIFTY50 SAFETY SEAL LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | FIFTY50 UNILET LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS | 2 | QL(6.67 EA daily); RX/OTC | FINGERSTIX LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL(6.67 EA daily); RX/OTC | FONDCIRCLE SINGLE USE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC | FORA LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| EASY TOUCH LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 14 DAY READER | 2 | QL(1 EA per 365 day(s) retail); PA |
| EASY TOUCH LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 14 DAY SENSOR | 2 | QL(2 EA per 28 day(s) retail); PA |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 PLUS SENSOR | 2 | QL(2 EA per 28 day(s) retail); PA |
| EASY TOUCH LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 READER | 2 | QL(1 EA per 365 day(s) retail); PA |
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 SENSOR | 2 | QL(2 EA per 28 day(s) retail); PA |
| EASY TOUCH LANCETS 32G | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 3 PLUS SENSOR | 2 | QL(2 EA per 28 day(s) retail); PA |
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 3 READER | 2 | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL(6.67 EA daily); RX/OTC | | | |
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC | | | |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|------------------------------------|--------------------------------|-----------|---------------------------|
| FREESTYLE LIBRE 3 SENSOR | 2 | QL(2 EA per 28 day(s) retail); PA | HAEMOLANCE PLUS MAX FLOW | 2 | QL(6.67 EA daily); RX/OTC |
| FREESTYLE LIBRE READER | 2 | QL(1 EA per 365 day(s) retail); PA | HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL(6.67 EA daily); RX/OTC |
| FREESTYLE UNISTICK II LANCETS | 2 | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| GAUZE SPONGES | 2 | RX/OTC | H-E-B INCONTROL LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC |
| GENTLE-LET GP LANCETS | 2 | QL(6.67 EA daily); RX/OTC | HY-VEE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GENTLE-LET LANCETS | 2 | QL(6.67 EA daily); RX/OTC | HY-VEE THIN LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | IN TOUCH STERILE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | KINNEY LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | KINNEY THIN LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | KROGER HEALTHPRO LANCET 26G | 2 | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | KROGER LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | KROGER LANCETS SUPER THIN | 2 | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | KROGER LANCETS THIN LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | LANCETS 28G THIN | 2 | QL(6.67 EA daily); RX/OTC |
| GOJJI STERILE LANCETS | 2 | QL(6.67 EA daily); RX/OTC | LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE | 2 | QL(6.67 EA daily); RX/OTC | LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL(6.67 EA daily); RX/OTC | LANCETS MICRO THIN 33G | 2 | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS | 2 | QL(6.67 EA daily); RX/OTC | LANCETS SUPER THIN | 2 | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL(6.67 EA daily); RX/OTC | LANCETS SUPER THIN 28G | 2 | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL(6.67 EA daily); RX/OTC | LANCETS ULTRA THIN | 2 | QL(6.67 EA daily); RX/OTC |
| | | | LANCETS ULTRA THIN 30G | 2 | QL(6.67 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| LIBERTY MEDICAL LANCETS | 2 | QL(6.67 EA daily); RX/OTC | MONOLETTOR SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| LITE TOUCH LANCETS | 2 | QL(6.67 EA daily); RX/OTC | MYGLUCOHEALTH LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| LITETOUCH LANCETS | 2 | QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC |
| LIVE BETTER LANCET SUPER THIN | 2 | QL(6.67 EA daily); RX/OTC | NOVA SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET | 2 | QL(6.67 EA daily); RX/OTC | NOVA SUREFLEX LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET30G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET NORM | 2 | QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA PLUS LANCET33G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS EXTRA 21G | 2 | QL(6.67 EA daily); RX/OTC | ONETOUCH DELICA SAFETY LANCING | 2 | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS LITE 25G | 2 | QL(6.67 EA daily); RX/OTC | ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL(6.67 EA daily); RX/OTC | PERFECT LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL(6.67 EA daily); RX/OTC | PERFECT LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL(6.67 EA daily); RX/OTC | PERFECT POINT SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PHARMACIST CHOICE LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL(6.67 EA daily); RX/OTC | PIP LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL(6.67 EA daily); RX/OTC | PIP LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL(6.67 EA daily); RX/OTC | PRECISION THINS GP LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| MICROLET LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PRO COMFORT LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| MICROLET NEXT LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PRO COMFORT LANCETS 31G | 2 | QL(6.67 EA daily); RX/OTC |
| MM TWIST LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PRO COMFORT SAFETY LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| MOBILE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | PRODIGY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| MONOLET LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PRODIGY SAFETY LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC |
| MONOLET OPD LANCETS | 2 | QL(6.67 EA daily); RX/OTC | PRODIGY TWIST TOP LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------------|-------------------------------|-----------|---------------------------|
| SURE COMFORT LANCETS 21G | 2 | QL(6.67 EA daily); RX/OTC | ULTILET SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC | ULTILET SAFETY LANCETS 23G | 2 | QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | ULTRA THIN LANCETS 31G | 2 | QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | ULTRA-CARE LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| SURELITE LANCETS | 2 | QL(6.67 EA daily); RX/OTC | ULTRA-CARE SAFETY LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| TECHLITE AST LANCETS | 2 | QL(6.67 EA daily); RX/OTC | ULTRA-THIN II AUTO LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS | 2 | QL(6.67 EA daily); RX/OTC | ULTRA-THIN II LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC | UNILET COMFORTOUCH LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| THINLETS GP LANCETS | 2 | QL(6.67 EA daily); RX/OTC | UNILET EXCELITE | 2 | QL(6.67 EA daily); RX/OTC |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | UNILET EXCELITE II | 2 | QL(6.67 EA daily); RX/OTC |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | UNILET G.P. LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| TRAVEL LANCETS ADVANCED 28G | 2 | QL(6.67 EA daily); RX/OTC | UNILET G.P. SUPERLITE LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| TRUE COMFORT SAFETY LANCETS | 2 | QL(6.67 EA daily); RX/OTC | UNILET GP 28 ULTRA THIN | 2 | QL(6.67 EA daily); RX/OTC |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL(6.67 EA daily); RX/OTC | UNILET LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 26G | 2 | QL(6.67 EA daily); RX/OTC | UNILET MICRO-THIN 33G | 2 | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | UNILET SUPERLITE LANCET | 2 | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | UNILET SUPER-THIN 30G | 2 | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC | UNILET ULTRA-THIN 28G | 2 | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | UNISTIK 1 | 2 | QL(6.67 EA daily); RX/OTC |
| TWIST TOP LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | UNISTIK 2 | 2 | QL(6.67 EA daily); RX/OTC |
| ULTILET CLASSIC LANCETS | 2 | QL(6.67 EA daily); RX/OTC | UNISTIK 2 COMFORT | 2 | QL(6.67 EA daily); RX/OTC |
| ULTILET LANCETS | 2 | QL(6.67 EA daily); RX/OTC | UNISTIK 2 EXTRA | 2 | QL(6.67 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| UNISTIK 2 NEONATAL | 2 | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 NORMAL | 2 | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 SUPER | 2 | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 33G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 | 2 | QL(6.67 EA daily); RX/OTC | VIVAGUARD LANCETS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 COMFORT | 2 | QL(6.67 EA daily); RX/OTC | VIVAGUARD LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 EXTRA | 2 | QL(6.67 EA daily); RX/OTC | VIVAGUARD SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 GENTLE | 2 | QL(6.67 EA daily); RX/OTC | ZEVRIX TWIST TOP LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NEONATAL | 2 | QL(6.67 EA daily); RX/OTC | Misc. Devices | | |
| UNISTIK 3 NORMAL | 2 | QL(6.67 EA daily); RX/OTC | ADVOCATE ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT COMFORT | 2 | QL(6.67 EA daily); RX/OTC | ALCOH-GLOVE CONTOURED WIPE | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT NORMAL | 2 | QL(6.67 EA daily); RX/OTC | ALCOHOL PADS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK NORMAL | 2 | QL(6.67 EA daily); RX/OTC | ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK PRO SAFETY LANCET | 2 | QL(6.67 EA daily); RX/OTC | ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK SAFETY LANCETS 28G | 2 | QL(6.67 EA daily); RX/OTC | ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK SAFETY LANCETS 30G | 2 | QL(6.67 EA daily); RX/OTC | ALCOHOL SWABSTICK | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL(6.67 EA daily); RX/OTC | AUM ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 23G | 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 28G | 2 | QL(6.67 EA daily); RX/OTC | CARETOUCH ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL(6.67 EA daily); RX/OTC | COMFORT TOUCH ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 21G | 2 | QL(6.67 EA daily); RX/OTC | CURITY ALCOHOL PREPS | 2 | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 23G | 2 | QL(6.67 EA daily); RX/OTC | CVS ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 28G | 2 | QL(6.67 EA daily); RX/OTC | CVS PREP | 2 | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 30G | 2 | QL(6.67 EA daily); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|---------------------------|------------------------------------|-----------|---------------------------|
| DROPSAFE ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC | SURE COMFORT ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC |
| EASY COMFORT ALCOHOL PADS | 2 | QL(6.67 EA daily); RX/OTC | TRUE COMFORT ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM | 2 | QL(6.67 EA daily); RX/OTC | TRUE COMFORT PRO ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC |
| EQL ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC | ULTICARE ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC |
| FIFTY50 ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC | ULTILET ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC |
| GLOBAL ALCOHOL PREP EASE | 2 | QL(6.67 EA daily); RX/OTC | ULTRA-CARE ALCOHOL PREP PADS | 2 | QL(6.67 EA daily); RX/OTC |
| GNP ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC | WEBCOL ALCOHOL PREP LARGE | 2 | QL(6.67 EA daily); RX/OTC |
| GOODSENSE ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC | WEBCOL ALCOHOL PREP MEDIUM | 2 | QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL ALCOHOL | 2 | QL(6.67 EA daily); RX/OTC | ZEVRX STERILE ALCOHOL PREP PAD | 2 | QL(6.67 EA daily); RX/OTC |
| HM STERILE ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC | Parenteral Therapy Supplies | | |
| MEIJER ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC | BD AUTOSHIELD DUO | 2 | QL(5 EA daily); RX/OTC |
| PHARMACIST CHOICE ALCOHOL | 2 | QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE MICRO ULTRAFINE | 2 | QL(5 EA daily) |
| PRO COMFORT ALCOHOL | 2 | QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE MINI ULTRAFINE | 2 | QL(5 EA daily); RX/OTC |
| PURE COMFORT ALCOHOL PREP | 2 | QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE NANO 2ND GEN | 2 | QL(5 EA daily); RX/OTC |
| QC ALCOHOL SWABS | 2 | QL(6.67 EA daily); RX/OTC | BD PEN NEEDLE NANO ULTRAFINE | 2 | QL(5 EA daily); RX/OTC |
| 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 | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| EMBECTA PEN NEEDLE ULTRAFINE | 2 | QL(5 EA daily) | AEROCHAMBER PLUS FLO-VU SMALL MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSULIN SYRINGES | 2 | QL (5 ea daily); RX/OTC | AEROCHAMBER PLUS FLOW VU MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| Respiratory Therapy Supplies | | | AEROCHAMBER W/FLOWSIGNAL MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| ACE AEROSOL CLOUD ENHANCER MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS CHAMBR MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| ACTIVITY POUCH MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS/LARGE MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| ADULT AEROSOL MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| ADULT MASK LARGE MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS/SMALL MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER HOLDING CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER MINI CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | AEROCHAMBER2GO ANTI-STATIC DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER MV MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | AEROTRACH PLUS MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLS FLOVU MTHPIECE 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 |
| AEROCHAMBER PLUS FLO-VU INTERM 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 DEVI | 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 LARGE MISC | 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 DEVI | 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 MEDIUM MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHE EASE LARGE DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| BREATHE EASE MEDIUM 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 |
| BREATHE EASE NEB MASK/CHILD MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC L DEVI | 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 | EQ SPACE CHAMBER ANTI-STATIC M DEVI | 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 | EQ SPACE CHAMBER ANTI-STATIC S DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHERITE VALVED MDI CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| BUBBLES THE FISH II PEDI MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | FILTER AIR PP MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| CLEVER CHOICE HOLDING CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | FLEXICHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| CO MONITOR REPLACEMENT PIECES MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | FLYP HYPERSONIQ CARTRIDGE MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/LG MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | FULL KIT NEBULIZER SET MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/MED MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | INNOSPIRE REPLACEMENT FILTER MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/SM MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | INSPIREASE RESERVOIR BAGS | 2 | QL(3 EA per 180 day(s) retail) |
| COMPACT SPACE CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | INSPIREASE MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| EASIVENT MASK LARGE MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK LARGE MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK MEDIUM MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK MEDIUM MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK SMALL MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK SMALL MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | MICROCHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|-----------------------------------|-----------|--|
| MICROCHAMBER MISC | 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 |
| MICROSPACER MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | PARI VORTEX ADULT MASK | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| MINIELITE FILTER REPLACEMENTS MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PEDIATRIC MOUTHPIECE MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| NEBULIZER AIR TUBE/PLUGS 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 |
| NOSE CLIP MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PHARMACIST CHOICE MASK WIPES MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | PILLOW MASK/ADULT MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-LG MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | PILLOW MASK/CHILD MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-MD MASK MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | PILLOW MASK/PEDIATRIC MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | POCKET CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-SM MASK MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | POCKET SPACER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI ALTERA NEBULIZER HANDSET MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PRO COMFORT SPACER ADULT MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI BABY CONVERSION KIT MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PRO COMFORT SPACER CHILD MISC | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI ERAPID NEBULIZER HANDSET MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PRO COMFORT SPACER INFANT DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI EXPIRATORY FILTER SET DEVI | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PROCARE SPACER/ADULT MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI MASK SET MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PROCARE SPACER/CHILD MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI SOFT PLASTIC ADULT MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | PROCHAMBER VHC DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|--|-----------|--|
| PRONEB ULTRA FILTER SET 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 |
| PURE COMFORT SPACER CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | TUBING/WING TIP 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 | VORTEX HOLD CHMBR/MASK/CHILD DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| REPLACEMENT FILTERS MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | VORTEX HOLD CHMBR/MASK/TODDLER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| RITEFLO DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC | VORTEX VALVE CHAMBER-PEDI MASK DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| SAMI THE SEAL FILTERS MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | VORTEX VALVED HOLDING CHAMBER DEVI | 2 | QL(2 EA per 365 day(s) retail); RX/OTC |
| SIDESTREAM ADULT FACE MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | WINDMILL TRAINER MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC |
| SIDESTREAM PEDIATRIC FACE MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| SIDESTREAM PLS ADULT FACE MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| SILICONE MASK/ADULT MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AJOVY SOAJ | 2 | SP; PA |
| SILICONE MASK/INFANT MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | AJOVY SOSY | 2 | SP; PA |
| SILICONE MASK/PEDIATRIC MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | EMGALITY (300 MG DOSE) SOSY | NP | SP; PA |
| SOOTHENEB NBL 100 ADULT MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | EMGALITY SOAJ | 2 | SP; PA |
| SOOTHENEB NBL 100 CHILD MASK MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | EMGALITY SOSY | 2 | SP; PA |
| SOOTHENEB NBL 100 MED CUP MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | NURTEC | 2 | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA |
| SOOTHENEB NBL 100 MESH CAP MISC | 2 | QL(1 EA per 360 day(s) retail); RX/OTC | QULIPTA | 2 | QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA |
| | | | UBRELVY | 2 | QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA |
| | | | ZAVZPRET | NP | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| 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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <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) |
| ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>) | NP | |
| MINERALS & ELECTROLYTES | | |
| Calcium | | |
| CALCIUM ACETATE | 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 |
| SODIUM FLUORIDE SOLN 0.5 MG/ML | 2 | RX/OTC |
| Magnesium | | |
| <i>magnesium oxide (mg supplement) TABS</i> | 1 | |
| Phosphate | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|---|-----------|----------------------|
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | 1 | QL(8 EA daily); RX/OTC | THALOMID 50 MG, 100 MG, 200 MG | 2 | SP; PA |
| WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG | 2 | QL(8 EA daily); RX/OTC | Immunosuppressive Agents | | |
| Potassium | | | ATGAM | 2 | SP; PA |
| EFFER-K TBEF 25 MEQ | 2 | | <i>azathioprine TABS 75 MG, 100 MG</i> | 1 | |
| KLOR-CON TBCR 8 MEQ (<i>potassium chloride</i>) | 2 | MP | <i>azathioprine TABS 50 MG</i> | 1 | MP |
| <i>potassium bicarbonate TBEF</i> | 1 | | <i>cyclosporine modified (for microemulsion) CAPS</i> | 1 | PA |
| <i>potassium chloride microencapsulated crystals er</i> | 1 | MP | <i>cyclosporine modified (for microemulsion) SOLN</i> | 1 | PA |
| <i>potassium chloride CPCR 10 MEQ</i> | 1 | MP | <i>cyclosporine CAPS</i> | 1 | PA |
| <i>potassium chloride CPCR 8 MEQ</i> | 1 | QL(1 EA daily); MP | <i>cyclosporine SOLN IV 50 MG/ML</i> | 1 | PA |
| <i>potassium chloride PACK PO 20 MEQ</i> | 1 | | <i>everolimus (immunosuppressant)</i> | 1 | PA |
| <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i> | 1 | MP | GAMIFANT 10 MG/2ML, 50 MG/10ML | 2 | SP; PA |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | 1 | MP | <i>mycophenolate mofetil hcl</i> | 1 | PA |
| Zinc | | | <i>mycophenolate mofetil CAPS</i> | 1 | PA |
| <i>zinc sulfate CAPS</i> | 1 | | <i>mycophenolate mofetil SUSR</i> | 1 | PA |
| MISCELLANEOUS THERAPEUTIC CLASSES | | | | | |
| Chelating Agents | | | | | |
| <i>penicillamine TABS</i> | 1 | | <i>mycophenolate mofetil TABS</i> | 1 | PA |
| <i>trientine hcl 250 MG</i> | 1 | SP; PA | <i>mycophenolate sodium</i> | 1 | PA |
| Enzymes | | | | | |
| XIAFLEX | 2 | SP; PA | NULOJIX | 2 | SP; PA |
| Fecal Incontinence Bulking Agents | | | | | |
| SOLESTA | 2 | SP; PA | PROGRAF PACK | 2 | PA |
| Immunomodulators | | | | | |
| <i>lenalidomide</i> | 1 | SP; PA | SANDIMMUNE CAPS (<i>cyclosporine</i>) | 2 | PA |
| | | | SANDIMMUNE SOLN IV 50 MG/ML | 2 | PA |
| | | | <i>sirolimus SOLN</i> | 1 | PA |
| | | | <i>sirolimus TABS</i> | 1 | PA |
| | | | <i>tacrolimus CAPS</i> | 1 | PA |
| | | | <i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i> | 1 | PA |
| | | | <i>tacrolimus SOLN 5 MG/ML</i> | 1 | PA |
| | | | THYMOGLOBULIN | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| Lymphatic Agents | | |
| SYLVANT | 2 | SP; PA |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents | | |
| VIJOICE TBPk | 2 | SP; PA |
| Potassium Removing Agents | | |
| LOKELMA | NP | |
| LOKELMA | 2 | |
| <i>sodium polystyrene sulfonate POWD</i> | 1 | QL(454 GM per fill retail) |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | 1 | |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | NP | |
| 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 | | |
| FLUORIDEX DAILY RENEWAL CONC 0.63 % | 2 | RX/OTC |
| PERIOMED CONC 0.63 % | 2 | RX/OTC |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| <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 | | |
| ACTIVITE TABS 1 MG | 2 | QL(1 EA daily); RX/OTC |
| <i>b-complex w/ c & folic acid CAPS</i> | 1 | QL(1 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|---|-----------|---------------------------|
| <i>b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG</i> | 1 | QL(1 EA daily); RX/OTC | MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG | 2 | QL(1 EA daily); RX/OTC | MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG | 2 | QL(1 EA daily); RX/OTC |
| MI-VITE RX TABS 1 MG | 2 | QL(1 EA daily); RX/OTC | MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| MYNEPHRON CAPS 1 MG | 2 | QL(1 EA daily); RX/OTC | NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| NUTRIVIO CAPS 1 MG | 2 | QL(1 EA daily); RX/OTC | ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| RENAL CAPS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| RENO CAPS CAPS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| TM-VITE RX TABS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| TRIPHROCAPS CAPS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| TRONVITE TABS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| VITASURE TABS 1 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| Multiple Vitamins w/ Iron | | | | | |
| DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG | 2 | QL(1 EA daily); RX/OTC | | | |
| DESTRESS-IRON TABS | 2 | QL(1 EA daily); RX/OTC | | | |
| FLORAVITA MINI TABS | 2 | QL(1 EA daily); RX/OTC | | | |
| MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG | 2 | QL(1 EA daily); RX/OTC | | | |
| <i>multiple vitamins w/ iron TABS</i> | 1 | QL(1 EA daily); RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG | 2 | QL(1 EA daily); RX/OTC |
| ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT | 2 | QL(1 EA daily); RX/OTC |
| QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT | 2 | QL(1 EA daily); RX/OTC |
| STRESS FORMULA/IRON/ENERGY TABS | 2 | QL(1 EA daily); RX/OTC |
| STRESS FORMULA/IRON TABS | 2 | QL(1 EA daily); RX/OTC |
| TAB-A-VITE/IRON/BETA CAROTENE TABS | 2 | QL(1 EA daily); RX/OTC |
| TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG | 2 | QL(1 EA daily); RX/OTC |
| 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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| 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) |
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC | 1 | QL(1 ea daily); AL(Up to 13 yrs old) |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND | 2 | QL(50ml per fill retail); AL(Up to 13 yrs old) |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC | 1 | QL(50ml per fill retail); AL(Up to 13 yrs old) |
| <i>pediatric vitamins acd w/ fluoride SOLN</i> | 1 | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| SOLUVITA ACD WITH FLUORIDE SOLN | 2 | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN | 2 | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| Ped MV w/ Iron | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|---|-----------|---------------------|
| BPROTECTED PEDIA POLY-VITE/FE SOLN | 2 | | AMRIX CP24 (cyclobenzaprine hcl) | NP | |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML | 2 | | baclofen SOLN PO 5 MG/5ML, 10 MG/5ML | NP | |
| MULTIVITAMIN DROPS/IRON SOLN | 2 | | baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML | 1 | SP; PA |
| MULTIVITAMIN INFANT & TODDLER SOLN | 2 | | baclofen SUSP | NP | |
| NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML | 2 | QL(60 ML per fill retail) | baclofen TABS 5 MG | 1 | PA |
| PC PEDIATRIC POLY-VITA/FE DROP SOLN | 2 | QL(60 ML per fill retail) | baclofen TABS 10 MG, 20 MG | 1 | MP |
| POLY-VITA/IRON SOLN | 2 | QL(60 ML per fill retail) | baclofen TABS 15 MG | 1 | |
| POLY-VITE/IRON SOLN | 2 | | carisoprodol TABS 250 MG | NP | PA |
| Pediatric Multiple Vitamins | | | carisoprodol TABS 350 MG | 1 | MP; PA |
| BPROTECTED PEDIA POLY-VITE SOLN PO | 2 | | chlorzoxazone TABS 250 MG, 375 MG, 750 MG | 1 | |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO | 2 | | chlorzoxazone TABS 500 MG | 1 | MP |
| POLY-VI-SOL SOLN PO | 2 | | cyclobenzaprine hcl CP24 | NP | |
| POLY-VITA SOLN PO | 2 | | cyclobenzaprine hcl TABS 5 MG, 10 MG | 1 | QL(3 EA daily); MP |
| POLY-VITE PEDIATRIC SOLN PO | 2 | | cyclobenzaprine hcl TABS 7.5 MG | 1 | QL(4 EA daily) |
| Prenatal Vitamins | | | FLEQSUVY SUSP (baclofen) | NP | |
| PRENATAL VITAMINS-ASSORTED BRAND | 2 | QL(30 ea per 30 days retail); RX/OTC | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML | 2 | SP; PA |
| PRENATAL VITAMINS-ASSORTED GENERIC | 1 | QL(30 ea per 30 days retail); RX/OTC | LIORESAL SOLN IT | 2 | SP; PA |
| Vitamins w/ Lipotropics | | | LYVISPAH PACK | NP | |
| vitamins w/ lipotropics CAPS | 1 | QL(1 EA daily) | metaxalone | 1 | |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | | METAXALONE 640 MG | 2 | |
| Articular Cartilage Repair Therapy | | | methocarbamol TABS 1000 MG | NP | |
| MACI | 2 | SP; PA | methocarbamol TABS 500 MG | 1 | MP |
| Central Muscle Relaxants | | | methocarbamol TABS 750 MG, 1000 MG | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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 8 MG</i> | NP | |
| <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 |
| 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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>azelastine hcl-fluticasone propionate SUSP</i> | 1 | |
| DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>) | NP | |
| 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) |
| <i>fluticasone propionate (nasal) SUSP</i> | 1 | QL(16 ML per fill retail); RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i> | 1 | QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC |
| Sympathomimetic Decongestants | | |
| ADRENALIN 0.1 % | 2 | |
| <i>epinephrine hcl (nasal)</i> | 1 | |
| <i>phenylephrine hcl (oral) TABS</i> | 1 | QL(24 EA per fill retail) |
| <i>pseudoephedrine hcl TABS</i> | 1 | |
| <i>pseudoephedrine hcl TB12</i> | 1 | QL(2 EA daily) |
| SUDAFED CHILDRENS LIQD | 2 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|-----------------------|-----------|---------------------|
| SUDAFED PE CHILDRENS SOLN | 2 | QL(120 ML per fill retail) | ELEVIDYS 35.5-36.4 KG | 2 | SP; PA |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | | ELEVIDYS 36.5-37.4 KG | 2 | SP; PA |
| ALS Agents | | | ELEVIDYS 37.5-38.4 KG | 2 | SP; PA |
| <i>riluzole TABS</i> | 1 | PA | ELEVIDYS 38.5-39.4 KG | 2 | SP; PA |
| TEGLUTIK SUSP | 2 | SP; PA | ELEVIDYS 39.5-40.4 KG | 2 | SP; PA |
| TIGLUTIK SUSP | 2 | SP; PA | ELEVIDYS 40.5-41.4 KG | 2 | SP; PA |
| Muscular Dystrophy Agents | | | ELEVIDYS 41.5-42.4 KG | 2 | SP; PA |
| AMONDYS 45 | 2 | SP; PA | ELEVIDYS 42.5-43.4 KG | 2 | SP; PA |
| ELEVIDYS 10.0-10.4 KG | 2 | SP; PA | ELEVIDYS 43.5-44.4 KG | 2 | SP; PA |
| ELEVIDYS 10.5-11.4 KG | 2 | SP; PA | ELEVIDYS 44.5-45.4 KG | 2 | SP; PA |
| ELEVIDYS 11.5-12.4 KG | 2 | SP; PA | ELEVIDYS 45.5-46.4 KG | 2 | SP; PA |
| ELEVIDYS 12.5-13.4 KG | 2 | SP; PA | ELEVIDYS 46.5-47.4 KG | 2 | SP; PA |
| ELEVIDYS 13.5-14.4 KG | 2 | SP; PA | ELEVIDYS 47.5-48.4 KG | 2 | SP; PA |
| ELEVIDYS 14.5-15.4 KG | 2 | SP; PA | ELEVIDYS 48.5-49.4 KG | 2 | SP; PA |
| ELEVIDYS 15.5-16.4 KG | 2 | SP; PA | ELEVIDYS 49.5-50.4 KG | 2 | SP; PA |
| ELEVIDYS 16.5-17.4 KG | 2 | SP; PA | ELEVIDYS 50.5-51.4 KG | 2 | SP; PA |
| ELEVIDYS 17.5-18.4 KG | 2 | SP; PA | ELEVIDYS 51.5-52.4 KG | 2 | SP; PA |
| ELEVIDYS 18.5-19.4 KG | 2 | SP; PA | ELEVIDYS 52.5-53.4 KG | 2 | SP; PA |
| ELEVIDYS 19.5-20.4 KG | 2 | SP; PA | ELEVIDYS 53.5-54.4 KG | 2 | SP; PA |
| ELEVIDYS 20.5-21.4 KG | 2 | SP; PA | ELEVIDYS 54.5-55.4 KG | 2 | SP; PA |
| ELEVIDYS 21.5-22.4 KG | 2 | SP; PA | ELEVIDYS 55.5-56.4 KG | 2 | SP; PA |
| ELEVIDYS 22.5-23.4 KG | 2 | SP; PA | ELEVIDYS 56.5-57.4 KG | 2 | SP; PA |
| ELEVIDYS 23.5-24.4 KG | 2 | SP; PA | ELEVIDYS 57.5-58.4 KG | 2 | SP; PA |
| ELEVIDYS 24.5-25.4 KG | 2 | SP; PA | ELEVIDYS 58.5-59.4 KG | 2 | SP; PA |
| ELEVIDYS 25.5-26.4 KG | 2 | SP; PA | ELEVIDYS 59.5-60.4 KG | 2 | SP; PA |
| ELEVIDYS 26.5-27.4 KG | 2 | SP; PA | ELEVIDYS 60.5-61.4 KG | 2 | SP; PA |
| ELEVIDYS 27.5-28.4 KG | 2 | SP; PA | ELEVIDYS 61.5-62.4 KG | 2 | SP; PA |
| ELEVIDYS 28.5-29.4 KG | 2 | SP; PA | ELEVIDYS 62.5-63.4 KG | 2 | SP; PA |
| ELEVIDYS 29.5-30.4 KG | 2 | SP; PA | ELEVIDYS 63.5-64.4 KG | 2 | SP; PA |
| ELEVIDYS 30.5-31.4 KG | 2 | SP; PA | ELEVIDYS 64.5-65.4 KG | 2 | SP; PA |
| ELEVIDYS 31.5-32.4 KG | 2 | SP; PA | ELEVIDYS 65.5-66.4 KG | 2 | SP; PA |
| ELEVIDYS 32.5-33.4 KG | 2 | SP; PA | ELEVIDYS 66.5-67.4 KG | 2 | SP; PA |
| ELEVIDYS 33.5-34.4 KG | 2 | SP; PA | ELEVIDYS 67.5-68.4 KG | 2 | SP; PA |
| ELEVIDYS 34.5-35.4 KG | 2 | SP; PA | ELEVIDYS 68.5-69.4 KG | 2 | SP; PA |
| | | | ELEVIDYS 69.5 KG PLUS | 2 | SP; PA |
| | | | EXONDYS 51 | 2 | SP; PA |
| | | | VILTEPSO | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| VYONDYS 53 | 2 | SP; PA |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX IJ | 2 | SP; PA |
| DYSPOORT | 2 | SP; PA |
| MYOBLOC | 2 | SP; PA |
| XEOMIN | 2 | SP; PA |
| Spinal Muscular Atrophy Agents (SMA) | | |
| EVRYSDI PO 5 MG | 2 | SP |
| EVRYSDI | 2 | SP; PA |
| 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 |
| ZOLGENSMA 12.1-12.5 KG | 2 | SP; PA |
| ZOLGENSMA 12.6-13.0 KG | 2 | SP; PA |
| ZOLGENSMA 13.1-13.5 KG | 2 | SP; PA |
| ZOLGENSMA 13.6-14.0 KG | 2 | SP; PA |
| ZOLGENSMA 14.1-14.5 KG | 2 | SP; PA |
| ZOLGENSMA 14.6-15.0 KG | 2 | SP; PA |
| ZOLGENSMA 15.1-15.5 KG | 2 | SP; PA |
| ZOLGENSMA 15.6-16.0 KG | 2 | SP; PA |
| ZOLGENSMA 16.1-16.5 KG | 2 | SP; PA |
| ZOLGENSMA 16.6-17.0 KG | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| ZOLGENSMA 17.1-17.5 KG | 2 | SP; PA |
| ZOLGENSMA 17.6-18.0 KG | 2 | SP; PA |
| ZOLGENSMA 18.1-18.5 KG | 2 | SP; PA |
| ZOLGENSMA 18.6-19.0 KG | 2 | SP; PA |
| ZOLGENSMA 19.1-19.5 KG | 2 | SP; PA |
| ZOLGENSMA 19.6-20.0 KG | 2 | SP; PA |
| ZOLGENSMA 2.6-3.0 KG | 2 | SP; PA |
| ZOLGENSMA 20.1-20.5 KG | 2 | SP; PA |
| ZOLGENSMA 3.1-3.5 KG | 2 | SP; PA |
| ZOLGENSMA 3.6-4.0 KG | 2 | SP; PA |
| ZOLGENSMA 4.1-4.5 KG | 2 | SP; PA |
| ZOLGENSMA 4.6-5.0 KG | 2 | SP; PA |
| ZOLGENSMA 5.1-5.5 KG | 2 | SP; PA |
| ZOLGENSMA 5.6-6.0 KG | 2 | SP; PA |
| ZOLGENSMA 6.1-6.5 KG | 2 | SP; PA |
| ZOLGENSMA 6.6-7.0 KG | 2 | SP; PA |
| ZOLGENSMA 7.1-7.5 KG | 2 | SP; PA |
| ZOLGENSMA 7.6-8.0 KG | 2 | SP; PA |
| ZOLGENSMA 8.1-8.5 KG | 2 | SP; PA |
| ZOLGENSMA 8.6-9.0 KG | 2 | SP; PA |
| ZOLGENSMA 9.1-9.5 KG | 2 | SP; PA |
| ZOLGENSMA 9.6-10.0 KG | 2 | SP; PA |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Artificial Tears and Lubricants | | |
| <i>polyvinyl alcohol 1.4 %</i> | 1 | QL(15 ML per fill retail) |
| <i>white petrolatum-mineral oil</i> | 1 | QL(5 GM per fill retail) |
| Beta-blockers - Ophthalmic | | |
| <i>betaxolol hcl (ophth) SOLN</i> | NP | QL(5 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>brimonidine tartrate-timolol maleate</i> | NP | |
| <i>carteolol hcl (ophth)</i> | 1 | 1 max fill(s) per 30 day(s) retail |
| COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) | 2 | |
| DORZOLAMIDE HCL-TIMOLOL MAL | 2 | QL(10 ML per fill retail) |
| <i>dorzolamide hcl-timolol maleate</i> | 1 | QL(10 ML per fill retail) |
| <i>dorzolamide hcl-timolol maleate</i> | 1 | |
| ISTALOL SOLN (<i>timolol maleate (ophth)</i>) | 2 | |
| <i>levobunolol hcl 0.5 %</i> | 1 | |
| <i>timolol maleate (ophth) SOLG 0.25 %</i> | 1 | |
| <i>timolol maleate (ophth) SOLN 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) |
| TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 % | 2 | |
| TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>) | NP | QL(60 EA per fill retail) |
| Cycloplegic Mydriatics | | |
| <i>atropine sulfate (ophthalmic) OINT</i> | 1 | QL(4 GM per fill retail) |
| <i>atropine sulfate (ophthalmic) SOLN</i> | 1 | QL(5 ML per fill retail) |
| ATROPINE SULFATE SOLN 1 % | 2 | QL(5 EA per fill retail) |
| CYCLOGYL 0.5 % | 2 | QL(15 ML per fill retail) |
| <i>cyclopentolate hcl 1 %</i> | 1 | QL(5 ML per fill retail) |
| <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i> | 1 | QL(5 ML per fill retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>tropicamide SOLN 0.5 %</i> | 1 | QL(15 ML per fill retail) |
| <i>tropicamide SOLN 1 %</i> | 1 | QL(3 ML per fill retail) |
| Miotics | | |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1 | |
| Ophthalmic - Angiogenesis Inhibitors | | |
| BEVACIZUMAB IZ 2.75 MG/0.11ML | 2 | PA |
| BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML | 2 | SP; PA |
| EYLEA SOLN | 2 | SP; PA |
| LUCENTIS SOSY | 2 | SP; PA |
| Ophthalmic Adrenergic Agents | | |
| ALPHAGAN P (<i>brimonidine tartrate</i>) | 2 | |
| <i>apraclonidine hcl</i> | 1 | |
| <i>brimonidine tartrate 0.2 %</i> | 1 | QL(5 ML per fill retail) |
| <i>brimonidine tartrate 0.1 %, 0.15 %</i> | NP | |
| 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> | NP | QL(3 ML per fill retail) |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| <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) |
| TOBEX OINT | 2 | QL(4 GM per fill retail) |
| VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>) | NP | QL(3 ML per fill retail) |
| Ophthalmic Decongestants | | |
| <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i> | 1 | 1 max fill(s) per 30 day(s) retail |
| <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 | | |
| TETRACAINE HCL 0.5 % | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <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) |
| <i>neomycin-polymy-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. | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| 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) |
| ILEVRO | NP | |
| <i>ketorolac tromethamine (ophth) 0.5 %</i> | NP | QL(5 ML per fill retail) |
| <i>ketorolac tromethamine (ophth) 0.4 %</i> | NP | 1 max fill(s) per 30 day(s) 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <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 | | |
| <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 5 GM/100ML, 10 GM/200ML, 20 GM/400ML | 2 | SP; PA |
| GAMASTAN IM | 2 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| 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 110 UNIT/0.5ML | 2 | SP; PA |
| HYPERRHO MINI-DOSE SOSY IM 250 UNIT | 2 | SP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ZINPLAVA | 2 | SP; PA |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | 2 | SP; PA |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin CAPS</i> | 1 | |
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | 1 | |
| <i>amoxicillin SUSR</i> | 1 | |
| <i>amoxicillin TABS 875 MG</i> | 1 | |
| <i>ampicillin CAPS 500 MG</i> | 1 | |
| Natural Penicillins | | |
| <i>penicillin v potassium SOLR</i> | 1 | |
| <i>penicillin v potassium TABS</i> | 1 | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate CHEW</i> | 1 | QL(20 EA per fill retail) |
| <i>amoxicillin & pot clavulanate SUSR</i> | 1 | |
| <i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i> | 1 | QL(20 EA per fill retail) |
| <i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i> | 1 | QL(30 EA per fill retail) |
| <i>amoxicillin & pot clavulanate TB12</i> | 1 | QL(1.34 EA daily) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|-------------------------------|
| SIMPLYTHICK EASYMIX LEVEL 1 | 2 | QL(1816 GM per fill retail); AL(At least 2 yrs old) | ADLARITY PTWK | NP | |
| SIMPLYTHICK EASYMIX LEVEL 2 | 2 | QL(1816 GM per fill retail); AL(At least 2 yrs old) | <i>donepezil hydrochloride</i> TABS 23 MG | 1 | |
| SIMPLYTHICK EASYMIX LEVEL 3 | 2 | QL(1816 GM per fill retail); AL(At least 2 yrs old) | <i>donepezil hydrochloride</i> TABS 5 MG, 10 MG | 1 | QL(1 EA daily); MP |
| Liquid Vehicles | | | <i>donepezil hydrochloride</i> TBDP | 1 | |
| <i>glycine diluent</i> | 1 | SP; PA | EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>) | 2 | QL(1 EA daily) |
| STERILE DILUENT FLOLAN PH 12 | 2 | SP; PA | EXELON 13.3 MG/24HR (<i>rivastigmine</i>) | 2 | |
| Semi Solid Vehicles | | | <i>galantamine hydrobromide</i> CP24 | NP | QL(1 EA daily) |
| LANOLIN XX | 2 | | <i>galantamine hydrobromide</i> SOLN | NP | QL(6 ML daily) |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | | <i>galantamine hydrobromide</i> TABS | 1 | QL(2 EA daily) |
| Progestins | | | <i>memantine hcl</i> CP24 | 1 | |
| <i>medroxyprogesterone acetate</i> 2.5 MG, 5 MG, 10 MG | 1 | MP | <i>memantine hcl</i> SOLN | NP | QL(10 ML daily) |
| <i>norethindrone acetate</i> TABS | 1 | MP | <i>memantine hcl</i> TABS | 1 | QL(2 EA daily); MP |
| <i>progesterone</i> CAPS 100 MG | 1 | QL(1 EA daily) | <i>memantine hcl</i> TABS | NP | QL(1 EA per 28 day(s) retail) |
| <i>progesterone</i> CAPS 200 MG | 1 | QL(20 EA per 30 day(s) retail) | NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>) | NP | QL(1 EA per 28 day(s) retail) |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | | <i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR | NP | QL(1 EA daily) |
| Agents for Chemical Dependency | | | <i>rivastigmine</i> 13.3 MG/24HR | NP | |
| <i>acamprosate calcium</i> | 1 | | <i>rivastigmine tartrate</i> CAPS | 1 | QL(2 EA daily) |
| <i>disulfiram</i> 250 MG | 1 | | ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG | NP | |
| Anti-Cataleptic Agents | | | Cerebral Adrenoleukodystrophy (CALD) Agents | | |
| <i>sodium oxybate</i> SOLN | 1 | SP; PA | SKYSONA | 2 | SP; PA |
| Antidementia Agents | | | Combination Psychotherapeutics | | |
| | | | LYBALVI | NP | |
| | | | <i>perphenazine-amitriptyline</i> | 1 | QL(4 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| Fibromyalgia Agents | | |
| <i>milnacipran hcl MISC</i> | 1 | QL(55 EA per 365 day(s) retail); PA |
| <i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i> | 1 | QL(2 EA daily); PA |
| Movement Disorder Drug Therapy | | |
| AUSTEDO XR PATIENT TITRATION TEPK | 2 | SP; PA |
| AUSTEDO XR PATIENT TITRATION TEPK | 2 | SP; PA |
| AUSTEDO XR TB24 | 2 | SP; PA |
| AUSTEDO XR TB24 | 2 | SP; PA |
| AUSTEDO TABS | 2 | SP; PA |
| INGREZZA CAPS | 2 | SP; PA |
| INGREZZA CPSP | 2 | SP; PA |
| <i>tetrabenazine</i> | NP | SP; PA |
| XENAZINE (<i>tetrabenazine</i>) | NP | SP; PA |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | 2 | SP; PA |
| AVONEX PREFILLED PSKT | 2 | SP; PA |
| BAFIERTAM | NP | SP |
| BRIUMVI | NP | SP |
| COPAXONE SOSY (<i>glatiramer acetate</i>) | 2 | SP; PA |
| <i>dalfampridine</i> | 1 | SP; PA |
| <i>dimethyl fumarate CDPK</i> | 1 | SP; PA |
| <i>dimethyl fumarate CPDR</i> | 1 | SP; PA |
| <i>fingolimod hcl</i> | 1 | SP; PA |
| GILENYA | NP | SP; PA |
| GILENYA (<i>fingolimod hcl</i>) | NP | SP; PA |
| <i>glatiramer acetate SOSY</i> | NP | SP; PA |
| KESIMPTA | 2 | SP; PA |
| MAYZENT STARTER PACK TBPK 0.25 MG | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| MAYZENT TABS | NP | SP |
| OCREVUS ZUNOVO | NP | SP |
| PLEGRIDY SOSY IM | NP | SP |
| PONVORY STARTER PACK TBPK | NP | SP |
| PONVORY TABS | NP | SP |
| TASCENSO ODT | NP | SP |
| ZEPOSIA STARTER KIT CPPK | NP | SP |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| <i>fluoxetine hcl (pmdd) TABS 10 MG</i> | 1 | AL(At least 7 yrs old) |
| <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 | |
| Smoking Deterrents | | |
| <i>bupropion hcl (smoking deterrent)</i> | 0 | AL(At least 13 yrs old) |
| CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>) | 2 | QL(2 EA daily); AL(At least 13 yrs old) |
| CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>) | 2 | AL(At least 13 yrs old) |
| CHANTIX TABS (<i>varenicline tartrate</i>) | 2 | QL(2 EA daily); AL(At least 13 yrs old) |
| <i>nicotine polacrilex GUM</i> | 0 | AL(At least 13 yrs old) |
| <i>nicotine polacrilex LOZG</i> | 0 | AL(At least 13 yrs old) |
| NICOTINE KIT | 0 | AL(At least 13 yrs old) |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | 0 | AL(At least 13 yrs old) |
| NICOTROL NS SOLN | NP | AL(At least 13 yrs old); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| NICOTROL INHA | NP | AL(At least 13 yrs old); PA |
| <i>varenicline tartrate TABS</i> | 1 | QL(2 EA daily); AL(At least 13 yrs old) |
| <i>varenicline tartrate TBPK</i> | 1 | AL(At least 13 yrs old) |
| Transthyretin Amyloidosis Agents | | |
| ONPATTRO | 2 | SP; PA |
| TEGSEDI | 2 | SP; PA |
| Vasomotor Symptom Agents | | |
| <i>paroxetine mesylate (vasomotor)</i> | NP | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Alpha-Proteinase Inhibitor (Human) | | |
| ARALAST NP SOLR 500 MG, 1000 MG | 2 | SP; PA |
| GLASSIA SOLN | 2 | SP; PA |
| ZEMAIRA SOLR 1000 MG | 2 | SP; PA |
| Cystic Fibrosis Agents | | |
| KALYDECO PACK 50 MG, 75 MG | 2 | SP; PA |
| KALYDECO TABS | 2 | SP; PA |
| ORKAMBI PACK | 2 | SP; PA |
| ORKAMBI TABS | 2 | SP; PA |
| PULMOZYME | 2 | SP; PA |
| SYMDEKO | 2 | SP; PA |
| TRIKAFTA TBPK 100 MG-50 MG | 2 | QL(3 EA daily); SP; PA |
| Pulmonary Fibrosis Agents | | |
| <i>nintedanib esylate 100 MG, 150 MG</i> | 1 | SP; PA |
| <i>pirfenidone CAPS</i> | 1 | SP; PA |
| <i>pirfenidone TABS 534 MG</i> | 1 | SP |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Tetracyclines | | |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1 | |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i> | 1 | |
| <i>doxycycline hyclate CAPS</i> | 1 | |
| <i>doxycycline hyclate TABS 100 MG</i> | 1 | |
| <i>minocycline hcl CAPS</i> | 1 | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole TABS</i> | 1 | MP |
| <i>propylthiouracil</i> | 1 | MP |
| Thyroid Hormones | | |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG | 2 | MP |
| ARMOUR THYROID TABS | 2 | MP |
| EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG | 2 | MP |
| <i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i> | 1 | |
| <i>levothyroxine sodium TABS</i> | 1 | MP |
| <i>liothyronine sodium TABS</i> | 1 | MP |
| NIVA THYROID TABS | 2 | MP |
| NP THYROID TABS | 2 | MP |
| RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 2 | MP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| SYNTHROID TABS (<i>levothyroxine sodium</i>) | 2 | MP |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 2 | MP |
| TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>) | 2 | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | 0 | AL(At least 19 yrs old) |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML | 0 | AL(At least 19 yrs old) |
| BOOSTRIX SUSP | 0 | AL(At least 19 yrs old) |
| BOOSTRIX SUSY | 0 | AL(At least 19 yrs old) |
| DAPTACEL | 0 | AL(At least 19 yrs old) |
| INFANRIX | 0 | AL(At least 19 yrs old) |
| KINRIX SUSY | 0 | AL(At least 19 yrs old) |
| PEDIARIX SUSY | 0 | AL(At least 19 yrs old) |
| PENTACEL | 0 | AL(At least 19 yrs old) |
| QUADRACEL SUSP | 0 | AL(At least 19 yrs old) |
| QUADRACEL SUSY | 0 | AL(At least 19 yrs old) |
| TDVAX SUSP | 0 | AL(At least 19 yrs old) |
| TENIVAC SUSP 2 LFU-5 LFU | 0 | AL(At least 19 yrs old) |
| TETANUS-DIPHThERIA TOXOIDS TD SUSP | 0 | AL(At least 19 yrs old) |
| VAXELIS SUSP | 0 | AL(At least 19 yrs old) |
| VAXELIS SUSY | 0 | AL(At least 19 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| <i>dicyclomine hcl CAPS</i> | 1 | |
| <i>dicyclomine hcl SOLN PO</i> | 1 | QL(40 ML daily) |
| <i>dicyclomine hcl TABS</i> | 1 | |
| <i>glycopyrrolate TABS 1 MG, 2 MG</i> | 1 | QL(4 EA daily) |
| <i>hyoscyamine sulfate ELIX</i> | 1 | |
| <i>hyoscyamine sulfate SOLN 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 | |
| <i>hyoscyamine sulfate TBDP 0.125 MG</i> | 1 | |
| HYOSCYAMINE SULFATE TBDP 0.125 MG | 2 | |
| H-2 Antagonists | | |
| <i>cimetidine TABS 800 MG</i> | 1 | QL(500 EA per fill retail) |
| <i>cimetidine TABS 200 MG</i> | 1 | MP; RX/OTC |
| <i>cimetidine TABS 300 MG, 400 MG</i> | 1 | |
| <i>famotidine TABS 10 MG</i> | 1 | |
| <i>famotidine TABS 20 MG, 40 MG</i> | 1 | MP; RX/OTC |
| <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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>esomeprazole magnesium CPDR</i> | 1 | RX/OTC |
| <i>esomeprazole magnesium PACK</i> | 1 | |
| <i>lansoprazole CPDR</i> | 1 | |
| <i>lansoprazole TBDD</i> | 1 | PA; RX/OTC |
| NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>) | NP | RX/OTC |
| NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>) | NP | RX/OTC |
| NEXIUM PACK 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>) | 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 20 MG</i> | 1 | QL(1 EA daily) |
| <i>pantoprazole sodium TBEC 40 MG</i> | 1 | QL(2 EA daily) |
| PROTONIX PACK (<i>pantoprazole sodium</i>) | 2 | |
| <i>rabeprazole sodium TBEC</i> | 1 | |
| Ulcer Drugs - Prostaglandins | | |
| <i>misoprostol</i> | 1 | |
| Ulcer Therapy Combinations | | |
| KONVOMEK SUSR | NP | |
| <i>omeprazole-sodium bicarbonate CAPS</i> | NP | RX/OTC |
| <i>omeprazole-sodium bicarbonate PACK</i> | NP | |
| ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>) | NP | RX/OTC |
| ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>darifenacin hydrobromide</i> | 1 | |
| DETROL LA CP24 (<i>tolterodine tartrate</i>) | NP | QL(1 EA daily) |
| <i>fesoterodine fumarate</i> | 1 | |
| <i>oxybutynin chloride SOLN</i> | 1 | |
| <i>oxybutynin chloride TABS 5 MG</i> | 1 | QL(3 EA daily); MP |
| <i>oxybutynin chloride TABS 2.5 MG</i> | NP | |
| <i>oxybutynin chloride TB24</i> | 1 | QL(2 EA daily); MP |
| <i>solifenacin succinate TABS</i> | 1 | |
| <i>tolterodine tartrate CP24</i> | NP | QL(1 EA daily) |
| <i>tolterodine tartrate TABS</i> | 1 | QL(2 EA daily) |
| TOVIAZ (<i>fesoterodine fumarate</i>) | NP | |
| <i>tropium chloride CP24</i> | NP | |
| <i>tropium 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 | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------|-----------|---|--|-----------|--|
| ACTHIB SOLR IM | 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) |
| BCG VACCINE | 0 | 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) |
| BEXSERO 0.5 ML | 0 | 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) |
| BIOTHRAX | 0 | AL(At least 19 yrs old) | AFLURIA SUSP | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| HIBERIX SOLR IJ | 0 | AL(At least 19 yrs old) | AREXVY | 0 | QL(1 EA per fill retail); AL(At least 19 yrs old) |
| MENQUADFI 0.5 ML | 0 | AL(At least 19 yrs old) | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0 | |
| MENVEO SOLN | 0 | AL(At least 19 yrs old) | COMIRNATY SUSP | 0 | |
| MENVEO SOLR | 0 | AL(At least 19 yrs old) | COMIRNATY SUSY | 0 | |
| PEDVAX HIB SUSP | 0 | AL(At least 19 yrs old) | DENGVAXIA | 0 | AL(At least 19 yrs old) |
| PENBRAYA | 0 | 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) |
| PNEUMOVAX 23 SOLN | 0 | 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) |
| PNEUMOVAX 23 SOSY | 0 | AL(At least 19 yrs old) | FLUAD | 0 | 1 max fill(s) per 180 day(s) retail; 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 SOLR IJ | 0 | AL(At least 19 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|--|--------------------------------|-----------|--|
| FLUAD QUADRIVALENT | 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 QUADRIVALENT SUSY | 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) |
| FLUARIX SUSY | 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) |
| FLUBLOK 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) |
| FLUBLOK SOSY | 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) |
| FLUCELVAX QUADRIVALENT SUSP | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE QUADRIVALENT SUSP | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUCELVAX QUADRIVALENT SUSY | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE QUADRIVALENT SUSY | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUCELVAX SUSP | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE SUSP | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUCELVAX SUSY | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE SUSY | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLULAVAL QUADRIVALENT SUSY | 0 | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|-------------------------------------|-----------|---|
| 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) | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | 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) | PREHEVBRIO | 0 | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0 | AL(At least 19 yrs old) | PRIORIX SUSR | 0 | AL(At least 19 yrs old) |
| HEPLISAV-B SOSY | 0 | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | PROQUAD SUSR | 0 | AL(At least 19 yrs old) |
| IMOVAX RABIES SUSR | 0 | AL(At least 19 yrs old) | RABAVERT | 0 | AL(At least 19 yrs old) |
| IPOLE IJ | 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) |
| IXCHIQ | 0 | AL(At least 19 yrs old) | RECOMBIVAX HB SUSY | 0 | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| IXIARO | 0 | AL(At least 19 yrs old) | ROTARIX SUSP | 0 | AL(At least 19 yrs old) |
| JYNNEOS | 0 | AL(At least 19 yrs old) | ROTATEQ SOLN | 0 | AL(At least 19 yrs old) |
| M-M-R II SOLR | 0 | AL(At least 19 yrs old) | SHINGRIX | 0 | Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| MNEXSPIKE SUSY 10 MCG/0.2ML | 0 | | SHINGRIX IM 50 MCG/0.5ML | 0 | Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) |
| MODERNA COVID-19 VAC 6M-11Y SUSP | 0 | | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML | 0 | |
| MODERNA COVID-19 VAC 6M-11Y SUSY | 0 | | SPIKEVAX SUSP | 0 | |
| NOVAVAX COVID-19 VACCINE SUSP | 0 | | SPIKEVAX SUSY | 0 | |
| NOVAVAX COVID-19 VACCINE SUSY | 0 | | STAMARIL SUSR | 0 | AL(At least 19 yrs old) |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0 | | | | |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | 0 | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--------------------------------|
| TICOVAC | 0 | AL(At least 19 yrs old) | <i>miconazole nitrate vaginal CREA 2 %</i> | 1 | QL(45 GM per fill retail) |
| TWINRIX SUSY | 0 | AL(At least 19 yrs old) | <i>miconazole nitrate vaginal CREA 4 %</i> | 1 | QL(15 GM daily) |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML | 0 | AL(At least 19 yrs old) | <i>miconazole nitrate vaginal KIT</i> | 1 | QL(24 EA per fill retail) |
| VAQTA | 0 | AL(At least 19 yrs old) | <i>miconazole nitrate vaginal SUPP 100 MG</i> | 1 | QL(7 EA 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 SUPP 200 MG</i> | 1 | QL(3 EA per fill retail) |
| YF-VAX SUSR | 0 | AL(At least 19 yrs old) | NUVESSA | 2 | |
| VAGINAL AND RELATED PRODUCTS | | | <i>terconazole vaginal CREA 0.4 %</i> | 1 | QL(45 GM per fill retail) |
| Spermicides | | | <i>terconazole vaginal CREA 0.8 %</i> | 1 | QL(20 GM per fill retail) |
| ENCARE SUPP 100 MG | 2 | QL(12 EA per fill retail) | <i>terconazole vaginal SUPP</i> | 1 | QL(3 EA per fill retail) |
| OPTIONS GYNOL II CONTRACEPTIVE GEL | 2 | QL(86 GM per fill retail) | <i>tioconazole vaginal 6.5 %</i> | 1 | QL(5 GM per fill retail) |
| VCF VAGINAL CONTRACEPTIVE FILM | 2 | QL(9 EA per fill retail) | VANDAZOLE | NP | QL(70 GM per fill retail) |
| VCF VAGINAL CONTRACEPTIVE GEL | 2 | | XACIATO GEL | NP | |
| Vaginal Anti-infectives | | | Vaginal Anti-inflammatory Agents | | |
| CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>) | 2 | QL(40 GM per fill retail) | <i>hydrocortisone vaginal</i> | 1 | QL(85.2 GM per fill retail) |
| <i>clindamycin phosphate vaginal CREA</i> | NP | QL(40 GM per fill retail) | MONISTAT CARE INSTANT ITCH RLF 1 % | 2 | QL(85.2 GM per fill retail) |
| CLINDESSE | 2 | | Vaginal Estrogens | | |
| <i>clotrimazole vaginal CREA 1 %</i> | 1 | QL(45 GM per fill retail) | <i>estradiol vaginal CREA</i> | 1 | QL(43 GM per 30 day(s) retail) |
| <i>clotrimazole vaginal CREA 2 %</i> | 1 | QL(21 GM per fill retail) | <i>estradiol vaginal TABS</i> | 1 | |
| GYNAZOLE-1 | 2 | | PREMARIN | 2 | QL(43 GM per 30 day(s) retail) |
| <i>metronidazole vaginal</i> | 1 | QL(70 GM per fill retail) | Vaginal Progestins | | |
| <i>metronidazole vaginal</i> | 1 | | CRINONE GEL | 2 | AL(At least 15 yrs old) |
| MICONAZOLE 7 SUPP 100 MG | 2 | QL(7 EA per fill retail) | FIRST-PROGESTERONE VGS SUPP | 2 | AL(At least 15 yrs old) |
| | | | VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| | | | Anaphylaxis Therapy Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML | NP | QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail) |
| AUVI-Q SOAJ 0.3 MG/0.3ML | NP | QL(6 EA per 180 day(s) retail) |
| <i>epinephrine (anaphylaxis) SOAJ</i> | 1 | QL(6 EA per 180 day(s) retail) |
| <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 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) |
| 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</i> | 1 | |
| <i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i> | 1 | |
| <i>ergocalciferol CAPS</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| KEY-E CHEW | 2 | QL(2 EA daily) |
| <i>phytonadione TABS 5 MG</i> | 1 | |
| VITAMIN D3 LIQD PO 125 MCG/ML | 2 | |
| VITAMIN E/D-ALPHA CAPS 200 UNIT | 2 | QL(2 EA daily) |
| <i>vitamin e CAPS</i> | 1 | QL(2 EA daily) |
| VITAMIN E CAPS | 2 | QL(2 EA daily) |
| VITAMIN E CHEW | 2 | QL(2 EA daily) |
| Water Soluble Vitamins | | |
| <i>ascorbic acid TABS</i> | 1 | QL(100 EA per 34 day(s) retail) |
| B-1 TABS | 2 | QL(2.94 EA daily) |
| NIACIN ER CPCR | 2 | |
| NIACIN ER TBCR | 2 | |
| <i>niacin CPCR 250 MG, 500 MG</i> | 1 | |
| <i>niacin TABS 500 MG</i> | 1 | |
| <i>niacin TBCR</i> | 1 | |
| <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i> | 1 | |
| <i>riboflavin TABS</i> | 1 | QL(2.94 EA daily) |
| <i>thiamine hcl TABS</i> | 1 | QL(2.94 EA daily) |
| <i>thiamine mononitrate TABS 100 MG</i> | 1 | QL(2.94 EA daily) |

INDEX

| | | | | |
|---|----|--|--------------------------------------|--|
| 2SAN COVID-19 RAPID SELF TEST KIT | 49 | ACCU-CHEK SOFTCLIX LANCETS 61 | ACTI-LANCE SPECIAL LANCETS 17G | 61 |
| abacavir sulfate SOLN | 32 | ACCULA SARS-COV-2 | 49 | ACTI-LANCE UNIVERSAL 23G .. |
| abacavir sulfate TABS | 32 | ACCURETIC 12.5 MG-10 MG (quinapril-hydrochlorothiazide) | 24 | ACTIMMUNE 100 MCG/0.5ML |
| abacavir sulfate-lamivudine | 32 | ACCUTREND PLUS | 61 | ACTIVITE TABS 1 MG |
| ABILIFY ASIMTUFII PRSY 720 MG/2.4ML | 31 | ACE AEROSOL CLOUD ENHANCER MISC | 70 | ACTIVITY POUCH MISC |
| ABILIFY ASIMTUFII PRSY 960 MG/3.2ML | 31 | acebutolol hcl CAPS | 35 | ACTONEL TABS 150 MG (risedronate sodium) |
| ABILIFY MAINTENA PRSY | 31 | acetaminophen CHEW | 6 | ACTONEL TABS 35 MG (risedronate sodium) |
| ABILIFY MAINTENA SRER | 31 | acetaminophen ELIX | 6 | ACULAR (ketorolac tromethamine (ophth)) |
| ABILIFY MYCITE MAINTENANCE KIT | 31 | acetaminophen LIQD 160 MG/5ML | 6 | ACULAR LS (ketorolac tromethamine (ophth)) |
| ABILIFY MYCITE STARTER KIT | 31 | acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML | 6 | acyclovir CAPS |
| abiraterone acetate | 27 | acetaminophen SUPP 120 MG, 650 MG | 6 | acyclovir SUSP |
| ABRILADA (1 PEN) AJKT | 3 | acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML | 6 | acyclovir TABS PO 400 MG |
| ABRILADA (2 PEN) AJKT | 3 | acetaminophen TABS 325 MG, 500 MG | 6 | acyclovir TABS PO 800 MG |
| ABRILADA (2 SYRINGE) PSKT | 3 | acetaminophen w/ codeine SOLN .. | 7 | acyclovir topical CREA |
| ABRYSVO | 92 | acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG | 7 | acyclovir topical OINT |
| ABSORICA 10 MG, 20 MG, 40 MG (isotretinoin) | 41 | acetazolamide CP12 | 51 | ADACEL SUSP |
| ACAM2000 SOLR IJ | 92 | acetazolamide TABS | 51 | ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML |
| acamprosate calcium | 87 | acetic acid (otic) | 85 | ADALIMUMAB-AACF (2 PEN) AJKT . |
| acarbose | 16 | acetylcysteine SOLN | 41 | 3 |
| ACCU-CHEK FASTCLIX LANCETS . | 61 | ACTHAR GEL | 52 | ADALIMUMAB-AACF (2 SYRINGE) PSKT |
| ACCU-CHEK GUIDE CONTROL LIQD | 61 | ACTHIB SOLR IM | 92 | 3 |
| ACCU-CHEK GUIDE KIT | 61 | ACTI-LANCE 28G | 61 | ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT |
| ACCU-CHEK GUIDE ME KIT | 61 | ACTI-LANCE LITE LANCETS 28G | 61 | 3 |
| ACCU-CHEK GUIDE TEST STRP | 49 | | | ADALIMUMAB-AACF(PS/UV STARTER) AJKT |
| ACCU-CHEK SAFE-T PRO LANCETS | 61 | | | 3 |
| | | | | ADALIMUMAB-AATY (1 PEN) AJKT . |
| | | | | 3 |
| | | | | ADALIMUMAB-AATY (2 PEN) AJKT . |

| | | | | | |
|--|------------------|--|--------------------------------------|--|----|
| 3 | ADBRY SOAJ | 47 | ADVOCATE SAFETY LANCETS 26G | 61 | |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT | 3 | ADBRY SOSY | 47 | ADVOCATE SAFETY LANCETS 28G | 61 |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML | 3 | ADCETRIS | 26 | ADYNOVATE | 56 |
| ADALIMUMAB-ADAZ SOAJ | 3 | ADDERALL TABS (amphetamine- dextroamphetamine) | 1 | AEROCHAMBER HOLDING CHAMBER DEVI | 70 |
| ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML | 3 | ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1 | | AEROCHAMBER MINI CHAMBER DEVI | 70 |
| ADALIMUMAB-ADAZ SOSY | 3 | ADLARITY PTWK | 87 | AEROCHAMBER MV MISC | 70 |
| ADALIMUMAB-ADBAM (2 PEN) AJKT 3 | | ADRENALIN 0.1 % | 80 | AEROCHAMBER PLS FLOVU MTHPIECE DEVI | 70 |
| ADALIMUMAB-ADBAM (2 SYRINGE) PSKT | 3 | ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG | 89 | AEROCHAMBER PLUS FLO-VU INTERM DEVI | 70 |
| ADALIMUMAB-ADBAM(CD/UC/HS STRT) AJKT | 3 | ADULT AEROSOL MASK MISC .. | 70 | AEROCHAMBER PLUS FLO-VU LARGE DEVI | 70 |
| ADALIMUMAB-ADBAM(PS/UV STARTER) AJKT | 3 | ADULT MASK LARGE MISC | 70 | AEROCHAMBER PLUS FLO-VU LARGE MISC | 70 |
| ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML | 3 | ADVAIR DISKUS AEPB (fluticasone- salmeterol) | 11 | AEROCHAMBER PLUS FLO-VU LARGE MISC | 70 |
| ADALIMUMAB-BWWD SOSY 40 MG/0.4ML | 3 | ADVAIR HFA AERO (fluticasone- salmeterol) | 11 | AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | 70 |
| ADALIMUMAB-FKJP (2 PEN) AJKT . 3 | | ADVANCED MOBILE LANCET .. | 61 | AEROCHAMBER PLUS FLO-VU MEDIUM MISC | 70 |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT | 3 | ADVANTAGE SAFETY LANCETS 28G | 61 | AEROCHAMBER PLUS FLO-VU SMALL DEVI | 70 |
| ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML | 4 | ADVATE | 56 | AEROCHAMBER PLUS FLO-VU SMALL MISC | 70 |
| ADALIMUMAB-RYVK (2 PEN) AJKT . 4 | | ADVIN COVID-19 ANTIGEN TEST KIT | 49 | AEROCHAMBER PLUS FLOW VU MISC | 70 |
| ADALIMUMAB-RYVK (2 SYRINGE) PSKT | 4 | ADVOCATE ALCOHOL PREP PADS | 68 | AEROCHAMBER W/FLOWSIGNAL MISC | 70 |
| adapalene CREA | 41 | ADVOCATE LANCETS | 61 | AEROCHAMBER Z-STAT PLUS CHAMBR MISC | 70 |
| adapalene GEL | 42 | ADVOCATE LANCETS 30G | 61 | AEROCHAMBER Z-STAT PLUS MISC | 70 |
| ADAPALENE SOLN | 42 | ADVOCATE SAFETY LANCETS .61 | | AEROCHAMBER Z-STAT PLUS/LARGE MISC | 70 |
| adapalene-benzoyl peroxide GEL .41 | | ADVOCATE SAFETY LANCETS 21G | 61 | | |
| | | ADVOCATE SAFETY LANCETS 23G | 61 | | |

| | | | | | |
|--|-----|--|-----|---|----|
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | 70 | ALBUTEROL SULFATE NEBU | 11 | 0.075 MG/24HR, 0.1 MG/24HR ... | 54 |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC | 70 | albuterol sulfate SYRP | 11 | alosetron hcl | 55 |
| AEROCHAMBER2GO ANTI-STATIC DEVI | 70 | albuterol sulfate TABS | 11 | ALPHAGAN P (brimonidine tartrate) 83 | |
| AEROTRACH PLUS MISC | 70 | alclometasone dipropionate CREA | 44 | ALPHANATE SOLR | 56 |
| AEROVENT PLUS DEVI | 70 | alclometasone dipropionate OINT | .44 | ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT | 56 |
| AFLURIA PRESERVATIVE FREE SUSY | 92 | ALCOH-GLOVE CONTOURED WIPE | 68 | ALPRAZOLAM INTENSOL CONC | 10 |
| AFLURIA QUADRIVALENT SUSP | 92 | ALCOHOL PADS | 68 | alprazolam TABS | 10 |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | 92 | ALCOHOL PREP | 68 | alprazolam TB24 | 10 |
| AFLURIA SUSP | 92 | ALCOHOL PREP PADS | 68 | alprazolam TBDP | 10 |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 56 | ALCOHOL PREP PADS-MISC ... | 61 | ALPROLIX | 56 |
| AGAMATRIX ULTRA-THIN LANCETS | 61 | ALCOHOL SWABS | 68 | ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 56 |
| AIMSCO TWIST LANCETS 32G | .62 | ALCOHOL SWABSTICK | 68 | alum & mag hydrox-simethicone LIQD | 9 |
| AIMSCO TWIST LANCETS 33G | .62 | ALDURAZYME | 52 | alum & mag hydrox-simethicone SUSP 1200 MG/30ML-1200 MG/30ML-200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML | 9 |
| AIRDUO DIGIHALER | 11 | ALECENSA | 28 | ALUMINUM HYDROXIDE GEL SUSP | 9 |
| AIRS PEDIATRIC AEROSOL MASK MISC | 70 | alendronate sodium SOLN | 51 | amantadine hcl CAPS | 30 |
| AIRSUPRA | 11 | alendronate sodium TABS 35 MG, 70 MG | 51 | amantadine hcl SOLN | 30 |
| AJOVY SOAJ | 73 | alendronate sodium TABS 5 MG, 10 MG | 51 | amantadine hcl TABS | 30 |
| AJOVY SOSY | 73 | ALEVE PM 25 MG-220 MG | 59 | ambrisentan | 37 |
| AKLIEF | 42 | alfuzosin hcl | 56 | amcinonide CREA | 44 |
| albuterol sulfate AERS | 11 | ALL FLOW 1000 PFT FILTER MISC | 70 | amcinonide OINT | 44 |
| albuterol sulfate NEBU 0.083 % ... | 11 | allopurinol 100 MG, 300 MG | 56 | amiloride & hydrochlorothiazide .. | 51 |
| albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML | 11 | almotriptan malate | 74 | amiloride hcl TABS | 51 |
| albuterol sulfate NEBU | 11 | alogliptin benzoate | 17 | aminocaproic acid SOLN PO 0.25 | |
| | | alogliptin-metformin hcl | 16 | | |
| | | alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG | 16 | | |
| | | ALORA PTTW 0.025 MG/24HR, | | | |

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|--|----|--|----|--|----|
| GM/ML | 59 | amoxicillin CAPS | 86 | APTENSIO XR CP24 (methylphenidate hcl) | 2 |
| aminocaproic acid TABS 1000 MG 59 | | amoxicillin CHEW 125 MG, 250 MG . 86 | | APTIVUS CAPS | 32 |
| aminocaproic acid TABS 500 MG . | 59 | amoxicillin SUSR | 86 | AQUALANCE LANCETS 30G | 62 |
| amiodarone hcl TABS 200 MG | 10 | amoxicillin TABS 875 MG | 86 | AQUORAL SOLN | 76 |
| amitriptyline hcl TABS | 16 | amphetamine sulfate TABS | 1 | ARALAST NP SOLR 500 MG, 1000 MG | 89 |
| AMJEVITA SOAJ | 4 | amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG | 1 | ARBLI PO 10 MG/ML | 23 |
| AMJEVITA SOSY | 4 | amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | ARESTIN | 76 |
| AMJEVITA-PED 10KG TO <15KG SOSY | 4 | amphetamine-dextroamphetamine TABS | 1 | AREXVY | 92 |
| AMJEVITA-PED 15KG TO <30KG SOSY | 4 | ampicillin CAPS 500 MG | 86 | aripiprazole SOLN PO | 31 |
| amlodipine besylate TABS | 35 | AMRIX CP24 (cyclobenzaprine hcl) 79 | | aripiprazole TABS | 32 |
| amlodipine besylate-atorvastatin calcium | 36 | anastrozole | 27 | aripiprazole TBDP | 32 |
| amlodipine besylate-benazepril hcl 24 | | ANDEXXA 200 MG | 20 | ARISTADA 441 MG/1.6ML | 32 |
| amlodipine besylate-olmesartan medoxomil | 24 | ANDROGEL PUMP GEL TD (testosterone) | 8 | ARISTADA 662 MG/2.4ML | 32 |
| amlodipine besylate-valsartan | 24 | ANTIVERT CHEW 25 MG | 21 | ARISTADA 882 MG/3.2ML | 32 |
| amlodipine-valsartan- hydrochlorothiazide | 24 | ANUSOL-HC EX (hydrocortisone (rectal)) | 9 | ARMONAIR DIGIHALER | 11 |
| AMONDYS 45 | 81 | ANZUPGO CREA EX 20 MG/GM . | 47 | ARMOUR THYROID TABS | 89 |
| amoxapine | 16 | APLIGRAF DISK | 49 | arsenic trioxide 12 MG/6ML | 29 |
| amoxicillin & pot clavulanate CHEW . 86 | | APOKYN SOCT | 30 | artificial saliva SOLN | 76 |
| amoxicillin & pot clavulanate SUSR 86 | | apomorphine hydrochloride SOCT | 30 | ARZERRA | 26 |
| amoxicillin & pot clavulanate TABS 125 MG-250 MG | 86 | APONVIE EMUL | 21 | ascorbic acid TABS | 96 |
| amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 86 | | apraclonidine hcl | 83 | ASMANEX (120 METERED DOSES) AEPB | 11 |
| amoxicillin & pot clavulanate TB12 | 86 | aprepitant CAPS | 21 | ASMANEX (14 METERED DOSES) AEPB | 11 |
| | | aprepitant CPPK PO | 21 | ASMANEX (30 METERED DOSES) AEPB | 11 |
| | | APRETUDE | 32 | ASMANEX (60 METERED DOSES) AEPB | 11 |
| | | | | aspirin buffered (cal carb-mag carb- mag oxide) | 6 |

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|--|----|--|----|--|----|
| aspirin CHEW | 6 | 30G | 62 | B-1 TABS | 96 |
| ASPIRIN SUPP 300 MG | 6 | AURORA LANCET THIN 23G | 62 | bacitracin (topical) OINT | 42 |
| aspirin TABS 325 MG | 6 | AUSTEDO TABS | 88 | bacitracin zinc OINT | 42 |
| aspirin TBEC 81 MG, 325 MG | 6 | AUSTEDO XR PATIENT TITRATION TEPK | 88 | bacitracin-polymyxin b (ophth) | 83 |
| aspirin-dipyridamole | 57 | AUSTEDO XR TB24 | 88 | baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML | 79 |
| ASPRUZYO SPRINKLE PACK | 9 | AUVELITY | 15 | baclofen SOLN PO 5 MG/5ML, 10 MG/5ML | 79 |
| ASSURE COMFORT LANCETS 28G | 62 | AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML | 96 | baclofen SUSP | 79 |
| ASSURE LANCE LANCETS | 62 | AUVI-Q SOAJ 0.3 MG/0.3ML | 96 | baclofen TABS 10 MG, 20 MG | 79 |
| ASSURE LANCE LANCETS 21G | 62 | AVASTIN | 26 | baclofen TABS 15 MG | 79 |
| ASSURE LANCE PLUS SAFETY 25G | 62 | AVEED SOLN | 8 | baclofen TABS 5 MG | 79 |
| ASSURE LANCE PLUS SAFETY 30G | 62 | AVONEX PEN AJKT | 88 | BAFIERTAM | 88 |
| ASSURE LANCE SAFETY LANCET 28G | 62 | AVONEX PREFILLED PSKT | 88 | balsalazide disodium CAPS | 54 |
| atazanavir sulfate CAPS | 32 | AVOPEF SOLN 100 MG/5ML | 29 | BAQSIMI ONE PACK POWD | 17 |
| ATELVIA TBEC (risedronate sodium) | 51 | AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML | 5 | BAQSIMI TWO PACK POWD | 17 |
| atenolol & chlorthalidone | 24 | azacitidine SUSR | 26 | BASAGLAR TEMPO PEN SOPN | 18 |
| atenolol TABS | 35 | azathioprine TABS 50 MG | 75 | BCG VACCINE | 92 |
| ATGAM | 75 | azathioprine TABS 75 MG, 100 MG 75 | 75 | b-complex vitamins CAPS | 76 |
| atomoxetine hcl | 2 | azelastine hcl (ophth) | 85 | b-complex vitamins TABS | 76 |
| ATORVALIQ SUSP | 22 | azelastine hcl | 80 | b-complex w/ c & folic acid CAPS | 76 |
| atorvastatin calcium TABS | 23 | azelastine hcl-fluticasone propionate SUSP | 80 | b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG- 0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG | 77 |
| ATRALIN GEL (tretinoin) | 42 | azithromycin SUSR 100 MG/5ML | 60 | BD AUTOSHIELD DUO | 69 |
| atropine sulfate (ophthalmic) OINT | 83 | azithromycin SUSR 200 MG/5ML | 60 | BD GLUCOSE CHEW | 17 |
| atropine sulfate (ophthalmic) SOLN 83 | 83 | azithromycin TABS 250 MG | 61 | BD MICROTAINER LANCETS | 62 |
| ATROPINE SULFATE SOLN 1 % | 83 | azithromycin TABS 500 MG | 60 | BD PEN NEEDLE MICRO ULTRAFINE | 69 |
| AUM ALCOHOL PREP PADS | 68 | azithromycin TABS 600 MG | 60 | BD PEN NEEDLE MINI ULTRAFINE | 69 |
| AURORA LANCET SUPER THIN | | AZSTARYS | 2 | b complex w/ c CAPS | 76 |

| | | |
|--|--|---|
| BD PEN NEEDLE NANO 2ND GEN . 69 | benzonatate 200 MG 41 | BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML 83 |
| BD PEN NEEDLE NANO ULTRAFINE69 | benzoyl peroxide GEL 2.5 %, 5 %, 10 %42 | BEVACIZUMAB IZ 2.75 MG/0.11ML . 83 |
| BD PEN NEEDLE ORIG ULTRAFINE69 | benzoyl peroxide LIQD 5 %, 10 % .42 | BEVESPI AEROSPHERE11 |
| BD PEN NEEDLE SHORT ULTRAFINE69 | benzoyl peroxide LOTN 5 %, 10 % 42 | bexarotene (topical)43 |
| BD PEN NEEDLES69 | BENZOYL PEROXIDE LOTN 5 %, 10 %42 | bexarotene 29 |
| BD SWAB SINGLE USE REGULAR 68 | benztropine mesylate TABS29 | BEXSERO 0.5 ML 92 |
| BD VERITOR SYSTEM SARS-COV- 249 | BERINERT KIT57 | BEYFORTUS86 |
| beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT 11 | betaine52 | bicalutamide27 |
| BEDDING SPRAY LICE TREATMENT AERO 0.5 %48 | betamethasone dipropionate (topical) CREA45 | BIKTARVY 120 MG-30 MG-15 MG 32 |
| BELEODAQ28 | betamethasone dipropionate (topical) LOTN45 | BIKTARVY 200 MG-50 MG-25 MG 32 |
| BELRAPZO SOLN25 | betamethasone dipropionate (topical) OINT45 | BILAC CAPS19 |
| BENADRYL ALLERGY EXTRA STR TABS21 | betamethasone dipropionate augmented CREA45 | bimatoprost SOLN 85 |
| benazepril & hydrochlorothiazide .24 | betamethasone dipropionate augmented GEL 0.05 %45 | BIMZELX SOAJ 160 MG/ML 43 |
| benazepril hcl 40 MG23 | betamethasone dipropionate augmented LOTN45 | BIMZELX SOAJ 320 MG/2ML43 |
| benazepril hcl 5 MG, 10 MG, 20 MG . 23 | betamethasone dipropionate augmented OINT45 | BIMZELX SOSY 160 MG/ML43 |
| BENDAMUSTINE HCL SOLN25 | betamethasone valerate CREA ...45 | BIMZELX SOSY 320 MG/2ML43 |
| bendamustine hcl SOLR25 | betamethasone valerate FOAM ...45 | BINAXNOW COVID-19 AG CARD 49 |
| BENDEKA SOLN25 | betamethasone valerate LOTN ...45 | BINAXNOW COVID-19 AG HOME TEST KIT49 |
| BENEFIX KIT56 | betamethasone valerate OINT45 | BINAXNOW COVID-19 ANTIGEN SELF KIT49 |
| BENLYSTA SOLR76 | betaxolol hcl (ophth) SOLN82 | BIOCORE DAILY CAPS19 |
| BENZAC AC WASH LIQD 5 %42 | betaxolol hcl35 | BIOCORE IMMUNE+ CAPS19 |
| BENZNIDAZOLE9 | bethanechol chloride91 | BIOCORE RESTORE CAPS19 |
| benzonatate 100 MG41 | BETHKIS NEBU (tobramycin)2 | BIONARA ULTRA CPDR19 |
| | | BIOSTORA CAPS19 |
| | | BIOTHRAX92 |

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|---|----|--|----|---|----|
| bisacodyl SUPP | 60 | BREATHE EASE NEB MASK/CHILD MISC | 71 | BUBBLES THE FISH II PEDI MASK MISC | 71 |
| bisacodyl TBEC | 60 | BREATHE EASE NEB MASK/INFANT MISC | 71 | BUCAPSOL PO 7.5 MG, 10 MG, 15 MG | 9 |
| bismuth subsalicylate CHEW 262 MG | 19 | BREATHE EASE SMALL DEVI ... | 71 | budesonide (inhalation) SUSP | 11 |
| bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML | 19 | BREATHERITE VALVED MDI CHAMBER DEVI | 71 | budesonide TB24 | 40 |
| bisoprolol & hydrochlorothiazide .. | 24 | BREO ELLIPTA | 11 | budesonide-formoterol fumarate dihydrate | 11 |
| bisoprolol fumarate | 35 | BREZTRI AEROSPHERE | 11 | bumetanide TABS | 51 |
| bisoprolol fumarate 2.5 MG | 35 | BRIDION SOLN | 20 | BUPHENYL POWD (sodium phenylbutyrate) | 52 |
| BIVIGAM SOLN | 85 | BRILINTA 60 MG, 90 MG (ticagrelor) 57 | | BUPHENYL TABS (sodium phenylbutyrate) | 52 |
| BLINCYTO | 26 | brimonidine tartrate 0.1 %, 0.15 % | 83 | buprenorphine hcl SUBL | 8 |
| BONJESTA TBCR | 21 | brimonidine tartrate 0.2 % | 83 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ... | 8 |
| BONSITY SOPN 560 MCG/2.24ML 51 | | brimonidine tartrate-timolol maleate . | 83 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG | 7 |
| BOOSTRIX SUSP | 90 | BRIUMVI | 88 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG | 7 |
| BOOSTRIX SUSY | 90 | brivaracetam SOLN IV 50 MG/5ML | 13 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG | 7 |
| bortezomib SOLR IJ | 28 | BRIXADI (WEEKLY) SOSY | 7 | buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG | 8 |
| bosentan TABS | 37 | BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML | 7 | buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG | 8 |
| BOSULIF TABS 100 MG, 500 MG | 28 | bromfenac sodium (ophth) 0.075 %, 0.09 % | 85 | buprenorphine PTWK | 8 |
| BOTOX IJ | 82 | bromocriptine mesylate CAPS | 30 | bupropion hcl (smoking deterrent) | 88 |
| BPROTECTED PEDIA POLY-VITE SOLN PO | 79 | bromocriptine mesylate TABS 2.5 MG | 30 | bupropion hcl TABS | 15 |
| BPROTECTED PEDIA POLY-VITE/FE SOLN | 79 | brompheniramine & phenyleph ELIX . | 41 | bupropion hcl TB12 100 MG | 15 |
| BRAFTOVI 75 MG | 28 | brompheniramine & pseudoeph ELIX | 41 | bupropion hcl TB12 150 MG | 15 |
| BREATHE COMFORT CHAMBER/ADULT DEVI | 70 | brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML | 41 | bupropion hcl TB12 200 MG | 15 |
| BREATHE COMFORT CHAMBER/CHILD DEVI | 70 | BRYNOVIN SOLN PO 25 MG/ML . | 17 | bupropion hcl TB24 150 MG | 15 |
| BREATHE EASE LARGE DEVI ... | 70 | | | bupropion hcl TB24 300 MG | 15 |
| BREATHE EASE MEDIUM DEVI .. | 71 | | | | |

| | | |
|---|--|--|
| bupropion hcl TB24 450 MG 15 | CAPS 55 | carbamazepine SUSP 13 |
| bupirone hcl 9 | calcium acetate (phosphate binder) TABS 55 | carbamazepine TABS 13 |
| butalbital-acetaminophen TABS 50 MG-325 MG 6 | CALCIUM ACETATE 74 | carbamazepine TB12 13 |
| butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 5 | calcium carbonate (antacid) CHEW 500 MG 9 | carbamide peroxide (otic) 6.5 % ... 85 |
| butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 6 | calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG 74 | CARBATROL CP12 (carbamazepine) 13 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 7 | calcium polycarbophil TABS 60 | carbidopa 29 |
| butalbital-aspirin-caffeine CAPS 6 | CAMCEVI 27 | carbidopa-levodopa TABS 30 |
| butalbital-aspirin-caffeine w/cod 7 | camphor & menthol LOTN 43 | carbidopa-levodopa TBCR 30 |
| BUTRANS PTWK (buprenorphine) . 8 | CANASA SUPP (mesalamine) 54 | carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 26 |
| CABOMETYX TABS 28 | candesartan cilexetil 23 | CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) 35 |
| CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 36 | candesartan cilexetil- hydrochlorothiazide 24 | CAREONE LANCET SUPER THIN 30G 62 |
| caffeine citrate SOLN PO 60 MG/3ML 1 | capecitabine 26 | CAREONE LANCET THIN 23G ... 62 |
| calcipotriene CREA 43 | CAPHOSOL SOLN 76 | CARESENS LANCETS 62 |
| CALCIPOTRIENE FOAM 43 | CAPLYTA 30 | CARESENS LANCETS 30G 62 |
| calcipotriene OINT 43 | CAPRELSA 28 | CARESTART COVID-19 HOME TEST KIT 49 |
| calcipotriene SOLN 43 | capsaicin CREA 0.025 %, 0.075 % 48 | CARETOUCH ALCOHOL PREP . 68 |
| calcipotriene-betamethasone dipropionate OINT 45 | capsaicin CREA 0.035 % 48 | CARETOUCH SAFETY LANCETS 62 |
| calcipotriene-betamethasone dipropionate SUSP 45 | capsaicin CREA 0.1 % 48 | CARETOUCH SAFETY LANCETS 26G 62 |
| calcitonin (salmon) IJ 51 | captopril & hydrochlorothiazide ... 24 | CARETOUCH TWIST LANCETS 28G 62 |
| calcitonin (salmon) NA 51 | captopril 23 | CARETOUCH TWIST LANCETS 30G 62 |
| calcitriol CAPS 52 | CARAC CREA (fluorouracil (topical)) 43 | CARETOUCH TWIST LANCETS 33G 62 |
| calcium acetate (phosphate binder) | CARBAGLU (carglumic acid) 52 | CARETOUCH TWIST MC LANCETS |
| | carbamazepine CHEW 100 MG ... 13 | |
| | carbamazepine CHEW 200 MG ... 13 | |
| | carbamazepine CP12 13 | |

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|---|----|---|-----------------------------------|--|
| 30G | 62 | cephalexin CAPS 250 MG, 500 MG 37 | chlorthalidone 25 MG, 50 MG | 51 |
| carglumic acid | 52 | cephalexin SUSR | 37 | chlorzoxazone TABS 250 MG, 375 MG, 750 MG |
| carisoprodol TABS 250 MG | 79 | CEPROTIN | 57 | chlorzoxazone TABS 500 MG |
| carisoprodol TABS 350 MG | 79 | CEQUA SOLN | 84 | CHOLBAM |
| carteolol hcl (ophth) | 83 | CERDELGA | 57 | cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT |
| carvedilol 25 MG | 35 | CEREZYME 400 UNIT | 57 | cholecalciferol CAPS |
| carvedilol 3.125 MG, 6.25 MG, 12.5 MG | 35 | cetirizine hcl CAPS | 22 | cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML |
| carvedilol phosphate | 35 | cetirizine hcl CHEW | 22 | cholestyramine light PACK |
| CASGEVY | 57 | cetirizine hcl SOLN PO | 22 | cholestyramine light POWD |
| CASTIVA WARMING LOTN | 48 | cetirizine hcl SYRP PO 1 MG/ML .. | 22 | cholestyramine PACK |
| CAYSTON | 25 | cetirizine hcl TABS | 22 | cholestyramine POWD |
| cefaclor CAPS | 37 | CETRAXAL (ciprofloxacin hcl (otic)) . 85 | cholestyramine PACK | 22 |
| CEFACLOR ER TB12 | 37 | CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ... | 88 | cholestyramine POWD |
| cefaclor SUSR 250 MG/5ML | 37 | CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) | 88 | CHORIONIC GONADOTROPIN IM 52 |
| cefadroxil CAPS | 37 | CHANTIX TABS (varenicline tartrate) | 88 | CHOSEN LANCETS 30G |
| cefadroxil SUSR | 37 | CHEMET | 20 | CHOSEN SAFETY LANCETS 28G 62 |
| cefadroxil TABS | 37 | CHEMSTRIP K STRP | 49 | CIBINQO |
| cefdinir CAPS | 37 | chenodiol | 54 | ciclopirox SOLN |
| cefdinir SUSR | 37 | chlordiazepoxide hcl CAPS | 10 | cilostazol |
| cefixime CAPS | 37 | chlorhexidine gluconate (mouth- throat) | 76 | cimetidine TABS 200 MG |
| cefixime SUSR | 37 | chloroquine phosphate TABS 250 MG | 25 | cimetidine TABS 300 MG, 400 MG 90 |
| cefpodoxime proxetil SUSR | 37 | chloroquine phosphate TABS 500 MG | 25 | cimetidine TABS 800 MG |
| cefpodoxime proxetil TABS | 37 | chlorpheniramine maleate SYRP .. | 21 | cinacalcet hcl |
| cefprozil SUSR | 37 | chlorpheniramine maleate TABS .. | 21 | CINQAIR |
| cefprozil TABS | 37 | chlorpromazine hcl TABS | 31 | CINRYZE SOLR IV |
| ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG | 37 | | | CIPRO SUSR |
| cefuroxime axetil TABS | 37 | | | ciprofloxacin hcl (ophth) SOLN |
| celecoxib | 5 | | | 83 |
| CELONTIN (methsuximide) | 14 | | | |

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| ciprofloxacin hcl (otic) | 85 | clindamycin hcl 150 MG, 300 MG . | 25 | clobetasol propionate SOLN 0.05 % . | 45 |
| ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG | 54 | clindamycin palmitate hydrochloride . | 25 | clocortolone pivalate | 45 |
| ciprofloxacin-dexamethasone | 85 | clindamycin phosphate (topical) GEL | 42 | CLODERM (clocortolone pivalate) | 45 |
| cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML | 26 | clindamycin phosphate (topical) LOTN | 42 | clomipramine hcl | 16 |
| CISPLATIN SOLR | 26 | clindamycin phosphate (topical) SOLN | 42 | clonazepam TABS | 13 |
| CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide) | 15 | clindamycin phosphate vaginal CREA | 95 | clonazepam TBDP | 13 |
| citalopram hydrobromide CAPS 30 MG | 15 | clindamycin phosphate-benzoyl peroxide (refrigerate) | 42 | clonidine hcl (adhd) TB12 | 2 |
| citalopram hydrobromide SOLN ... | 15 | clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . | 42 | clonidine hcl TABS | 23 |
| citalopram hydrobromide TABS ... | 15 | clindamycin phosphate-tretinoin .. | 42 | clopidogrel bisulfate 300 MG | 57 |
| cladribine 10 MG/10ML | 26 | CLINDESSE | 95 | clopidogrel bisulfate 75 MG | 57 |
| clarithromycin SUSR | 61 | CLINITEST RAPID COVID-19 TEST KIT | 49 | clorazepate dipotassium TABS | 10 |
| clarithromycin TABS | 61 | clobazam SUSP | 13 | clotrimazole (topical) CREA | 43 |
| clarithromycin TB24 | 61 | clobazam TABS | 13 | clotrimazole (topical) SOLN | 43 |
| CLEANLET LANCETS 28G | 62 | clobetasol propionate CREA 0.05 % . | 45 | clotrimazole vaginal CREA 1 % ... | 95 |
| CLEARDETECT COVID-19 AG HOME KIT | 49 | clobetasol propionate emollient base 0.05 % | 45 | clotrimazole vaginal CREA 2 % ... | 95 |
| CLEOCIN CREA (clindamycin phosphate vaginal) | 95 | clobetasol propionate emulsion ... | 45 | clotrimazole w/ betamethasone CREA | 43 |
| CLEVER CHEK LANCETS | 62 | clobetasol propionate FOAM | 45 | clotrimazole w/ betamethasone LOTN | 43 |
| CLEVER CHOICE COMFORT EZ 62 | | clobetasol propionate GEL 0.05 % | 45 | clozapine TABS | 31 |
| CLEVER CHOICE HOLDING CHAMBER DEVI | 71 | clobetasol propionate LIQD | 45 | clozapine TBDP | 31 |
| CLEVER CHOICE LANCETS 21G 62 | | clobetasol propionate LOTN | 45 | CO MONITOR REPLACEMENT PIECES MISC | 71 |
| CLEVER CHOICE LANCETS 23G 62 | | clobetasol propionate OINT 0.05 % | 45 | COAGADDEX | 56 |
| CLEVER CHOICE LANCETS 28G 62 | | clobetasol propionate SHAM | 45 | COAGUCHEK LANCETS | 62 |
| | | | | coal tar extract SHAM 0.5 % | 49 |
| | | | | COARTEM | 25 |
| | | | | COBAS LIAT SARS-COV-2 ASSAY . | 49 |
| | | | | COBAS LIAT SARS-COV-2 | |

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|---|----|--|----|--|----|
| CONTROL | 50 | 30G | 62 | COSENTYX SOLN | 44 |
| COBENFY CAPS | 31 | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 92 | COSENTYX SOSY | 44 |
| COBENFY STARTER PACK CPPK 31 | | COMIRNATY SUSP | 92 | COSENTYX UNOREADY SOAJ .. | 44 |
| codeine sulfate TABS 30 MG | 6 | COMIRNATY SUSY | 92 | cosyntropin SOLR | 49 |
| CODEINE SULFATE TABS | 6 | COMPACT SPACE CHAMBER DEVI | 71 | COTELLIC | 28 |
| colchicine TABS | 56 | COMPACT SPACE CHAMBER/LG MASK DEVI | 71 | COVID-19 AT HOME ANTIGEN TEST KIT | 50 |
| colchicine w/ probenecid | 56 | COMPACT SPACE CHAMBER/MED MASK DEVI | 71 | COVID-19 AT-HOME TEST KIT ... | 50 |
| colestipol hcl GRAN | 22 | COMPACT SPACE CHAMBER/SM MASK DEVI | 71 | COVID-19 OTC ANTIGEN 1-PACK KIT | 50 |
| colestipol hcl TABS | 22 | COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) | 32 | COVID-19 OTC ANTIGEN 2-PACK KIT | 50 |
| COLLAVERA GEL 2 % | 48 | CONCERTA TBCR (methylphenidate hcl) | 2 | CREON CPEP | 50 |
| COMBIGAN (brimonidine tartrate-timolol maleate) | 83 | CONDOMS-MISC | 61 | CRINONE GEL | 95 |
| COMBIPATCH PTTW | 53 | CONJUPRI (levamlodipine maleate) 35 | | cromolyn sodium (nasal) 5.2 MG/ACT | 80 |
| COMBIVENT RESPIMAT AERS .. | 11 | CONZIP CP24 (tramadol hcl) | 6 | cromolyn sodium (ophth) | 85 |
| COMETRIQ (100 MG DAILY DOSE) KIT | 28 | COPAXONE SOSY (glatiramer acetate) | 88 | cromolyn sodium NEBU | 10 |
| COMETRIQ (140 MG DAILY DOSE) KIT | 28 | COREG CR (carvedilol phosphate) 35 | | CRYSVITA | 52 |
| COMETRIQ (60 MG DAILY DOSE) KIT | 28 | CORIFACT | 56 | CTEXLI TABS PO 250 MG | 54 |
| COMFORT ASSURED LANCETS 28G | 62 | CORTISONE ACETATE TABS ... | 40 | CULTURELLE DIGESTIVE DAILY CAPS | 20 |
| COMFORT ASSURED LANCETS 33G | 62 | CORTROPHIN GEL | 52 | CULTURELLE KIDS CHEW | 19 |
| COMFORT TOUCH ALCOHOL PREP | 68 | COSENTYX (300 MG DOSE) SOSY . | 43 | CULTURELLE KIDS PURELY CHEW | 19 |
| COMFORT TOUCH LANCETS 31G . | 62 | COSENTYX SENSOREADY (300 MG) SOAJ | 44 | CURITY ALCOHOL PREPS | 68 |
| COMFORT TOUCH PLUS LANCETS 28G | 62 | COSENTYX SENSOREADY PEN SOAJ | 44 | CUVITRU SOLN | 85 |
| COMFORT TOUCH PLUS LANCETS 30G | 62 | | | CVS ALCOHOL PREP PADS | 68 |
| COMFORT TOUCH TWIST LANCET | | | | CVS COVID-19 AT HOME TEST KIT KIT | 50 |

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| CVS LICE-BEDBUG-MITE AERO 0.5 % | 48 | CYRAMZA | 26 | decitabine | 26 |
| CVS PREP | 68 | CYTAGON CAPS | 55 | deferasirox PACK | 20 |
| CVS ULTRA THIN LANCETS | 62 | CYSTARAN | 85 | deferasirox TABS | 20 |
| cyanocobalamin SOLN IJ 1000 MCG/ML | 58 | cytarabine SOLN | 26 | deferasirox TBSO | 20 |
| cyclobenzaprine hcl CP24 | 79 | CYTOGAM SOLN | 85 | deferiprone TABS | 20 |
| cyclobenzaprine hcl TABS 5 MG, 10 MG | 79 | CYTRA K CRYSTALS PACK 1002 MG-3300 MG | 55 | deferoxamine mesylate | 20 |
| cyclobenzaprine hcl TABS 7.5 MG | 79 | dabigatran etexilate mesylate CAPS 13 | | DEFITELIO | 57 |
| CYCLOGYL 0.5 % | 83 | DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG | 77 | deflazacort SUSP | 40 |
| cyclopentolate hcl 1 % | 83 | dalfampridine | 88 | deflazacort TABS | 40 |
| cyclophosphamide CAPS 50 MG | 26 | DANTRIUM CAPS 25 MG (dantrolene sodium) | 80 | DEFLUX | 56 |
| CYCLOPHOSPHAMIDE TABS | 26 | dantrolene sodium CAPS | 80 | DELSTRIGO | 32 |
| cyclosporine (ophth) EMUL | 84 | dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG | 16 | DENAVIR (penciclovir) | 44 |
| cyclosporine CAPS | 75 | dapagliflozin TABS PO 5 MG, 10 MG | 18 | DENGVAXIA | 92 |
| cyclosporine modified (for microemulsion) CAPS | 75 | dapsone | 25 | DEPAKOTE SPRINKLES CSDR (divalproex sodium) | 14 |
| cyclosporine modified (for microemulsion) SOLN | 75 | DAPTACEL | 90 | DEPO-SUBQ PROVERA 104 SUSY SC | 39 |
| cyclosporine SOLN IV 50 MG/ML | 75 | DARAPRIM (pyrimethamine) | 25 | DERMACINRX LIDOCAINE CREA 3 % | 48 |
| CYLTEZO (2 PEN) AJKT | 4 | darifenacin hydrobromide | 91 | DERMACINRX PROBISOL CAPS | 19 |
| CYLTEZO (2 SYRINGE) PSKT | 4 | darunavir TABS | 32 | DERMACINRX PROBITRAN CAPS | 19 |
| CYLTEZO-CD/UC/HS STARTER AJKT | 4 | DARZALEX | 26 | DERMACINRX SALICYLIC ACID GEL 6 % | 48 |
| CYLTEZO-PSORIASIS/UV STARTER AJKT | 4 | dasatinib | 28 | DESCOVY 120 MG-15 MG | 32 |
| CYMBALTA CPEP 20 MG, 30 MG (duloxetine hcl) | 16 | daunorubicin hcl SOLN 50 MG/10ML 28 | | DESCOVY 200 MG-25 MG | 32 |
| CYMBALTA CPEP 60 MG (duloxetine hcl) | 15 | DAURISMO | 27 | desipramine hcl TABS | 16 |
| cyproheptadine hcl SYRP | 22 | DAYHIST ALLERGY 12 HOUR RELIEF TABS | 21 | desloratadine TBDP | 22 |
| cyproheptadine hcl TABS | 22 | | | desmopressin acetate SOLN IJ | 53 |
| | | | | DESMOPRESSIN ACETATE SOLN NA | 53 |
| | | | | desmopressin acetate spray | 53 |

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| desmopressin acetate spray refrigerated 0.01 % | 53 | dexamethasone sodium phosphate SOSY IJ 4 MG/ML | 40 | 0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG | 77 |
| desmopressin acetate TABS | 53 | dexamethasone SOLN | 40 | DIATHRIVE LANCET ULTRA THIN 30 | 62 |
| desogestrel & ethinyl estradiol | 37 | dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG .. | 40 | DIATHRIVE LANCETS | 62 |
| desogestrel-ethinyl estradiol (biphasic) | 37 | dexchlorpheniramine maleate SOLN . 21 | | DIATRUST COVID-19 HOME TEST KIT | 50 |
| desogestrel-ethinyl estradiol (triphasic) | 38 | dexmedetomidine hcl in sodium chloride SOLN | 59 | diazepam CONC | 10 |
| desonide CREA | 45 | dexmedetomidine hcl SOLN 200 MCG/2ML | 59 | diazepam SOLN IJ 5 MG/ML, 10 MG/2ML | 10 |
| desonide LOTN | 45 | dexmedetomidine hcl SOLN 200 MCG/2ML | 59 | diazepam SOLN IJ 5 MG/ML | 10 |
| desonide OINT | 45 | dexmethylphenidate hcl CP24 | 2 | DIAZEPAM SOLN IJ 5 MG/ML | 10 |
| desoximetasone CREA 0.05 % | 45 | dexmethylphenidate hcl TABS | 2 | diazepam SOLN PO 5 MG/5ML ... | 10 |
| desoximetasone CREA 0.25 % | 45 | dexrazoxane hcl | 29 | diazepam TABS | 10 |
| desoximetasone GEL | 45 | DEXTENZA INST | 84 | diazoxide | 17 |
| desoximetasone LIQD | 45 | dextroamphetamine sulfate CP24 10 MG, 15 MG | 1 | dibucaine | 48 |
| desoximetasone OINT | 45 | dextroamphetamine sulfate CP24 5 MG | 1 | diclofenac potassium TABS 50 MG . | 5 |
| DESTRESS-IRON TABS | 77 | dextroamphetamine sulfate SOLN .. | 1 | diclofenac sodium (ophth) | 85 |
| DESVENLAFAXINE ER | 16 | dextroamphetamine sulfate SOLN .. | 1 | diclofenac sodium (topical) GEL EX 43 | |
| desvenlafaxine succinate 100 MG . | 16 | dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG | 1 | diclofenac sodium TB24 | 5 |
| desvenlafaxine succinate 25 MG, 50 MG | 16 | dextroamphetamine sulfate TABS 5 MG, 10 MG | 1 | diclofenac sodium TBEC | 5 |
| DETROL LA CP24 (tolterodine tartrate) | 91 | dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML | 41 | dicloxacillin sodium | 86 |
| dexamethasone ELIX | 40 | dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML | 41 | dicyclomine hcl CAPS | 90 |
| DEXAMETHASONE INTENSOL CONC | 40 | dextrose (diabetic use) CHEW 4 GM . 17 | | dicyclomine hcl SOLN PO | 90 |
| dexamethasone sodium phosphate (ophth) | 84 | DHIVY TABS | 30 | dicyclomine hcl TABS | 90 |
| dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML | 40 | DIALYVITE TABS 100 MG-10 MG- | | DIFFERIN CREA (adapalene) | 42 |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .. | 40 | | | DIFFERIN GEL 0.3 % (adapalene) 42 | |
| | | | | DIFFERIN LOTN | 42 |
| | | | | diflorasone diacetate CREA | 45 |
| | | | | diflorasone diacetate OINT | 45 |

| | | | | | |
|--|----|---|----|--|----|
| diflunisal TABS | 6 | diphenhydramine hcl CAPS | 21 | docusate sodium TABS | 60 |
| digoxin SOLN PO 0.05 MG/ML | 36 | diphenhydramine hcl ELIX 12.5 MG/5ML | 21 | dofetilide | 10 |
| digoxin TABS 125 MCG, 250 MCG 36 | | diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML | 21 | donepezil hydrochloride TABS 23 MG | 87 |
| dihydroergotamine mesylate SOLN NA 4 MG/ML | 74 | diphenhydramine hcl TABS 25 MG 22 | | donepezil hydrochloride TABS 5 MG, 10 MG | 87 |
| DILANTIN (phenytoin sodium extended) | 14 | diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG | 59 | donepezil hydrochloride TBDP | 87 |
| DILANTIN INFATABS CHEW (phenytoin) | 14 | diphenoxylate w/ atropine LIQD ... | 20 | DOPTELET | 58 |
| diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG | 35 | diphenoxylate w/ atropine TABS ... | 20 | dorzolamide hcl | 85 |
| diltiazem hcl coated beads CP24 240 MG | 35 | DIPROLENE OINT (betamethasone dipropionate augmented) | 45 | DORZOLAMIDE HCL | 85 |
| diltiazem hcl coated beads CP24 360 MG | 35 | dipyridamole | 57 | DORZOLAMIDE HCL-TIMOLOL MAL | 83 |
| diltiazem hcl CP12 | 35 | disopyramide phosphate CAPS ... | 10 | dorzolamide hcl-timolol maleate .. | 83 |
| diltiazem hcl CP24 120 MG, 240 MG 35 | | disulfiram 250 MG | 87 | DOVATO | 32 |
| diltiazem hcl CP24 180 MG | 35 | divalproex sodium CSDR | 14 | doxazosin mesylate | 23 |
| diltiazem hcl extended release beads | 35 | divalproex sodium TB24 | 14 | doxepin hcl (sleep) | 59 |
| diltiazem hcl TABS | 36 | divalproex sodium TBEC | 14 | doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG | 16 |
| diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 36 | docetaxel CONC 160 MG/8ML | 29 | doxepin hcl CAPS 150 MG | 16 |
| dimethyl fumarate CDPK | 88 | DOCETAXEL CONC 160 MG/8ML 29 | | doxepin hcl CONC | 16 |
| dimethyl fumarate CPDR | 88 | DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML | 29 | doxycycline (monohydrate) CAPS 50 MG, 100 MG | 89 |
| diphenhydramine hcl (sleep) CAPS 59 | | docetaxel SOLN | 29 | doxycycline (monohydrate) TABS 50 MG, 100 MG | 89 |
| diphenhydramine hcl (sleep) LIQD 59 | | DOCIVYX SOLN | 29 | doxycycline hyclate CAPS | 89 |
| diphenhydramine hcl (sleep) TABS 25 MG | 59 | docusate sodium CAPS 100 MG, 250 MG | 60 | doxycycline hyclate TABS 100 MG 89 | |
| diphenhydramine hcl (sleep) TABS 50 MG | 59 | docusate sodium CAPS 50 MG ... | 60 | doxylamine succinate (sleep) | 59 |
| | | docusate sodium LIQD 50 MG/5ML, 100 MG/10ML | 60 | doxylamine-pyridoxine TBEC | 21 |
| | | DOCUSATE SODIUM SYRP | 60 | droperidol SOLN 2.5 MG/ML | 10 |
| | | | | DROPLET LANCETS ULTRA THIN 30G | 62 |
| | | | | DROPLET PERSONAL LANCETS | |

| | | | | | |
|---|----|--|----|--|----|
| 30G | 63 | DYANAVEL XR TBCR | 1 | EASY TOUCH SAFETY LANCETS 23G | 63 |
| DROPSAFE ACTI-LANCE 23G ... | 63 | DYMISTA SUSP (azelastine hcl- fluticasone propionate) | 80 | EASY TOUCH SAFETY LANCETS 26G | 63 |
| DROPSAFE ALCOHOL PREP ... | 69 | DYSPORT | 82 | EASY TOUCH SAFETY LANCETS 28G | 63 |
| DROPSAFE MEDLANCE LANCET 30G | 63 | E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) | 61 | EBASE CONTROLLER KIT MISC . | 71 |
| drosiprenone-ethinyl estradiol | 38 | EASIVENT MASK LARGE MISC .. | 71 | EBGLYSS SOAJ | 47 |
| drosiprenone-ethinyl estradiol- levomefolate calcium | 38 | EASIVENT MASK MEDIUM MISC | 71 | EBGLYSS SOSY | 47 |
| DROXIA CAPS | 57 | EASIVENT MASK SMALL MISC .. | 71 | econazole nitrate CREA | 43 |
| droxidopa | 96 | EASIVENT MISC | 71 | EDURANT PED PO 2.5 MG | 32 |
| DRUG MART ON-THE-GO LANCET 30G | 63 | EASY COMFORT ALCOHOL PADS 69 | | efavirenz CAPS 200 MG | 32 |
| DRUG MART UNILET LANCETS 28G | 63 | EASY COMFORT LANCETS | 63 | efavirenz CAPS 50 MG | 32 |
| DRUG MART UNILET LANCETS 30G | 63 | EASY COMFORT LANCETS TWIST TOP | 63 | efavirenz TABS | 32 |
| DRUG MART UNILET LANCETS 33G | 63 | EASY TOUCH ALCOHOL PREP MEDIUM | 69 | efavirenz-emtricitabine-tenofovir disoproxil fumarate | 32 |
| DUETACT (pioglitazone hcl- glimiperide) | 16 | EASY TOUCH LANCETS 21G ... | 63 | efavirenz-emtricitabine-tenofovir disoproxil fumarate | 32 |
| DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT | 12 | EASY TOUCH LANCETS 23G ... | 63 | EFFER-K TBEF 25 MEQ | 75 |
| DULERA 50 MCG/ACT-5 MCG/ACT . 12 | | EASY TOUCH LANCETS 26G ... | 63 | ELAPRASE | 52 |
| duloxetine hcl CPEP 20 MG, 30 MG, 40 MG | 16 | EASY TOUCH LANCETS 28G ... | 63 | ELELYSO | 57 |
| duloxetine hcl CPEP 60 MG | 16 | EASY TOUCH LANCETS 28G/TWIST | 63 | ELEPSIA XR TB24 | 13 |
| DUPIXENT SOAJ | 47 | EASY TOUCH LANCETS 30G ... | 63 | eletriptan hydrobromide | 74 |
| DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML | 47 | EASY TOUCH LANCETS 30G/TWIST | 63 | ELEVIDYS 10.0-10.4 KG | 81 |
| DUPIXENT SOSY 300 MG/2ML ... | 47 | EASY TOUCH LANCETS 32G ... | 63 | ELEVIDYS 10.5-11.4 KG | 81 |
| dutasteride | 56 | EASY TOUCH LANCETS 32G/TWIST | 63 | ELEVIDYS 11.5-12.4 KG | 81 |
| dutasteride-tamsulosin hcl | 56 | EASY TOUCH LANCETS 33G/TWIST | 63 | ELEVIDYS 12.5-13.4 KG | 81 |
| | | EASY TOUCH SAFETY LANCETS 21G | 63 | ELEVIDYS 13.5-14.4 KG | 81 |
| | | | | ELEVIDYS 14.5-15.4 KG | 81 |
| | | | | ELEVIDYS 15.5-16.4 KG | 81 |
| | | | | ELEVIDYS 16.5-17.4 KG | 81 |
| | | | | ELEVIDYS 17.5-18.4 KG | 81 |

| | | |
|-------------------------------|---|--|
| ELEVIDYS 18.5-19.4 KG81 | ELEVIDYS 48.5-49.4 KG81 | TBPK12 |
| ELEVIDYS 19.5-20.4 KG81 | ELEVIDYS 49.5-50.4 KG81 | ELIQUIS TABS12 |
| ELEVIDYS 20.5-21.4 KG81 | ELEVIDYS 50.5-51.4 KG81 | ELIQUIS TBSO PO 0.5 MG12 |
| ELEVIDYS 21.5-22.4 KG81 | ELEVIDYS 51.5-52.4 KG81 | ELLA39 |
| ELEVIDYS 22.5-23.4 KG81 | ELEVIDYS 52.5-53.4 KG81 | ELLEENCE SOLN28 |
| ELEVIDYS 23.5-24.4 KG81 | ELEVIDYS 53.5-54.4 KG81 | ELLUME COVID-19 HOME TEST KIT50 |
| ELEVIDYS 24.5-25.4 KG81 | ELEVIDYS 54.5-55.4 KG81 | ELMIRON CAPS56 |
| ELEVIDYS 25.5-26.4 KG81 | ELEVIDYS 55.5-56.4 KG81 | ELOCTATE56 |
| ELEVIDYS 26.5-27.4 KG81 | ELEVIDYS 56.5-57.4 KG81 | eltrombopag olamine PACK 12.5 MG58 |
| ELEVIDYS 27.5-28.4 KG81 | ELEVIDYS 57.5-58.4 KG81 | eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG58 |
| ELEVIDYS 28.5-29.4 KG81 | ELEVIDYS 58.5-59.4 KG81 | EMBECTA AUTOSHIELD DUO ..69 |
| ELEVIDYS 29.5-30.4 KG81 | ELEVIDYS 59.5-60.4 KG81 | EMBECTA PEN NEEDLE NANO .69 |
| ELEVIDYS 30.5-31.4 KG81 | ELEVIDYS 60.5-61.4 KG81 | EMBECTA PEN NEEDLE NANO 2 GEN69 |
| ELEVIDYS 31.5-32.4 KG81 | ELEVIDYS 61.5-62.4 KG81 | EMBECTA PEN NEEDLE ULTRAFINE70 |
| ELEVIDYS 32.5-33.4 KG81 | ELEVIDYS 62.5-63.4 KG81 | EMBRACE LANCETS ULTRA THIN 30G63 |
| ELEVIDYS 33.5-34.4 KG81 | ELEVIDYS 63.5-64.4 KG81 | EMBRACE PRESSURE ACTIVATED 21G63 |
| ELEVIDYS 34.5-35.4 KG81 | ELEVIDYS 64.5-65.4 KG81 | EMBRACE PRESSURE ACTIVATED 28G63 |
| ELEVIDYS 35.5-36.4 KG81 | ELEVIDYS 65.5-66.4 KG81 | EMCYT27 |
| ELEVIDYS 36.5-37.4 KG81 | ELEVIDYS 66.5-67.4 KG81 | EMGALITY (300 MG DOSE) SOSY 73 |
| ELEVIDYS 37.5-38.4 KG81 | ELEVIDYS 67.5-68.4 KG81 | EMGALITY SOAJ73 |
| ELEVIDYS 38.5-39.4 KG81 | ELEVIDYS 68.5-69.4 KG81 | EMGALITY SOSY73 |
| ELEVIDYS 39.5-40.4 KG81 | ELEVIDYS 69.5 KG PLUS81 | EMPLICITI26 |
| ELEVIDYS 40.5-41.4 KG81 | ELIDEL (pimecrolimus)48 | emtricitabine CAPS32 |
| ELEVIDYS 41.5-42.4 KG81 | ELIGARD KIT SC 7.5 MG27 | emtricitabine-rilpivirine-tenofovir |
| ELEVIDYS 42.5-43.4 KG81 | ELIGARD SC 22.5 MG, 30 MG, 45 MG27 | |
| ELEVIDYS 43.5-44.4 KG81 | ELIQUIS (1.5 MG PACK) TBSO PO . 12 | |
| ELEVIDYS 44.5-45.4 KG81 | ELIQUIS (2 MG PACK) TBSO PO .12 | |
| ELEVIDYS 45.5-46.4 KG81 | ELIQUIS CPSP PO 0.15 MG12 | |
| ELEVIDYS 46.5-47.4 KG81 | ELIQUIS DVT/PE STARTER PACK | |
| ELEVIDYS 47.5-48.4 KG81 | | |

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|---|----|---|----|---|----|
| disoproxil fumarate | 32 | ENTYVIO PEN SOAJ | 54 | EQL ALCOHOL SWABS | 69 |
| emtricitabine-tenofovir disoproxil fumarate | 32 | EPCLUSA PACK | 34 | ERBITUX | 27 |
| EMTRIVA CAPS (emtricitabine) | 32 | EPCLUSA TABS | 34 | ergocalciferol CAPS | 96 |
| EMTRIVA SOLN | 32 | EPIFOAM FOAM | 45 | ergoloid mesylates TABS | 88 |
| EMVERM CHEW | 9 | epinastine hcl (ophth) | 85 | ergotamine w/ caffeine TABS | 74 |
| enalapril maleate & hydrochlorothiazide | 24 | epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML | 96 | eribulin mesylate | 29 |
| enalapril maleate TABS | 23 | epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML | 96 | ERIVEDGE | 27 |
| ENBREL MINI SOCT | 5 | epinephrine (anaphylaxis) SOAJ | 96 | ERLEADA 60 MG | 27 |
| ENBREL SOLN | 5 | epinephrine hcl (nasal) | 80 | erlotinib hcl | 27 |
| ENBREL SOSY | 5 | EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) | 96 | ertapenem sodium IJ | 25 |
| ENBREL SURECLICK SOAJ | 5 | EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis)) | 96 | ERYPED 200 SUSR (erythromycin ethylsuccinate) | 61 |
| ENCARE SUPP 100 MG | 95 | EPIVIR SOLN (lamivudine) | 32 | erythromycin (acne aid) GEL | 42 |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML | 79 | EPIVIR TABS 150 MG (lamivudine) | 32 | erythromycin (acne aid) SOLN | 42 |
| ENGERIX-B SUSP 20 MCG/ML | 92 | EPIVIR TABS 300 MG (lamivudine) | 32 | erythromycin (ophth) | 83 |
| ENGERIX-B SUSY | 92 | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 58 | ERYTHROMYCIN | 83 |
| enoxaparin sodium SOLN IJ 300 MG/3ML | 12 | epoprostenol sodium | 36 | erythromycin base CPEP | 61 |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML | 13 | EPRONTIA SOLN 25 MG/ML (topiramate) | 13 | erythromycin base TABS | 61 |
| enoxaparin sodium SOSY 30 MG/0.3ML | 13 | EQ SPACE CHAMBER ANTI-STATIC DEVI | 71 | erythromycin base TBEC | 61 |
| enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML | 13 | EQ SPACE CHAMBER ANTI-STATIC L DEVI | 71 | erythromycin ethylsuccinate SUSR | 61 |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 13 | EQ SPACE CHAMBER ANTI-STATIC M DEVI | 71 | erythromycin ethylsuccinate TABS | 61 |
| ENTADFI | 56 | EQ SPACE CHAMBER ANTI-STATIC S DEVI | 71 | ERZOFRI 351 MG/2.25ML | 30 |
| ENTRESTO CPSP | 36 | | | ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | 30 |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan) | 36 | | | escitalopram oxalate SOLN | 15 |
| | | | | escitalopram oxalate TABS | 15 |
| | | | | esomeprazole magnesium CPDR | 91 |
| | | | | esomeprazole magnesium PACK | 91 |
| | | | | ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT | |

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|---|-----------------|---|----------------------------------|--|----|
| 56 | everolimus TBSO | 28 | FASTEP COVID-19 ANTIGEN TEST KIT | 50 | |
| estazolam | 59 | EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG | 89 | FEIBA | 56 |
| estradiol & norethindrone acetate TABS | 53 | EVOMELA IV | 26 | felbamate SUSP | 14 |
| estradiol PTTW | 54 | EVOTAZ | 32 | felbamate TABS | 14 |
| estradiol PTWK | 54 | EVRYSDI | 82 | felodipine | 36 |
| estradiol TABS | 54 | EVRYSDI PO 5 MG | 82 | fenofibrate CAPS | 22 |
| estradiol vaginal CREA | 95 | EXELON 13.3 MG/24HR (rivastigmine) | 87 | fenofibrate micronized 134 MG, 200 MG | 22 |
| estradiol vaginal TABS | 95 | EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine) | 87 | fenofibrate micronized 30 MG, 43 MG, 130 MG | 22 |
| estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 54 | exemestane | 27 | fenofibrate micronized 67 MG | 22 |
| eszopiclone | 59 | exenatide SOPN 10 MCG/0.04ML | 17 | fenofibrate TABS 40 MG, 120 MG | 22 |
| ethambutol hcl TABS | 25 | exenatide SOPN 5 MCG/0.02ML | 17 | fenofibrate TABS 54 MG | 22 |
| ethosuximide CAPS | 14 | EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide) | 24 | fenofibric acid | 22 |
| ethosuximide SOLN | 14 | EXONDYS 51 | 81 | FENOGLIDE TABS (fenofibrate) | 22 |
| ethynodiol diacet & eth estrad | 38 | EYLEA SOLN | 83 | FENSOLVI (6 MONTH) SC | 52 |
| etodolac CAPS | 5 | EYSUVIS SUSP | 84 | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | 6 |
| etodolac TABS | 5 | ezetimibe | 23 | fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR | 6 |
| etodolac TB24 | 5 | ezetimibe-simvastatin | 22 | FERRETTIS TABS | 58 |
| etonogestrel-ethinyl estradiol | 39 | FABRAZYME | 52 | FERRIPROX SOLN | 20 |
| etoposide CAPS | 29 | famciclovir | 34 | ferrous fumarate TABS | 58 |
| etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | 29 | famotidine TABS 10 MG | 90 | ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS | 58 |
| etravirine 100 MG | 32 | famotidine TABS 20 MG, 40 MG | 90 | ferrous gluconate TABS | 58 |
| etravirine 200 MG | 32 | FANAPT TITRATION PACK B | 30 | ferrous sulfate dried TBCR | 58 |
| EUFLEXXA SOSY | 80 | FANAPT TITRATION PACK C | 30 | ferrous sulfate SOLN 15 MG/ML, 15 MG/ML | 58 |
| EULEXIN | 27 | FARXIGA TABS PO (dapagliflozin) 18 | | ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML | 58 |
| EVENITY | 51 | FASENRA PEN SOAJ | 10 | | |
| everolimus (immunosuppressant) | 75 | FASENRA SOSY 10 MG/0.5ML | 10 | | |
| everolimus TABS | 28 | | | | |

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| ferrous sulfate TABS | 58 | FLORRAGUT CAPS | 19 | fluocinolone acetonide CREA | 45 |
| ferrous sulfate TBEC 325 MG | 58 | FLORRAXIS CAPS | 19 | fluocinolone acetonide OIL | 45 |
| ferrous sulfate TBEC | 58 | FLOWFLEX COVID-19 AG HOME | | fluocinolone acetonide OINT | 45 |
| fesoterodine fumarate | 91 | TEST KIT | 50 | fluocinolone acetonide SOLN | 46 |
| FEVERALL JUNIOR STRENGTH | | FLUAD | 92 | fluocinonide CREA 0.05 % | 46 |
| SUPP | 6 | FLUAD QUADRIVALENT | 93 | fluocinonide CREA 0.1 % | 46 |
| fexofenadine hcl SUSP | 22 | FLUARIX QUADRIVALENT SUSY | 93 | fluocinonide emulsified base | 46 |
| fexofenadine hcl TABS 180 MG ... | 22 | FLUARIX SUSY | 93 | fluocinonide GEL | 46 |
| fexofenadine hcl TABS 60 MG | 22 | FLUBLOK QUADRIVALENT | 93 | fluocinonide OINT | 46 |
| FIBRICOR (fenofibric acid) | 22 | FLUBLOK SOSY | 93 | fluocinonide SOLN | 46 |
| FIBRYGA | 56 | FLUCELVAX QUADRIVALENT | | FLUORIDEX DAILY RENEWAL | |
| FIFTY50 ALCOHOL PREP | 69 | SUSP | 93 | CONC 0.63 % | 76 |
| FIFTY50 SAFETY SEAL LANCETS . | | FLUCELVAX QUADRIVALENT | | fluorometholone (ophth) SUSP | 84 |
| 63 | | SUSY | 93 | fluorouracil (topical) CREA 0.5 % . | 43 |
| FIFTY50 UNILET LANCETS 33G . | 63 | FLUCELVAX SUSP | 93 | fluorouracil (topical) CREA 5 % ... | 43 |
| FILTER AIR PP MISC | 71 | FLUCELVAX SUSY | 93 | fluorouracil (topical) SOLN | 43 |
| finasteride | 56 | fluconazole SUSR | 21 | fluoxetine hcl (pmdd) TABS 10 MG | |
| FINGERSTIX LANCETS | 63 | fluconazole TABS 100 MG | 21 | 88 | |
| fingolimod hcl | 88 | fluconazole TABS 150 MG | 21 | fluoxetine hcl (pmdd) TABS 20 MG | |
| FIRDAPSE | 25 | fluconazole TABS 200 MG | 21 | 88 | |
| FIRMAGON (240 MG DOSE) | 27 | fluconazole TABS 50 MG | 21 | fluoxetine hcl CAPS | 15 |
| FIRMAGON 80 MG | 27 | fludarabine phosphate SOLN | 26 | fluoxetine hcl CPDR | 15 |
| FIRST-PROGESTERONE VGS | | fludarabine phosphate SOLR | 26 | fluoxetine hcl SOLN | 15 |
| SUPP | 95 | fludrocortisone acetate TABS | 41 | FLUOXETINE HCL TABS (fluoxetine | |
| flavoxate hcl | 91 | FLULAVAL QUADRIVALENT SUSY . | | hcl) | 15 |
| FLEBOGAMMA DIF SOLN 5 | | 93 | | fluoxetine hcl TABS 10 MG | 15 |
| GM/100ML, 10 GM/200ML, 20 | | FLULAVAL SUSY | 93 | fluoxetine hcl TABS 20 MG | 15 |
| GM/400ML | 85 | FLUMIST | 93 | fluoxetine hcl TABS 60 MG | 15 |
| flecainide acetate | 10 | FLUMIST QUADRIVALENT | 93 | fluphenazine decanoate | 31 |
| FLEQSUVY SUSP (baclofen) | 79 | flunisolide (nasal) | 80 | fluphenazine hcl TABS | 31 |
| FLEXICHAMBER DEVI | 71 | fluocinolone acetonide (otic) | 85 | flurandrenolide CREA | 46 |
| FLORAVITA MINI TABS | 77 | | | | |

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|---|----|---|----|--|----|
| flurandrenolide LOTN | 46 | FLYP HYPERSONIQ CARTRIDGE MISC | 71 | FREESTYLE LIBRE READER | 64 |
| flurazepam hcl | 59 | FOCALIN XR CP24 (dexmethylphenidate hcl) | 2 | FREESTYLE UNISTICK II LANCETS | 64 |
| flurbiprofen sodium | 85 | folic acid TABS 1 MG | 58 | frovatriptan succinate | 74 |
| flurbiprofen TABS | 5 | folic acid TABS 400 MCG, 800 MCG . 58 | | FT LICE-BEDBUG-MITE AERO 0.5 % | 48 |
| fluticasone propionate (inhalation) AEPB | 11 | FOLOTYN | 26 | FULL KIT NEBULIZER SET MISC | 71 |
| fluticasone propionate (nasal) SUSP . 80 | | fondaparinux sodium | 13 | FULPHILA | 58 |
| fluticasone propionate CREA 0.05 % 46 | | FONDCIRCLE SINGLE USE LANCETS | 63 | furosemide SOLN PO 8 MG/ML, 10 MG/ML | 51 |
| fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT | 11 | FORA LANCETS | 63 | furosemide TABS | 51 |
| fluticasone propionate hfa 44 MCG/ACT | 11 | FORFIVO XL TB24 (bupropion hcl) 15 | | FYLNETRA | 58 |
| fluticasone propionate LOTN | 46 | FORTESTA GEL TD (testosterone) .8 | | gabapentin CAPS 100 MG | 13 |
| fluticasone propionate OINT | 46 | fosamprenavir calcium TABS | 32 | gabapentin CAPS 300 MG, 400 MG . 13 | |
| fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT | 12 | fosinopril sodium & hydrochlorothiazide | 24 | gabapentin SOLN | 13 |
| fluticasone-salmeterol AERO | 12 | fosinopril sodium | 23 | gabapentin TABS 600 MG, 800 MG 13 | |
| fluvastatin sodium CAPS | 23 | FRAGMIN SOLN 10000 UNIT/4ML 13 | | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ... | 79 |
| fluvastatin sodium TB24 | 23 | FREESTYLE LANCETS | 63 | GALAFOLD | 52 |
| fluvoxamine maleate CP24 | 15 | FREESTYLE LIBRE 14 DAY READER | 63 | galantamine hydrobromide CP24 .87 | |
| fluvoxamine maleate TABS | 15 | FREESTYLE LIBRE 14 DAY SENSOR | 63 | galantamine hydrobromide SOLN .87 | |
| FLUZONE HIGH-DOSE QUADRIVALENT | 93 | FREESTYLE LIBRE 2 PLUS SENSOR | 63 | galantamine hydrobromide TABS .87 | |
| FLUZONE HIGH-DOSE SUSY | 93 | FREESTYLE LIBRE 2 READER ..63 | | GAMASTAN IM | 85 |
| FLUZONE QUADRIVALENT SUSP 93 | | FREESTYLE LIBRE 2 SENSOR ..63 | | GAMIFANT 10 MG/2ML, 50 MG/10ML | 75 |
| FLUZONE QUADRIVALENT SUSY 93 | | FREESTYLE LIBRE 3 PLUS SENSOR | 63 | GAMMAGARD | 86 |
| FLUZONE SUSP | 93 | FREESTYLE LIBRE 3 READER ..63 | | GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML | 86 |
| FLUZONE SUSY | 93 | FREESTYLE LIBRE 3 SENSOR ..64 | | GAMMAGARD S/D LESS IGA SOLR | 86 |
| | | | | GAMMAKED 1 GM/10ML, 5 | |

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|--|----|---|----|--|----|
| GM/50ML, 10 GM/100ML, 20 GM/200ML | 86 | GILENYA | 88 | glycine diluent | 87 |
| GAMMAPLEX SOLN | 86 | GILOTRIF | 27 | glycopyrrolate TABS 1 MG, 2 MG .. | 90 |
| GAMUNEX-C | 86 | ginger (zingiber officinalis) CAPS 250 MG | 2 | GLYXAMBI | 16 |
| GARDASIL 9 SUSP 0.5 ML | 94 | GLASSIA SOLN | 89 | GNP ALCOHOL SWABS | 69 |
| GARDASIL 9 SUSY 0.5 ML | 94 | glatiramer acetate SOSY | 88 | GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 % | 49 |
| GAS RELIEF LIQD PO 40 MG/0.6ML | 54 | glimepiride 1 MG, 2 MG | 19 | GNP STERILE LANCETS 28G ... | 64 |
| gatifloxacin (ophth) | 83 | glimepiride 3 MG | 19 | GNP STERILE LANCETS 30G ... | 64 |
| GATTEX | 55 | glimepiride 4 MG | 19 | GNP STERILE LANCETS 33G ... | 64 |
| GAUZE SPONGES | 64 | glipizide TABS 2.5 MG | 19 | GOJJI STERILE LANCETS | 64 |
| GAZYVA | 26 | glipizide TABS 5 MG, 10 MG | 19 | GOODSENSE ALCOHOL SWABS 69 | |
| gefitinib | 27 | glipizide TB24 | 19 | GORDONS UREA CREA 40 % ... | 47 |
| GEL-ONE | 80 | glipizide-metformin hcl | 16 | GOTOKNOW COVID-19 ANTIGEN RAPI KIT | 50 |
| GELSYN-3 SOSY | 80 | GLOBAL ALCOHOL PREP EASE | 69 | granisetron hcl TABS | 21 |
| gemfibrozil TABS | 22 | GLOBAL INJECT EASE LANCETS 28G | 64 | GRANIX SOLN 300 MCG/ML | 58 |
| GEMTESA | 91 | GLOBAL INJECT EASE LANCETS 30G | 64 | GRANIX SOSY | 58 |
| GENABIO COVID-19 RAPID TEST KIT | 50 | GLUCAGON EMERGENCY SOLR IJ 1 MG (glucagon) | 17 | griseofulvin microsize SUSP | 21 |
| GENOTROPIN CART SC | 52 | glucagon SOLR IJ 1 MG | 17 | griseofulvin microsize TABS | 21 |
| GENOTROPIN MINIQUICK PRSY | 52 | GLUCOCOM LANCETS 28G | 64 | griseofulvin ultramicrosize | 21 |
| gentamicin sulfate (ophth) SOLN .. | 83 | GLUCOCOM LANCETS 30G | 64 | guaifenesin-codeine SOLN | 41 |
| gentamicin sulfate (topical) CREA .. | 42 | GLUCOCOM LANCETS 33G | 64 | guanfacine hcl (adhd) | 2 |
| gentamicin sulfate (topical) OINT .. | 42 | GLUMETZA TB24 (metformin hcl) .. | 17 | guanfacine hcl | 23 |
| GENTEEL BUTTERFLY TOUCH LANCET | 64 | glyburide micronized 1.5 MG, 3 MG, 6 MG | 19 | GVOKE KIT SOLN | 17 |
| GENTLE-LET GP LANCETS | 64 | glyburide TABS | 19 | GYNAZOLE-1 | 95 |
| GENTLE-LET LANCETS | 64 | glyburide-metformin | 16 | HADLIMA PUSHTOUCH SOAJ | 4 |
| GENVISC 850 SOSY | 80 | glycerin (laxative) SUPP 2 GM | 60 | HADLIMA SOSY | 4 |
| GENVOYA | 32 | glycerol phenylbutyrate 1.1 GM/ML 52 | | HAEMOLANCE | 64 |
| GILENYA (fingolimod hcl) | 88 | | | HAEMOLANCE LOW FLOW LANCETS | 64 |

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|---|----|--|----|---|----|
| HAEMOLANCE PLUS | 64 | HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | 56 | HUMIRA (2 PEN) AJKT | 4 |
| HAEMOLANCE PLUS HIGH FLOW . | 64 | HEMORRHOIDAL 0.25 %-85.5 %-3 % | 8 | HUMIRA (2 SYRINGE) PSKT | 4 |
| HAEMOLANCE PLUS LOW FLOW . | 64 | HEPAGAM B SOLN IJ | 86 | HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 4 |
| HAEMOLANCE PLUS MAX FLOW | 64 | heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 13 | HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 4 |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 64 | HEPLISAV-B SOSY | 94 | HUMIRA-PED<40KG CROHNS STARTER PSKT | 4 |
| halcinonide CREA | 46 | HERCEPTIN HYLECTA | 28 | HUMIRA-PED>=40KG CROHNS START PSKT | 4 |
| halobetasol propionate CREA | 46 | HIBERIX SOLR IJ | 92 | HUMIRA-PED>=40KG UC STARTER AJKT | 4 |
| halobetasol propionate OINT | 46 | HIGH POTENCY PROBIOTIC CAPS 19 | | HUMIRA-PS/UV/ADOL HS STARTER AJKT | 4 |
| HALOG CREA (halcinonide) | 46 | HIZENTRA SOLN | 86 | HUMIRA-PSORIASIS/UEVIT STARTER AJKT | 4 |
| haloperidol decanoate | 31 | HIZENTRA SOSY 10 GM/50ML .. | 86 | HUMULIN 70/30 SUSP | 18 |
| haloperidol lactate CONC | 31 | HM STERILE ALCOHOL PREP .. | 69 | HUMULIN N SUSP | 18 |
| haloperidol lactate SOLN | 31 | HULIO (2 PEN) AJKT | 4 | HUMULIN R SOLN IJ | 18 |
| haloperidol TABS | 31 | HULIO (2 SYRINGE) PSKT | 4 | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 18 |
| HARVONI PACK | 34 | HUMALOG JUNIOR KWIKPEN SOPN | 18 | HUMULIN R U-500 KWIKPEN SOPN SC | 18 |
| HARVONI TABS | 34 | HUMALOG KWIKPEN SOPN 100 UNIT/ML | 18 | HYALGAN SOLN | 80 |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 94 | HUMALOG MIX 50/50 KWIKPEN SUPN | 18 | HYALGAN SOSY | 80 |
| H-E-B INCONTROL ALCOHOL .. | 69 | HUMALOG MIX 50/50 SUSP | 18 | HYCANTIN CAPS | 29 |
| H-E-B INCONTROL LANCETS 28G . | 64 | HUMALOG MIX 75/25 KWIKPEN SUPN | 18 | hydralazine hcl TABS | 24 |
| H-E-B INCONTROL LANCETS 30G . | 64 | HUMALOG MIX 75/25 SUSP | 18 | HYDRAVEX GEL 2 % | 46 |
| H-E-B INCONTROL LANCETS 33G . | 64 | HUMALOG SOLN IJ | 18 | hydrochlorothiazide CAPS | 51 |
| HEMATINIC PLUS VIT/MINERALS TABS | 58 | HUMALOG TEMPO PEN SOPN .. | 18 | hydrochlorothiazide TABS 25 MG, 50 MG | 51 |
| HEMGENIX | 56 | HUMATE-P SOLR | 56 | hydrocodone bitartrate CP12 | 6 |
| HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML | 56 | HUMIRA (2 PEN) AJKT 40 MG/0.8ML | 4 | hydrocodone bitartrate-homatropine methylbromide SOLN | 41 |

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| hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7 | hydrocortisone butyrate CREA 46 hydrocortisone butyrate LOTN 46 hydrocortisone butyrate OINT 46 hydrocortisone butyrate SOLN 46 HYDROCORTISONE GEL 2 % 46 hydrocortisone TABS 40 hydrocortisone vaginal 95 hydrocortisone valerate CREA 46 hydrocortisone valerate OINT 46 hydrocortisone w/acetic acid 85 HYDROMORPHONE HCL SUPP ... 6 hydromorphone hcl TABS 6 hydromorphone hcl TB24 6 HYDROXATE GEL 46 HYDROXYM GEL 46 hydroxyurea 29 hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 10 hydroxyzine hcl SYRP 10 hydroxyzine hcl TABS 10 hydroxyzine pamoate CAPS 25 MG, 100 MG 10 hydroxyzine pamoate CAPS 50 MG 10 HYMOVIS 80 hyoscyamine sulfate ELIX 90 hyoscyamine sulfate SOLN PO 0.125 MG/ML 90 hyoscyamine sulfate SUBL 0.125 MG 90 hyoscyamine sulfate TABS 0.125 MG 90 | hyoscyamine sulfate TB12 0.375 MG 90 hyoscyamine sulfate TBDP 0.125 MG 90 HYOSCYAMINE SULFATE TBDP 0.125 MG 90 HYPERHEP B SOLN IM 86 HYPERHEP B SOSY 110 UNIT/0.5ML 86 HYPERRHO MINI-DOSE SOSY IM 250 UNIT 86 HYPERRHO SOSY IM 1500 UNIT 86 HYQVIA 86 HYRIMOZ SOAJ 4 HYRIMOZ SOSY 4 HYRIMOZ-CROHNS/UC STARTER SOAJ 4 HYRIMOZ-PED<40KG CROHN STARTER SOSY 4 HYRIMOZ-PED>=40KG CROHN START SOSY 4 HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ 4 HYRIMOZ-PLAQUE PSORIASIS START SOAJ 4 HY-VEE LANCETS 64 HY-VEE THIN LANCETS 64 ibandronate sodium SOLN 51 ibandronate sodium TABS 51 IBRANCE CAPS 100 MG, 125 MG 28 IBSRELA 55 ibuprofen CHEW 5 ibuprofen SUSP 50 MG/1.25ML, 100 |
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| MG/5ML, 200 MG/10ML | 5 | imiquimod 5 % | 47 | 71 |
| ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG | 5 | IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML | 74 | 18 |
| ibuprofen-diphenhydramine citrate 59 | | IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML | 74 | 18 |
| ibuprofen-diphenhydramine hcl ... | 59 | IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML | 74 | 18 |
| icatibant acetate SOSY | 57 | | | |
| ICLUSIG 15 MG, 45 MG | 28 | IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) | 74 | 18 |
| ID NOW COVID-19 | 50 | | | |
| ID NOW COVID-19 2.0 CONTROL 50 | | IMLYGIC | 29 | 18 |
| ID NOW COVID-19 2.0 TEST | 50 | IMOVAX RABIES SUSR | 94 | 18 |
| ID NOW COVID-19 CONTROL ... | 50 | IMULDOSA SOLN IV 130 MG/26ML . 54 | | 70 |
| IDACIO (2 PEN) AJKT | 4 | IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML | 44 | 32 |
| IDACIO (2 SYRINGE) PSKT | 4 | | | 33 |
| IDACIO-CROHNS/UC STARTER AJKT | 4 | IN TOUCH STERILE LANCETS 30G | 64 | 32 |
| IDACIO-PSORIASIS STARTER AJKT | 4 | INCRELEX | 52 | 50 |
| IDELVION | 56 | indapamide TABS 1.25 MG, 2.5 MG . 51 | | 30 |
| IGALMI FILM | 59 | | | 30 |
| IHEALTH COVID-19 RAPID TEST KIT | 50 | INDICAID COVID-19 RAPID TEST KIT | 50 | 30 |
| ILEVRO | 85 | indomethacin CAPS 25 MG, 50 MG 5 | | 18 |
| ILUVIEN | 84 | indomethacin CPCR | 5 | 94 |
| imatinib mesylate TABS | 28 | INFANRIX | 90 | 80 |
| IMBRUVICA CAPS 140 MG | 28 | INGREZZA CAPS | 88 | 80 |
| IMBRUVICA CAPS 70 MG | 28 | INGREZZA CPSP | 88 | 10 |
| IMBRUVICA TABS | 28 | INLYTA | 26 | 10 |
| IMCIVREE SOLN SC | 53 | INNOSPIRE REPLACEMENT FILTER MISC | 71 | 12 |
| imipramine hcl TABS | 16 | INPEFA | 36 | 23 |
| imipramine pamoate | 16 | INSPIREASE MISC | 71 | 24 |
| | | INSPIREASE RESERVOIR BAGS | | |

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|--|----|---|----|--|----|
| irinotecan hcl | 29 | JANUMET TABS | 16 | ketoprofen CP24 | 5 |
| IRON CHEWS PEDIATRIC CHEW 59 | | JANUMET XR TB24 | 16 | ketorolac tromethamine (ophth) 0.4 % | 85 |
| IRON TABS 28 MG | 59 | JANUVIA | 17 | ketorolac tromethamine (ophth) 0.5 % | 85 |
| ISENTRESS CHEW 100 MG | 33 | JARDIANCE | 19 | ketorolac tromethamine TABS | 5 |
| ISENTRESS CHEW 25 MG | 33 | JENTADUETO TABS | 16 | KETOSTIX STRP | 50 |
| ISENTRESS PACK | 33 | JEVTANA | 29 | ketotifen fumarate (ophth) 0.035 % 85 | |
| ISENTRESS TABS | 33 | JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT | 56 | KEY-E CHEW | 96 |
| isoniazid SYRP | 25 | JOURNAVX | 6 | KEYTRUDA | 26 |
| isoniazid TABS | 25 | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG | 23 | KHAPZORY 175 MG | 29 |
| isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG | 9 | JYNNEOS | 94 | KINNEY LANCETS | 64 |
| isosorbide mononitrate TABS | 9 | KADCYLA | 26 | KINNEY THIN LANCETS | 64 |
| isosorbide mononitrate TB24 | 9 | KALBITOR | 57 | KINRIX SUSY | 90 |
| isotretinoin 10 MG, 20 MG, 40 MG | 42 | KALETRA SOLN | 33 | KIRSTY SOLN IJ 100 UNIT/ML ... | 18 |
| isradipine CAPS | 36 | KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir) | 33 | KIRSTY SOPN SC 100 UNIT/ML .. | 18 |
| ISTALOL SOLN (timolol maleate (ophth)) | 83 | KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir) | 33 | KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ... | 3 |
| ITCH RELIEF CREA | 43 | KALYDECO PACK 50 MG, 75 MG | 89 | KLOR-CON TBCR 8 MEQ (potassium chloride) | 75 |
| itraconazole CAPS | 21 | KALYDECO TABS | 89 | KLOXXADO LIQD | 20 |
| itraconazole SOLN | 21 | KANJINTI 420 MG | 27 | KOATE SOLR | 57 |
| ivermectin (pediculicide) | 49 | KANUMA | 53 | KOATE-DVI SOLR 500 UNIT, 1000 UNIT | 57 |
| ivermectin | 9 | KCENTRA | 56 | KOGENATE FS KIT | 57 |
| IXCHIQ | 94 | KEMOPLAT SOLN | 26 | KONVOMEK SUSR | 91 |
| IXEMPRA KIT | 29 | KENALOG AERS (triamcinolone acetonide (topical)) | 46 | KOVALTRY | 57 |
| IXIARO | 94 | KESIMPTA | 88 | KRINTAFEL | 25 |
| IXINITY SOLR | 56 | ketoconazole (topical) CREA | 43 | KROGER HEALTHPRO LANCET 26G | 64 |
| IYUZEH SOLN | 85 | ketoconazole (topical) SHAM 2 % | 43 | KROGER LANCETS | 64 |
| JAKAFI | 28 | KETONE TEST STRP | 50 | | |
| JALYN (dutasteride-tamsulosin hcl) . 56 | | ketoprofen CAPS 50 MG, 75 MG ... | 5 | | |

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| KROGER LANCETS SUPER THIN 64 | lamivudine TABS 150 MG 33 | lenalidomide75 |
| KROGER LANCETS THIN64 | lamivudine TABS 300 MG 33 | LENVIMA (10 MG DAILY DOSE) .26 |
| KRYSTEXXA56 | lamivudine-zidovudine33 | LENVIMA (12 MG DAILY DOSE) .26 |
| KYLEENA 40 | lamotrigine CHEW 13 | LENVIMA (14 MG DAILY DOSE) .26 |
| KYMRIAH27 | lamotrigine KIT 25 MG13 | LENVIMA (18 MG DAILY DOSE) .26 |
| KYPROLIS 28 | lamotrigine TABS 13 | LENVIMA (20 MG DAILY DOSE) .26 |
| labetalol hcl TABS 100 MG35 | lamotrigine TB2413 | LENVIMA (24 MG DAILY DOSE) .26 |
| labetalol hcl TABS 200 MG35 | lamotrigine TBDP 13 | LENVIMA (4 MG DAILY DOSE) .. 26 |
| labetalol hcl TABS 300 MG35 | LANCETS 64 | LENVIMA (8 MG DAILY DOSE) .. 26 |
| labetalol hcl TABS 400 MG35 | LANCETS 28G THIN64 | LEQSELVI TABS PO 8 MG 47 |
| LACTEROL CAPS 19 | LANCETS 30G 64 | LEQVIO 23 |
| lactic acid (ammonium lactate) CREA47 | LANCETS 33G 64 | LESCOL XL TB24 (fluvastatin sodium) 23 |
| lactic acid (ammonium lactate) LOTN 12 %47 | LANCETS MICRO THIN 33G64 | LETAIRIS (ambrisentan)37 |
| lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL 19 | LANCETS SUPER THIN 64 | letrozole 27 |
| 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 SUPER THIN 28G64 | leucovorin calcium TABS 5 MG, 25 MG 29 |
| lactobacillus-inulin CHEW 200 MG- 10 BILLION, 350 MG-1 GM20 | LANCETS ULTRA THIN 64 | LEUKERAN 26 |
| LACTOVIVE CAPS 19 | LANCETS ULTRA THIN 30G64 | LEUKINE SOLR IJ58 |
| lactulose (encephalopathy)55 | lanolin (topical) CREA 48 | leuprolide acetate (3 month) INJ 22.5 MG 27 |
| lactulose SOLN 60 | LANOLIN XX87 | leuprolide acetate KIT IJ 1 MG/0.2ML27 |
| LAGEVRIO34 | LANOXIN TABS 125 MCG, 250 MCG (digoxin)36 | LEUPROLIDE ACETATE- BUPIVACAINE 27 |
| LAMICTAL ODT KIT (lamotrigine) .13 | lanreotide acetate 53 | levalbuterol hcl 12 |
| LAMICTAL STARTER KIT 25 MG (lamotrigine)13 | LANREOTIDE ACETATE53 | levalbuterol hcl 1.25 MG/0.5ML12 |
| lamivudine SOLN 33 | lansoprazole CPDR91 | levalbuterol tartrate12 |
| | lansoprazole TBDD 91 | levamlodipine maleate 36 |
| | lanthanum carbonate CHEW 55 | LEVEMIR FLEXPEN SOPN 18 |
| | LANTUS SOLOSTAR SOPN 18 | LEVEMIR SOLN 18 |
| | lapatinib ditosylate28 | |
| | LEDIPASVIR-SOFOSBUVIR TABS 34 | levetiracetam SOLN PO 100 MG/ML, |
| | leflunomide 5 | |

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| 500 MG/5ML | 13 | LIBTAYO | 27 | lithium carbonate CAPS | 30 |
| levetiracetam TABS | 13 | lidocaine CREA 4 % | 48 | lithium carbonate TABS | 30 |
| levetiracetam TB24 | 13 | LIDOCAINE CREA | 48 | lithium carbonate TBCR | 30 |
| levobunolol hcl 0.5 % | 83 | lidocaine hcl (mouth-throat) 2 % ... | 76 | LITHOBID TBCR (lithium carbonate) . | 30 |
| levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML | 53 | lidocaine hcl CREA 3 % | 48 | LIVE BETTER LANCET SUPER THIN | 65 |
| levocarnitine (metabolic modifiers) TABs | 53 | lidocaine hcl CREA 4 % | 48 | LO LOESTRIN FE TABS | 38 |
| levocetirizine dihydrochloride SOLN 22 | | lidocaine hcl GEL 2 % | 48 | LOCOID LIPOCREAM | 46 |
| levofloxacin (ophth) 0.5 % | 83 | lidocaine hcl PRSY | 48 | LOCOID LOTN (hydrocortisone butyrate) | 46 |
| levofloxacin SOLN PO | 54 | lidocaine-prilocaine CREA | 48 | LOKELMA | 76 |
| levofloxacin TABS | 54 | LIDOMAX GEL 2 % | 48 | LONSURF | 28 |
| levoleucovorin calcium SOLN | 29 | LILETTA (52 MG) | 40 | loperamide hcl CAPS | 20 |
| levoleucovorin calcium SOLR | 29 | LINZESS | 55 | loperamide hcl TABS | 20 |
| levonorgestrel & eth estradiol TABS 38 | | LIORESAL SOLN IT | 79 | lopinavir-ritonavir SOLN | 33 |
| levonorgestrel (emergency oc) 1.5 MG | 39 | liothyronine sodium TABS | 89 | lopinavir-ritonavir TABS 25 MG-100 MG | 33 |
| levonorgestrel-eth estradiol (triphasic) | 38 | LIPOFEN CAPS (fenofibrate) | 22 | lopinavir-ritonavir TABS 50 MG-200 MG | 33 |
| levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG | 38 | LIQREV SUSP | 37 | LOPRESSOR SOLN PO 10 MG/ML . | 35 |
| levonorgestrel-ethinyl estradiol (continuous) | 38 | liraglutide | 17 | LOPRESSOR TABS 12.5 MG (metoprolol tartrate) | 35 |
| levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG | 89 | lisdexamphetamine dimesylate CAPS 1 | | loratadine CAPS | 22 |
| levothyroxine sodium TABS | 89 | lisdexamphetamine dimesylate CHEW . 1 | | loratadine CHEW | 22 |
| LEVULAN KERASTICK SOLR | 43 | lisinopril & hydrochlorothiazide ... | 24 | loratadine SOLN | 22 |
| LIALDA TBEC (mesalamine) | 54 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG | 23 | loratadine TABS | 22 |
| LIBERTY MEDICAL LANCETS ... | 65 | LITE TOUCH LANCETS | 65 | loratadine TBDP 10 MG | 22 |
| LIBERVANT FILM | 13 | LITETOUCH LANCETS | 65 | lorazepam CONC | 10 |
| | | LITETOUCH MASK LARGE MISC | 71 | lorazepam TABS 0.5 MG, 2 MG ... | 10 |
| | | LITETOUCH MASK MEDIUM MISC . | 71 | lorazepam TABS 1 MG | 10 |
| | | LITETOUCH MASK SMALL MISC . | 71 | | |
| | | LITFULO | 47 | | |
| | | lithium | 30 | | |

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| LORBRENA | 28 | LUZU (Iuliconazole) | 43 | MEDICHOICE SAFETY LANCET | .65 |
| LOREEV XR CS24 | 10 | LYBALVI | 87 | MEDICHOICE SAFETY LANCET EXTRA | .65 |
| losartan potassium & hydrochlorothiazide | 24 | LYFGENIA | 57 | MEDICHOICE SAFETY LANCET NORM | .65 |
| losartan potassium | 23 | LYRA DIRECT SARS-COV-2 ASSAY | 50 | MEDLANCE PLUS EXTRA 21G .. | .65 |
| LOTRONEX (alose tron hcl) | 55 | LYRA SARS-COV-2 ASSAY | 50 | MEDLANCE PLUS LITE 25G | .65 |
| lovastatin TABS 10 MG, 20 MG ... | 23 | LYSODREN | 27 | MEDLANCE PLUS SPECIAL 0.8MM | .65 |
| lovastatin TABS 40 MG | 23 | LYUMJEV TEMPO PEN SOPN ... | 18 | MEDLANCE PLUS SUPERLITE 30G | .65 |
| loxapine succinate | 31 | LYVISPAH PACK | 79 | MEDLANCE PLUS UNIVERSAL 21G | .65 |
| LUCENTIS SOSY | 83 | MACI | 79 | medroxyprogesterone acetate (contraceptive) SUSP IM | 40 |
| LUCIRA CHECK IT COVID-19 TEST KIT | 50 | magnesium citrate 1.745 GM/30ML 60 | | medroxyprogesterone acetate (contraceptive) SUSY IM | 40 |
| LUCIRA COVID-19 ALL-IN-ONE KIT 50 | | magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML | 60 | medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG | 87 |
| Iuliconazole | 43 | magnesium oxide (mg supplement) TABS | 74 | mefloquine hcl | 25 |
| LUMAVEX CAPS | 76 | magnesium oxide TABS 400 MG ... | 9 | megestrol acetate SUSP | 27 |
| LUMIZYME | 53 | malathion | 49 | megestrol acetate TABS | 27 |
| LUNAVIRA CAPS | 76 | maraviroc TABS 150 MG | 33 | MEIJER ALCOHOL SWABS | 69 |
| LUPRON DEPOT (1-MONTH) KIT IM | 27 | maraviroc TABS 300 MG | 33 | MEIJER LANCETS | .65 |
| LUPRON DEPOT (3-MONTH) KIT IM | 27 | MATULANE | 29 | MEIJER LANCETS UNIVERSAL 21G | .65 |
| LUPRON DEPOT (4-MONTH) IM . | 27 | MAVYRET PACK | 34 | MEIJER LANCETS UNIVERSAL 30G | .65 |
| LUPRON DEPOT (6-MONTH) IM . | 27 | MAVYRET TABS | 34 | MEIJER LANCETS UNIVERSAL 33G | .65 |
| LUPRON DEPOT-PED (1-MONTH) . 52 | | MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML | 41 | MEKINIST TABS | 28 |
| LUPRON DEPOT-PED (3-MONTH) . 52 | | MAYZENT STARTER PACK TBPK 0.25 MG | 88 | MEKTOVI | 28 |
| LUPRON DEPOT-PED (6-MONTH) IM | 52 | MAYZENT TABS | 88 | melatonin TABS 3 MG, 5 MG | 2 |
| Iurasidone hcl | 30 | MECLIZINE HCL CHEW 25 MG ... | 21 | meloxicam TABS | 5 |
| LUTATHERA | 29 | meclizine hcl CHEW | 21 | | |
| LUTRATE DEPOT INJ 22.5 MG ... | 27 | meclizine hcl TABS 12.5 MG, 25 MG 21 | | | |

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| melphalan hcl IV | 26 | metformin hcl TABS 750 MG | 17 | methylphenidate hcl CPCR | 2 |
| memantine hcl CP24 | 87 | metformin hcl TB24 500 MG, 1000 MG | 17 | methylphenidate hcl SOLN | 2 |
| memantine hcl SOLN | 87 | metformin hcl TB24 500 MG, 750 MG | 17 | methylphenidate hcl TABS | 2 |
| memantine hcl TABS | 87 | methadone hcl TABS 10 MG | 6 | methylphenidate hcl TB24 | 2 |
| MENQUADFI 0.5 ML | 92 | methadone hcl TABS 5 MG | 6 | methylphenidate hcl TBCR 10 MG, 20 MG | 2 |
| MENVEO SOLN | 92 | methamphetamine hcl | 1 | methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG | 2 |
| MENVEO SOLR | 92 | methazolamide TABS | 51 | methylphenidate hcl TBCR 45 MG, 63 MG | 2 |
| meperidine hcl SOLN PO 50 MG/5ML | 6 | methenamine mandelate | 25 | methylprednisolone TABS 4 MG, 8 MG | 40 |
| meperidine hcl TABS 50 MG | 6 | methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 24 | | methylprednisolone TBPK | 40 |
| meprobamate | 10 | methimazole TABS | 89 | methyltestosterone TABS | 8 |
| mercaptopurine SUSP 2000 MG/100ML | 26 | methocarbamol TABS 1000 MG ... | 79 | metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML | 54 |
| mercaptopurine TABS | 26 | methocarbamol TABS 500 MG | 79 | metoclopramide hcl TABS 10 MG . | 54 |
| MERILOG SOLN SC 100 UNIT/ML 18 | | methocarbamol TABS 750 MG, 1000 MG | 79 | metoclopramide hcl TABS 5 MG .. | 54 |
| MERILOG SOLOSTAR SOPN SC 100 UNIT/ML | 18 | methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML | 26 | metolazone | 51 |
| mesalamine ENEM | 54 | methotrexate sodium TABS 2.5 MG 26 | | metoprolol & hydrochlorothiazide TABS | 24 |
| mesalamine SUPP | 54 | methsuximide | 14 | metoprolol succinate TB24 200 MG 35 | |
| mesalamine TBEC 1.2 GM | 54 | methylphenidate hcl CHEW | 2 | metoprolol succinate TB24 25 MG, 50 MG, 100 MG | 35 |
| mesalamine TBEC 800 MG | 54 | methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG | 2 | metoprolol tartrate TABS 100 MG . | 35 |
| mesalamine w/ cleanser | 54 | METHYLIN SOLN (methylphenidate hcl) | 2 | metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG | 35 |
| mesna SOLN | 29 | methylphenidate hcl CP24 | 2 | metoprolol tartrate TABS 25 MG, 50 MG | 35 |
| mesna TABS | 29 | methylphenidate hcl CP24 60 MG .. | 2 | metronidazole (topical) CREA | 48 |
| MESNEX TABS | 29 | methylphenidate hcl CP24 | 2 | metronidazole (topical) GEL 0.75 % 48 | |
| metaxalone | 79 | | | metronidazole (topical) LOTN | 48 |
| METAXALONE 640 MG | 79 | | | | |
| metformin hcl SOLN | 17 | | | | |
| metformin hcl TABS 500 MG, 850 MG, 1000 MG | 17 | | | | |
| metformin hcl TABS 625 MG | 17 | | | | |

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| metronidazole TABS 250 MG, 500 MG | 24 | milnacipran hcl MISC | 88 | 80 | mometasone furoate CREA | 46 |
| metronidazole vaginal | 95 | milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG | 88 | | mometasone furoate OINT | 46 |
| metyrosine | 23 | MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG 77 | | | mometasone furoate SOLN | 46 |
| MICONAZOLE 7 SUPP 100 MG | 95 | MINIELITE FILTER REPLACEMENTS MISC | 72 | | MONISTAT CARE INSTANT ITCH RLF 1 % | 95 |
| miconazole nitrate (topical) CREA .43 | | minocycline hcl CAPS | 89 | | MONOLET LANCETS | 65 |
| miconazole nitrate vaginal CREA 2 % | 95 | minoxidil 2.5 MG, 10 MG | 24 | | MONOLET OPD LANCETS | 65 |
| miconazole nitrate vaginal CREA 4 % | 95 | mirabegron TB24 | 91 | | MONOLETTOR SAFETY LANCETS 65 | |
| miconazole nitrate vaginal KIT | 95 | MIRCERA | 58 | | MONOVISC | 80 |
| miconazole nitrate vaginal SUPP 100 MG | 95 | MIRENA (52 MG) | 40 | | montelukast sodium CHEW | 11 |
| miconazole nitrate vaginal SUPP 200 MG | 95 | mirtazapine TABS | 14 | | montelukast sodium PACK | 11 |
| MICRHOGAM ULTRA-FILTERED PLUS SOSY IM | 86 | mirtazapine TBDP | 14 | | montelukast sodium TABS | 11 |
| MICROBALANCE CAPS | 19 | misoprostol | 91 | | morphine sulfate beads | 6 |
| MICROCHAMBER DEVI | 71 | mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML | 28 | | morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG | 6 |
| MICROCHAMBER MISC | 72 | MIUDELLA INTRAUTERINE COPPER | 39 | | morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML | 7 |
| MICROFLOR 33 CAPS | 19 | MI-VITE RX TABS 1 MG | 77 | | morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML | 7 |
| MICROLET LANCETS | 65 | MM TWIST LANCETS | 65 | | morphine sulfate SUPP | 7 |
| MICROLET NEXT LANCETS | 65 | M-M-R II SOLR | 94 | | morphine sulfate TABS | 7 |
| MICROSPACER MISC | 72 | MNEXSPIKE SUSY 10 MCG/0.2ML . 94 | | | morphine sulfate TBCR | 7 |
| MICROVARA CPDR | 19 | MOBILE LANCETS 30G | 65 | | MOTPOLY XR CP24 | 13 |
| midazolam hcl SOLN IJ | 59 | MODERNA COVID-19 VAC 6M-11Y SUSP | 94 | | MOTRIN CHILDRENS CHEW (ibuprofen) | 5 |
| MIDAZOLAM HCL SOLN IJ | 59 | MODERNA COVID-19 VAC 6M-11Y SUSY | 94 | | MOTRIN INFANTS DROPS SUSP (ibuprofen) | 5 |
| midodrine hcl | 96 | moexipril hcl | 23 | | MOUNJARO | 17 |
| MIEBO | 85 | mometasone furoate (nasal) SUSP | | | MOVANTIK | 55 |
| mifepristone (hyperglycemia) | 17 | | | | moxifloxacin hcl (ophth) SOLN OP | 83 |
| miglitol | 16 | | | | | |
| miglustat | 57 | | | | | |

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| moxifloxacin hcl TABS | 54 | mupirocin calcium (topical) | 42 | naloxone hcl SOSY 2 MG/2ML | 20 |
| MULPLETA | 58 | mupirocin OINT | 42 | naltrexone hcl | 20 |
| MULTIPLE VITAMINS TABS-ASSORTED BRAND | 78 | MVASI | 26 | NAMENDA TITRATION PAK TABS (memantine hcl) | 87 |
| MULTIPLE VITAMINS TABS-ASSORTED GENERIC | 78 | MVW COMPL FORM PROBIOTIC-KIDS CPDR | 19 | naphazoline w/ pheniramine 0.3 %-0.025 % | 84 |
| multiple vitamins w/ iron TABS | 77 | MVW COMPLETE FORMULATION SOLN | 78 | naphazoline w/ pheniramine 0.315 %-0.027 % | 84 |
| MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND | 78 | MYALEPT | 53 | naproxen sodium TABS 220 MG ... | 5 |
| MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC | 78 | mycophenolate mofetil CAPS | 75 | naproxen sodium TABS 275 MG, 550 MG | 5 |
| MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT | 77 | mycophenolate mofetil hcl | 75 | naproxen SUSP | 5 |
| MULTIVITAMIN DROPS/IRON SOLN | 79 | mycophenolate mofetil SUSR | 75 | naproxen TABS | 5 |
| MULTIVITAMIN INFANT & TODDLER SOLN | 79 | mycophenolate mofetil TABS | 75 | naproxen TBEC | 5 |
| MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG | 77 | mycophenolate sodium | 75 | naproxen-esomeprazole magnesium | 5 |
| MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 77 | MYDAYIS CP24 (amphetamine-dextroamphetamine) | 1 | naratriptan hcl | 74 |
| | | MYFEMBREE | 53 | NARCAN LIQD (naloxone hcl) | 20 |
| | | MYGLUCOHEALTH LANCETS 30G 65 | 65 | NATAZIA | 38 |
| | | MYLERAN TABS | 26 | nateglinide | 18 |
| | | MYNEPHRON CAPS 1 MG | 77 | NATPARA | 51 |
| | | MYOBLOC | 82 | NATROBA (spinosad) | 49 |
| | | MYRBETRIQ TB24 (mirabegron) .. | 91 | NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT | 77 |
| | | NABI-HB SOLN IM | 86 | NEBULIZER AIR TUBE/PLUGS MISC | 72 |
| | | nabumetone | 5 | nefazodone hcl | 15 |
| | | nadolol TABS 20 MG, 40 MG, 80 MG | 35 | NEFFY SOLN NA | 96 |
| | | NAGLAZYME | 53 | NEMLUVIO | 47 |
| | | naloxone hcl LIQD | 20 | neomycin sulfate TABS | 3 |
| | | naloxone hcl SOCT | 20 | neomycin-bacitracin zn-polymyxin .. | 84 |
| | | naloxone hcl SOLN 0.4 MG/ML ... | 20 | | |
| | | naloxone hcl SOLN 4 MG/10ML ... | 20 | | |
| | | naloxone hcl SOSY 0.4 MG/ML ... | 20 | | |

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| neomycin-bacitracin-polymyxin OINT 43 | NIACIN ER CPCR 96 | NIVA THYROID TABS 89 |
| neomycin-polymy-dexameth OINT 84 | NIACIN ER TBCR 96 | NIVESTYM SOLN 58 |
| neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 84 | niacin TABS 500 MG 96 | NIVESTYM SOSY 58 |
| neomycin-polymyxin w/ pramoxine 43 | niacin TBCR 96 | NIX LICE KILLING SPRAY LIQD XX . 49 |
| neomycin-polymyxin-gramicidin .. 84 | nicardipine hcl CAPS 36 | NIZORAL SHAM 43 |
| neomycin-polymyxin-hc (ophth) ... 84 | NICOTINE KIT 88 | NORDITROPIN FLEXPPO SOPN .52 |
| neomycin-polymyxin-hc (otic) SOLN . 85 | nicotine polacrilex GUM 88 | norelgestromin-ethinyl estradiol ... 39 |
| neomycin-polymyxin-hc (otic) SUSP . 85 | nicotine polacrilex LOZG 88 | norethin acet & estrad-fe CAPS ... 38 |
| NEULASTA ONPRO SOSY 6 MG/0.6ML 58 | nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 88 | norethin acet & estrad-fe CHEW .. 38 |
| NEULASTA SOSY 58 | NICOTROL INHA 89 | norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 38 |
| NEUPOGEN SOLN 58 | NICOTROL NS SOLN 88 | norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG 38 |
| NEUPOGEN SOSY 58 | nifedipine CAPS 36 | norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG 38 |
| nevirapine SUSP 33 | nifedipine TB24 30 MG, 90 MG ... 36 | norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ... 38 |
| nevirapine TABS 33 | nifedipine TB24 60 MG 36 | norethindrone & eth estradiol 35 MCG-1 MG 38 |
| nevirapine TB24 400 MG 33 | nilotinib hcl 50 MG, 150 MG, 200 MG 28 | norethindrone & ethinyl estradiol-fe 38 |
| NEXIUM 24HR CPDR (esomeprazole magnesium) 91 | nimodipine CAPS 36 | norethindrone (contraceptive) 40 |
| NEXIUM CPDR 20 MG (esomeprazole magnesium) 91 | NINLARO 28 | norethindrone acet & eth estra TABS 39 |
| NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium) .. 91 | nintedanib esylate 100 MG, 150 MG . 89 | norethindrone acetate TABS 87 |
| NEXIVA CAPS 19 | nisoldipine 36 | norethindrone acetate-ethinyl estradiol 53 |
| NEXPLANON 39 | nitisinone CAPS 53 | norethindrone acetate-ethinyl estradiol-fe 39 |
| NGENLA 52 | nitrofurantoin 25 | norethindrone acetate-ethinyl estradiol (triphasic) 39 |
| niacin (antihyperlipidemic) TBCR .. 23 | nitrofurantoin macrocrystal 50 MG, 100 MG 25 | norgestimate-ethinyl estradiol (triphasic) 39 |
| niacin CPCR 250 MG, 500 MG 96 | nitroglycerin CPCR 9 | norgestimate-ethinyl estradiol 39 |
| | nitroglycerin OINT 9 | |
| | nitroglycerin PT24 9 | |
| | nitroglycerin SUBL 9 | |

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| norgestrel & ethinyl estradiol 30 MCG-0.3 MG | 39 | NUCALA SOLR | 10 | ODOMZO | 27 |
| NORLIQVA SOLN | 36 | NUCALA SOSY | 10 | ofloxacin (ophth) | 84 |
| NORPACE CAPS (disopyramide phosphate) | 10 | NULOJIX | 75 | ofloxacin (otic) | 85 |
| nortriptyline hcl CAPS | 16 | NUMOISYN LIQD | 76 | ofloxacin 300 MG, 400 MG | 54 |
| nortriptyline hcl SOLN | 16 | NUPLAZID CAPS | 30 | OHC COVID-19 ANTIGEN SELF TEST KIT | 50 |
| NORVIR PACK | 33 | NUPLAZID TABS 10 MG | 30 | OHTUVAYRE | 11 |
| NORVIR TABS (ritonavir) | 33 | NURTEC | 73 | olanzapine SOLR | 31 |
| NOSE CLIP MISC | 72 | NUTRIVIO CAPS 1 MG | 77 | olanzapine TABS | 31 |
| NOVA SAFETY LANCETS 23G .. | 65 | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 94 | olanzapine TBDP | 31 |
| NOVA SAFETY LANCETS 28G .. | 65 | NUVESSA | 95 | olmesartan medoxomil | 23 |
| NOVA SUREFLEX LANCETS | 65 | NUWIQ KIT | 57 | olmesartan medoxomil-amlodipine-hydrochlorothiazide | 24 |
| NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML | 79 | NUWIQ SOLR | 57 | olmesartan medoxomil-hydrochlorothiazide | 24 |
| NOVAREL IM 5000 UNIT | 52 | NYPOZI | 58 | olopatadine hcl (nasal) | 80 |
| NOVAVAX COVID-19 VACCINE SUSP | 94 | nystatin (mouth-throat) | 76 | olopatadine hcl | 85 |
| NOVAVAX COVID-19 VACCINE SUSY | 94 | nystatin (topical) CREA | 43 | OLPRUVA (2 GM DOSE) THPK .. | 53 |
| NOVOEIGHT | 57 | nystatin (topical) OINT | 43 | OLPRUVA (3 GM DOSE) THPK .. | 53 |
| NOVOLOG 70/30 FLEXPEN RELION SUPN | 18 | nystatin (topical) POWD EX | 43 | OLPRUVA (4 GM DOSE) THPK .. | 53 |
| NOVOLOG MIX 70/30 FLEXPEN SUPN | 18 | nystatin TABS | 21 | OLPRUVA (5 GM DOSE) THPK .. | 53 |
| NOVOLOG MIX 70/30 RELION SUSP | 18 | nystatin-triamcinolone CREA | 43 | OLPRUVA (6 GM DOSE) THPK .. | 53 |
| NOVORA CAPS | 19 | nystatin-triamcinolone OINT | 43 | OLPRUVA (6.67 GM DOSE) THPK | 53 |
| NOVOSEVEN RT | 57 | NYVEPRIA | 58 | OLUMIANT | 3 |
| NP THYROID TABS | 89 | OBIZUR | 57 | omega-3-acid ethyl esters | 22 |
| NPLATE 250 MCG, 500 MCG | 58 | OCALIVA | 54 | omeprazole CPDR | 91 |
| NUCALA SOAJ | 10 | OCREVUS ZUNOVO | 88 | omeprazole TBEC | 91 |
| | | OCTAGAM SOLN | 86 | omeprazole-sodium bicarbonate CAPS | 91 |
| | | octreotide acetate KIT | 53 | omeprazole-sodium bicarbonate PACK | 91 |
| | | octreotide acetate SOLN | 53 | | |
| | | octreotide acetate SOSY | 53 | | |
| | | ODEFSEY | 33 | | |

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| OMNITROPE SOCT | 52 | ONETOUCH ULTRASOFT 2 LANCETS | 65 | ORTHOVISC | 80 |
| OMVOH (300 MG DOSE) SOAJ .. | 54 | ONGLYZA 5 MG (saxagliptin hcl) . | 17 | ORUDIS CAPS 75 MG | 5 |
| OMVOH (300 MG DOSE) SOSY .. | 55 | ONPATPRO | 89 | oseltamivir phosphate CAPS 30 MG . | 34 |
| OMVOH SOAJ | 55 | ONYDA XR SUER | 2 | oseltamivir phosphate CAPS 45 MG, 75 MG | 34 |
| OMVOH SOLN | 55 | OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML | 27 | oseltamivir phosphate SUSR | 34 |
| OMVOH SOSY | 55 | OPIPZA FILM | 32 | OTEZLA TABS | 5 |
| ON/GO COVID-19 ANTIGEN TEST KIT | 50 | OPSYNVI | 36 | OTEZLA TBPK | 5 |
| ON/GO ONE COVID-19 HOME TEST KIT | 50 | OPTICHAMBER DIAMOND DEVI . | 72 | 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 |
| ONCASPAR | 29 | OPTICHAMBER DIAMOND MISC . | 72 | OTULFI SOLN SC 45 MG/0.5ML .. | 44 |
| ondansetron hcl SOLN PO 4 MG/5ML | 21 | OPTICHAMBER DIAMOND-LG MASK DEVI | 72 | OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML | 44 |
| ondansetron hcl TABS 4 MG, 8 MG 21 | | OPTICHAMBER DIAMOND-MD MASK MISC | 72 | oxaprozin TABS | 5 |
| ondansetron TDBP 16 MG | 21 | OPTICHAMBER DIAMOND-SM MASK MISC | 72 | oxazepam CAPS | 10 |
| ondansetron TDBP 4 MG, 8 MG .. | 21 | OPTIONS GYNOL II CONTRACEPTIVE GEL | 95 | oxcarbazepine SUSP | 13 |
| ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 77 | OPVEE NA | 20 | oxcarbazepine TABS | 13 |
| ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG | 78 | OPZELURA | 47 | OXERVATE | 84 |
| ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG- 1 MG-2.5 MG-18 MG-5000 UNIT .. | 78 | ORALAIR SUBL | 2 | oxiconazole nitrate CREA | 43 |
| ONETOUCH DELICA PLUS LANCET30G | 65 | ORENITRAM MONTH 1 TEPK ... | 36 | OXISTAT CREA (oxiconazole nitrate) | 43 |
| ONETOUCH DELICA PLUS LANCET33G | 65 | ORENITRAM MONTH 2 TEPK ... | 36 | oxybutynin chloride SOLN | 91 |
| ONETOUCH DELICA SAFETY LANCING | 65 | ORENITRAM MONTH 3 TEPK ... | 36 | oxybutynin chloride TABS 2.5 MG . | 91 |
| | | ORFADIN SUSP | 53 | oxybutynin chloride TABS 5 MG ... | 91 |
| | | ORIAHNN | 53 | oxybutynin chloride TB24 | 91 |
| | | ORILISSA | 52 | oxycodone hcl CAPS | 7 |
| | | ORKAMBI PACK | 89 | oxycodone hcl CONC 100 MG/5ML 7 | |
| | | ORKAMBI TABS | 89 | oxycodone hcl SOLN | 7 |
| | | orphenadrine citrate TB12 | 80 | oxycodone hcl T12A 10 MG, 20 MG, 40 MG | 7 |
| | | orphenadrine w/ aspirin & caff | 80 | | |

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| oxycodone hcl TABS | 7 | PARI BABY CONVERSION KIT MISC | 72 | PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND | 78 |
| oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG | 7 | PARI ERAPID NEBULIZER HANDSET MISC | 72 | PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC | 78 |
| oxymorphone hcl TB12 15 MG | 7 | PARI EXPIRATORY FILTER SET DEVI | 72 | pediatric vitamins acid w/ fluoride SOLN | 78 |
| oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG | 7 | PARI MASK SET MISC | 72 | PEDVAX HIB SUSP | 92 |
| oyster shell | 74 | PARI SOFT PLASTIC ADULT MASK MISC | 72 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR | 60 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | 17 | PARI SOFT PLASTIC PED MASK MISC | 72 | peg 3350-potassium chloride-sod bicarbonate-sod chloride | 60 |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | 17 | PARI VORTEX ADULT MASK | 72 | PEGASYS SOLN | 34 |
| OZEMPIC (2 MG/DOSE) SOPN ... | 17 | paricalcitol SOLN | 53 | PEGASYS SOSY | 34 |
| OZOBAX DS SOLN PO (baclofen) | 80 | paroxetine hcl TABS | 15 | pemetrexed disodium SOLR 100 MG, 500 MG | 26 |
| OZURDEX IMPL | 84 | paroxetine hcl TB24 | 15 | PENBRAYA | 92 |
| PACLITAXEL PROTEIN-BOUND PART | 29 | paroxetine mesylate (vasomotor) | 89 | penciclovir | 44 |
| paclitaxel protein-bound particles | 29 | PARSABIV | 53 | penicillamine TABS | 75 |
| paliperidone | 30 | PAXLOVID (150/100) | 34 | penicillin v potassium SOLR | 86 |
| PALYNZIQ | 53 | PAXLOVID (300/100 & 150/100) | 34 | penicillin v potassium TABS | 86 |
| pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML | 51 | PAXLOVID (300/100) | 34 | PENTACEL | 90 |
| PAMIDRONATE DISODIUM SOLN 52 | | pazopanib hcl | 28 | pentoxifylline | 57 |
| pantoprazole sodium PACK | 91 | PC PEDIATRIC POLY-VITA/FE DROP SOLN | 79 | PERFECT LANCETS 28G | 65 |
| pantoprazole sodium TBEC 20 MG 91 | | PC PEDIATRIC POLY-VITAMIN DROP SOLN PO | 79 | PERFECT LANCETS 30G | 65 |
| pantoprazole sodium TBEC 40 MG 91 | | ped multivitamins w/fl & iron SOLN 78 | | PERFECT POINT SAFETY LANCETS | 65 |
| PANZYGA | 86 | PEDIARIX SUSY | 90 | perindopril erbumine | 23 |
| PARAGARD INTRAUTERINE COPPER | 39 | PEDIATRIC MOUTHPIECE MISC | 72 | PERIOMED CONC 0.63 % | 76 |
| PARI ALTERA NEBULIZER HANDSET MISC | 72 | PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND | 78 | PERJETA | 27 |
| | | PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ... | 78 | permethrin AERO | 49 |
| | | | | permethrin CREA | 49 |
| | | | | permethrin LIQD EX | 49 |

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|---|----|---|----|--|----|
| perphenazine TABS | 31 | PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | 28 | POLIVY 140 MG | 27 |
| perphenazine-amitriptyline | 87 | phytonadione TABS 5 MG | 96 | polyethylene glycol 3350 PACK ... | 60 |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | 94 | PIFELTRO | 33 | polyethylene glycol 3350 POWD .. | 60 |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | 94 | PILLOW MASK/ADULT MISC | 72 | polymyxin b-trimethoprim | 84 |
| PFLEX MISC | 72 | PILLOW MASK/CHILD MISC | 72 | polysaccharide iron complex CAPS 59 | |
| PHARMACIST CHOICE ALCOHOL . 69 | | PILLOW MASK/PEDIATRIC MISC 72 | | polyvinyl alcohol 1.4 % | 82 |
| PHARMACIST CHOICE LANCETS . 65 | | pilocarpine hcl (oral) 5 MG | 76 | POLY-VI-SOL SOLN PO | 79 |
| PHARMACIST CHOICE MASK WIPES MISC | 72 | pilocarpine hcl SOLN 1 %, 2 %, 4 % . 83 | | POLY-VITA SOLN PO | 79 |
| PHEBURANE PLLT | 53 | PILOT COVID-19 AT-HOME TEST KIT | 50 | POLY-VITA/IRON SOLN | 79 |
| phenazopyridine hcl TABS 100 MG, 200 MG | 56 | pimecrolimus | 48 | POLY-VITE PEDIATRIC SOLN PO 79 | |
| phenelzine sulfate | 15 | PIN RID CHEW | 9 | POLY-VITE/IRON SOLN | 79 |
| phenobarbital ELIX | 59 | pindolol TABS | 35 | pomalidomide 1 MG, 2 MG, 3 MG, 4 MG | 28 |
| phenobarbital TABS | 59 | pioglitazone hcl | 18 | PONVORY STARTER PACK TBPK 88 | |
| phentermine hcl-topiramate | 1 | pioglitazone hcl-glimepiride | 16 | PONVORY TABS | 88 |
| phenylephrine hcl (mydriatic) SOLN 2.5 % | 83 | pioglitazone hcl-metformin hcl TABS . 16 | | PORTRAZZA | 27 |
| phenylephrine hcl (oral) TABS | 80 | PIP LANCETS 28G | 65 | pot phosphate monobasic w/ sod phosphate dibasic & monobasic .. | 75 |
| phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML | 41 | PIP LANCETS 30G | 65 | potassium bicarbonate TBEF | 75 |
| phenylephrine-dm SOLN | 41 | pirfenidone CAPS | 89 | potassium chloride CPCR 10 MEQ 75 | |
| phenytoin CHEW | 14 | pirfenidone TABS 534 MG | 89 | potassium chloride CPCR 8 MEQ .75 | |
| phenytoin sodium extended 100 MG, 200 MG, 300 MG | 14 | piroxicam CAPS | 5 | potassium chloride microencapsulated crystals er | 75 |
| phenytoin sodium extended 200 MG, 300 MG | 14 | PLEGRIDY SOSY IM | 88 | potassium chloride PACK PO 20 MEQ | 75 |
| phenytoin SUSP | 14 | plerixafor | 59 | potassium chloride SOLN PO 10 %, 20 %, 10 % | 75 |
| PHOTOFRIN | 29 | PNEUMOVAX 23 SOLN | 92 | potassium chloride TBCR 8 MEQ, 10 MEQ | 75 |
| | | PNEUMOVAX 23 SOSY | 92 | | |
| | | POCKET CHAMBER DEVI | 72 | | |
| | | POCKET SPACER DEVI | 72 | | |
| | | podofilox SOLN | 48 | | |

| | | |
|---|--|--|
| potassium citrate (alkalinizer) TBCR . 55 | prednisone TABS 41 | PRO COMFORT LANCETS 30G .65 |
| potassium iodide (expectorant) SOLN41 | prednisone TBPK 41 | PRO COMFORT LANCETS 31G .65 |
| POTELIGEO27 | pregabalin CAPS14 | PRO COMFORT SAFETY LANCETS 30G65 |
| PRADAXA CAPS (dabigatran etexilate mesylate)13 | pregabalin SOLN14 | PRO COMFORT SPACER ADULT MISC 72 |
| PRADAXA PACK 13 | PREGNYL IM 52 | PRO COMFORT SPACER CHILD MISC 72 |
| pralatrexate26 | PREHEVBRIO94 | PRO COMFORT SPACER INFANT DEVI72 |
| PRALUENT SOAJ23 | PREMARIN95 | PROAIR DIGIHALER12 |
| pramipexole dihydrochloride TABS 30 | PREMPHASE 54 | probenecid 56 |
| pramipexole dihydrochloride TB24 30 | PREMPRO 54 | PROBENTRA CPDR19 |
| pramoxine hcl (rectal) FOAM EX ... 8 | PRENATAL VITAMINS-ASSORTED BRAND79 | PROBINATE CAPS 19 |
| prasugrel hcl57 | PRENATAL VITAMINS-ASSORTED GENERIC79 | probiotic product CAPS 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 19 |
| pravastatin sodium23 | PREPARATION H EX 1 %9 | probiotic product CPDR 50 MG20 |
| prazosin hcl CAPS24 | PREPARATION H SOOTHING RELIEF EX 1 % 9 | PROCARE SPACER/ADULT MASK DEVI72 |
| PRECISION THINS GP LANCETS 65 | PREVNAR 20 92 | PROCARE SPACER/CHILD MASK DEVI72 |
| PRED MILD 84 | PREVYMIS SOLN 34 | PROCHAMBER VHC DEVI72 |
| prednisolone acetate (ophth)84 | PREVYMIS TABS34 | |
| PREDNISOLONE ACETATE P-F .84 | PREZCOBIX33 | |
| PREDNISOLONE SODIUM PHOSPHATE84 | PREZISTA SUSP 33 | |
| prednisolone sodium phosphate SOLN 15 MG/5ML 40 | PREZISTA TABS (darunavir)33 | |
| prednisolone sodium phosphate SOLN 20 MG/5ML 40 | PREZISTA TABS 150 MG33 | |
| prednisolone sodium phosphate SOLN 5 MG/5ML40 | PREZISTA TABS 75 MG, 600 MG, 800 MG33 | |
| prednisolone SOLN40 | PRIALT 6 | |
| PREDNISONE INTENSOL CONC 40 | primidone 125 MG 14 | |
| prednisone SOLN41 | primidone 50 MG, 250 MG14 | |
| | PRIORIX SUSR94 | |
| | PRIVIGEN SOLN 86 | |
| | PRO COMFORT ALCOHOL69 | |

| | | | | | |
|---|----|---|-----|--|----|
| prochlorperazine | 31 | propafenone hcl TABS | 10 | CHAMBER DEVI | 73 |
| prochlorperazine edisylate 10 MG/2ML | 31 | propranolol hcl CP24 | 35 | PX LANCETS MICROTHIN 33G .. | 66 |
| prochlorperazine maleate TABS ... | 31 | propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML | 35 | PX LANCETS ULTRA THIN 28G .. | 66 |
| PROCRIPT | 58 | propranolol hcl TABS | 35 | pyrantel pamoate SUSP | 9 |
| PROCTOFOAM FOAM EX 1 % | 9 | propylthiouracil | 89 | pyrazinamide | 25 |
| PROCYSBI CPDR | 55 | PROQUAD SUSR | 94 | pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % | 49 |
| PROCYSBI PACK | 55 | PRORIVA CAPS | 20 | pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % | 49 |
| PRODIGY LANCETS 28G | 65 | PROTONIX PACK (pantoprazole sodium) | 91 | pyridostigmine bromide TABS 60 MG | 25 |
| PRODIGY SAFETY LANCETS 26G .. | 65 | protriptyline hcl | 16 | pyridostigmine bromide TBCR | 25 |
| PRODIGY TWIST TOP LANCETS 28G | 65 | PROVENGE | 27 | pyridoxine hcl TABS 25 MG, 50 MG, 100 MG | 96 |
| PROFILNINE | 57 | PROVENTIL HFA AERS (albuterol sulfate) | 12 | pyrimethamine | 25 |
| progesterone CAPS 100 MG | 87 | PROXIVOL GEL 2 % | 48 | PYZCHIVA 45 MG/0.5ML, 90 MG/ML | 44 |
| progesterone CAPS 200 MG | 87 | pseudoephedrine hcl TABS | 80 | PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML | 44 |
| PROGLYCEM (diazoxide) | 17 | pseudoephedrine hcl TB12 | 80 | PYZCHIVA SC 45 MG/0.5ML | 44 |
| PROGRAF PACK | 75 | pseudoephedrine-ibuprofen TABS | 41 | QC ALCOHOL SWABS | 69 |
| PROLEUKIN | 29 | PSS SELECT GP LANCETS | 66 | QC DAILY MULTIVITAMINS/IRON TABs 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | 78 |
| PROLIA SOSY | 52 | PSS SELECT SAFETY LANCETS 66 | | QC LANCETS SUPER THIN 30G | 66 |
| PROMELLA IN PREBIOTIC CAPS 20 | | psyllium CAPS 0.36 GM, 0.52 GM | 60 | QC LANCETS ULTRA THIN | 66 |
| promethazine & phenylephrine SYRP | 41 | psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 % | 60 | QC UNILET LANCETS 28G | 66 |
| promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML | 22 | PULMICORT FLEXHALER AEPB | .11 | QC UNILET LANCETS MICRO THIN | 66 |
| promethazine hcl SUPP | 22 | PULMOZYME | 89 | QDOLO SOLN (tramadol hcl) | 7 |
| promethazine hcl TABS | 22 | PURE COMFORT ALCOHOL PREP | 69 | QELBREE | 2 |
| promethazine w/codeine SOLN ... | 41 | PURE COMFORT LANCETS 30G 66 | | | |
| promethazine w/codeine SYRP ... | 41 | PURE COMFORT SAFETY LANCET 30G | 66 | | |
| PRONEB ULTRA FILTER SET MISC | 73 | PURE COMFORT SPACER | | | |

| | | |
|---|---|---|
| QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...1 | 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/0.6ML3 | RENAL CAPS 1 MG77 |
| QUADRACEL SUSP90 | RAVICTI 1.1 GM/ML (glycerol phenylbutyrate)53 | RENO CAPS CAPS 1 MG77 |
| QUADRACEL SUSY90 | READYLANCE SAFETY LANCETS .66 | RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG89 |
| quetiapine fumarate TABS31 | REALITY LANCETS66 | RENVELA TABS (sevelamer carbonate)55 |
| quetiapine fumarate TB2431 | REALITY SWABS69 | repaglinide18 |
| QUICKVUE AT-HOME COVID-19 TEST KIT50 | REALITY TRIGGER LANCETS ...66 | REPATHA PUSHTRONEX SYSTEM SOCT23 |
| QUICKVUE SARS ANTIGEN TEST .50 | REBINYN57 | REPATHA SOSY23 |
| quinapril hcl23 | RECOMBINATE SOLR57 | REPATHA SURECLICK SOAJ23 |
| quinapril-hydrochlorothiazide 12.5 MG-10 MG24 | RECOMBIVAX HB SUSP94 | REPLACEMENT AIR FILTER MISC .73 |
| quinapril-hydrochlorothiazide 12.5 MG-20 MG24 | RECOMBIVAX HB SUSY94 | REPLACEMENT FILTERS MISC .73 |
| quinapril-hydrochlorothiazide 25 MG-20 MG24 | RELEUKO SOSY58 | RESTASIS EMUL (cyclosporine (ophth))84 |
| quinidine gluconate TBCR10 | RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG2 | RESTASIS MULTIDOSE EMUL ...84 |
| quinidine sulfate TABS10 | RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)2 | RESTORIL 22.5 MG (temazepam) 59 |
| QULIPTA73 | RELIBIOTIC CAPS20 | RETACRIT58 |
| QUVIVIQ60 | RELION ALCOHOL SWABS69 | RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML58 |
| RABAVERT94 | RELION KETONE TEST STRP ...50 | RETIN-A MICRO (tretinoin microsphere)42 |
| rabeprazole sodium TBEC91 | RELION LANCET DEVICES 30G .66 | RETIN-A MICRO PUMP (tretinoin microsphere)42 |
| RALDESY SOLN PO 10 MG/ML ..15 | RELION LANCETS66 | RETISERT84 |
| raloxifene hcl52 | RELION LANCETS MICRO-THIN 33G66 | RETROVIR CAPS (zidovudine) ...33 |
| ramelteon60 | RELION LANCETS THIN 26G ...66 | RETROVIR SYRP (zidovudine) ...33 |
| ramipril CAPS23 | RELION LANCETS ULTRA-THIN 30G66 | REVCIVI53 |
| ranitidine hcl TABS 150 MG, 300 MG90 | RELION ULTRA THIN LANCETS 30G66 | REXTOVY LIQD20 |
| ranolazine TB129 | REMODULIN SOLN IJ37 | REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)33 |

| | | | | | |
|--|----|---|----|---|----|
| REYATAZ PACK | 33 | rivaroxaban SUSR 1 MG/ML | 12 | sacubitril-valsartan TABS | 36 |
| REZVOGLAR KWIKPEN | 18 | rivaroxaban TABS 2.5 MG | 12 | SAFE-T-LANCE | 66 |
| RHOGAM ULTRA-FILTERED PLUS SOSY IM | 86 | rivastigmine 13.3 MG/24HR | 87 | SAFE-T-LANCE PLUS | 66 |
| RHOPHYLAC SOSY IJ | 86 | rivastigmine 4.6 MG/24HR, 9.5 MG/24HR | 87 | SAFETY LANCET 30G/PRESSURE ACT | 66 |
| RIASTAP | 57 | rivastigmine tartrate CAPS | 87 | SAFETY LANCETS | 66 |
| ribavirin (hepatitis c) CAPS | 34 | RIXUBIS SOLR | 57 | SAFETY LANCETS 21G | 66 |
| ribavirin (hepatitis c) TABS 200 MG 34 | | rizatriptan benzoate TABS | 74 | SAFETY LANCETS 23G | 66 |
| riboflavin TABS | 96 | rizatriptan benzoate TBDP | 74 | SAFETY LANCETS 28G | 66 |
| rifampin CAPS | 25 | ROCKLATAN | 84 | salicylic acid GEL 6 % | 48 |
| RIGHTEST GL300 LANCETS | 66 | ROCTAVIAN | 57 | saline SOLN 0.65 % | 80 |
| rilpivirine hcl 25 MG | 33 | ROLVEDON | 58 | salsalate | 6 |
| riluzole TABS | 81 | romidepsin SOLR | 28 | SAMI THE SEAL FILTERS MISC . | 73 |
| rimantadine hydrochloride TABS .. | 34 | ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG | 30 | SANADERMRX SKIN REPAIR 0.1 %-5 % | 47 |
| RINVOQ LQ SOLN | 3 | ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG | 30 | SANDIMMUNE CAPS (cyclosporine) 75 | |
| RINVOQ TB24 | 3 | ropinirole hydrochloride TB24 | 30 | SANDIMMUNE SOLN IV 50 MG/ML . 75 | |
| risedronate sodium TABS 150 MG | 52 | rosuvastatin calcium TABS | 23 | sapropterin dihydrochloride PACK . | 53 |
| risedronate sodium TABS 35 MG . | 52 | ROTARIX SUSP | 94 | sapropterin dihydrochloride TABS . | 53 |
| risedronate sodium TABS 5 MG, 30 MG | 52 | ROTATEQ SOLN | 94 | SAPS CARE ALCOHOL PREP ... | 69 |
| risedronate sodium TBEC | 52 | RUBRACA | 28 | SAPS HEALTH ALCOHOL PREP | 69 |
| RISPERDAL CONSTA (risperidone microspheres) | 31 | RUCONEST | 57 | SAPS HEALTH CARE ALCOHOL PREP | 69 |
| risperidone microspheres | 31 | rufinamide SUSP | 14 | SAPS HEALTH PLUS LANCETS . | 66 |
| risperidone SOLN | 31 | RUKOBIA | 33 | SAPS HEALTH TWIST TOP LANCETS | 66 |
| risperidone TABS | 31 | RYALTRIS | 80 | SAPS TWIST TOP LANCETS | 66 |
| risperidone TBDP | 31 | RYBELSUS TABS | 17 | SAPSCARE TWIST TOP LANCETS 66 | |
| RITEFLO DEVI | 73 | RYKINDO SRER | 31 | saxagliptin hcl | 17 |
| ritonavir TABS | 33 | RYZNEUTA SOSY SC 20 MG/ML . | 58 | | |
| RITUXAN | 27 | SABRIL PACK (vigabatrin) | 14 | | |
| | | SABRIL TABS (vigabatrin) | 14 | | |

| | | | | | |
|---|----|--|----|--|----|
| saxagliptin-metformin hcl | 16 | 28G | 66 | silodosin | 56 |
| SB ALCOHOL PREP | 69 | SEREVENT DISKUS | 12 | silver sulfadiazine | 44 |
| SB FIB LAX ORANGE POWD 33 % 60 | | SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl) | 15 | SIMBRINZA | 83 |
| SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 % | 8 | sertraline hcl CAPS 150 MG, 200 MG | 15 | simethicone CHEW 80 MG | 54 |
| SB LANCETS THIN | 66 | sertraline hcl CONC | 15 | simethicone LIQD PO | 54 |
| SB LANCETS ULTRA THIN | 66 | sertraline hcl TABS | 15 | simethicone SUSP | 54 |
| SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 % | 49 | sevelamer carbonate PACK | 55 | SIMLANDI (1 PEN) AJKT | 4 |
| SCHOOLTIME SHAMPOO SHAM | 49 | sevelamer carbonate TABS | 55 | SIMLANDI (1 SYRINGE) PSKT | 4 |
| SELARSDI SOLN IV 130 MG/26ML 55 | | sevelamer hcl | 55 | SIMLANDI (2 PEN) AJKT | 4 |
| SELARSDI SOLN SC 45 MG/0.5ML 44 | | SEVENFACT | 57 | SIMLANDI (2 SYRINGE) PSKT | 4 |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | 44 | SHINGRIX | 94 | SIMPLYTHICK EASY MIX | 86 |
| selegiline hcl CAPS | 30 | SHINGRIX IM 50 MCG/0.5ML | 94 | SIMPLYTHICK EASYMIX LEVEL 1 | 87 |
| selegiline hcl TABS | 30 | SIDESTREAM ADULT FACE MASK MISC | 73 | SIMPLYTHICK EASYMIX LEVEL 2 | 87 |
| selenium sulfide LOTN 1 % | 44 | SIDESTREAM PEDIATRIC FACE MASK MISC | 73 | SIMPLYTHICK EASYMIX LEVEL 3 | 87 |
| selenium sulfide LOTN 2.5 % | 44 | SIDESTREAM PLS ADULT FACE MASK MISC | 73 | simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG | 23 |
| selenium sulfide SHAM 1 % | 44 | SIGNIFOR | 53 | simvastatin TABS 80 MG | 23 |
| SELZENTRY SOLN | 33 | SIGNIFOR LAR | 53 | SINGLE-LET | 66 |
| SEMGLEE (YFGN) SOLN | 18 | SIKLOS TABS | 57 | sirolimus SOLN | 75 |
| SEMGLEE (YFGN) SOPN | 18 | sildenafil citrate (pulmonary hypertension) SOLN | 37 | sirolimus TABS | 75 |
| sennosides TABS 8.6 MG | 60 | sildenafil citrate (pulmonary hypertension) SUSR | 37 | sitagliptin 25 MG, 50 MG, 100 MG | 17 |
| sennosides-docusate sodium TABS 60 | | sildenafil citrate (pulmonary hypertension) TABS | 37 | sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG | 16 |
| SENSILANCE SAFETY LANCETS 21G | 66 | SILICONE MASK/ADULT MISC | 73 | SIVEXTRO TABS | 25 |
| SENSILANCE SAFETY LANCETS 26G | 66 | SILICONE MASK/INFANT MISC | 73 | SKYLA | 40 |
| SENSILANCE SAFETY LANCETS | 73 | SILICONE MASK/PEDIATRIC MISC | 73 | SKYRIZI PEN SOAJ | 44 |
| | | | | SKYRIZI SOCT | 55 |
| | | | | SKYRIZI SOLN | 55 |

| | | | | |
|---|----|--|--|----|
| SKYRIZI SOSY | 44 | sodium polystyrene sulfonate POWD 76 | sotalol hcl TABS 240 MG | 35 |
| SKYSONA | 87 | sodium polystyrene sulfonate SUSP CO 15 GM/60ML | sotalol hcl TABS 80 MG, 120 MG, 160 MG | 35 |
| SKYTROFA | 52 | SOFIA SARS ANTIGEN FIA | SOTYKTU | 44 |
| SM ADVANCED PROBIOTIC CAPS . 20 | | SOFIA2 SARS ANTIGEN FIA | SOVALDI PACK | 34 |
| SM ALCOHOL PREP | 69 | SOFOSBUVIR-VELPATASVIR TABS | SOVALDI TABS | 34 |
| SM IPECAC SYRUP | 20 | SOGROYA | SPEEDY SWAB COVID-19 ANTIGEN KIT | 50 |
| SMARTEST LANCETS 28G | 66 | SOLESTA | SPEVIGO SOLN | 44 |
| SOAAZ TABS 20 MG | 51 | solifenacin succinate TABS | SPEVIGO SOSY | 44 |
| sodium bicarbonate (antacid) TABS 325 MG, 650 MG | 9 | SOLIRIS | SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML | 94 |
| sodium chloride (gu irrigant) 0.9 % | 55 | SOLUS V2 LANCETS 28G | SPIKEVAX SUSP | 94 |
| sodium chloride (inhalant) AERS .. | 41 | SOLUS V2 TWIST LANCETS 30G 66 | SPIKEVAX SUSY | 94 |
| sodium chloride (inhalant) NEBU 0.9 %, 7 % | 41 | SOLUVITA ACD WITH FLUORIDE SOLN | spinosad | 49 |
| sodium citrate & citric acid | 55 | SOMA TABS 250 MG (carisoprodol) . 80 | SPINRAZA | 82 |
| sodium fluoride (dental) CREA | 76 | SOMATULINE DEPOT | SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) | 11 |
| sodium fluoride (dental) GEL | 76 | SOMAVERT | spironolactone & hydrochlorothiazide | 51 |
| sodium fluoride (dental) SOLN 0.2 % 76 | | SOOTHENE NB 100 ADULT MASK MISC | spironolactone TABS | 51 |
| sodium fluoride CHEW | 74 | SOOTHENE NB 100 CHILD MASK MISC | STAMARIL SUSR | 94 |
| sodium fluoride SOLN 0.5 MG/ML . | 74 | SOOTHENE NB 100 MED CUP MISC | stannous fluoride CONC | 76 |
| SODIUM FLUORIDE SOLN 0.5 MG/ML | 74 | SOOTHENE NB 100 MESH CAP MISC | STEQEYMA | 44 |
| sodium oxybate SOLN | 87 | sorafenib tosylate | STEQEYMA | 55 |
| sodium phenylbutyrate POWD | 53 | SORBITOL PO 70 % | STERILANCE TL | 66 |
| sodium phenylbutyrate TABS | 53 | SORILUX FOAM | STERILE DILUENT FLOLAN PH 12 . 87 | |
| sodium phosphate monobasic- sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML | 60 | sotalol hcl (afib/af) | STIMUFEND | 58 |
| | | | STIOLTO RESPIMAT | 12 |
| | | | STIVARGA | 28 |
| | | | STOP LICE AERO 0.5 % | 49 |

| | | |
|-------------------------------------|---------------------------------------|--|
| STOP LICE STEP 3 AERO 0.5 % .49 | sulfacetamide sodium (ophth) SOLN .84 | SUPER THIN LANCETS66 |
| STRENSIQ53 | sulfacetamide sodium LIQD44 | SUPPRELIN LA52 |
| STRESS B COMPLEX/IRON TABS | sulfacetamide sodium w/ sulfur LOTN | SURE COMFORT ALCOHOL PREP |
| 600 MG-5 MG-45 MCG-400 MCG-12 | 10 %-5 %42 |69 |
| MCG-15 MG-100 MG-20 MG-27 MG- | sulfacetamide sodium w/ sulfur SUSP | SURE COMFORT LANCETS 18G |
| 15 MG-30 UNIT78 | 10 %-5 %42 | 66 |
| STRESS FORMULA/IRON TABS .78 | sulfacetamide sod-prednisolone | SURE COMFORT LANCETS 21G |
| STRESS FORMULA/IRON/ENERGY | SOLN84 | 67 |
| TABS78 | sulfamethoxazole-trimethoprim SUSP | SURE COMFORT LANCETS 23G |
| STRIBILD33 |24 | 67 |
| STROMEKTOL (ivermectin)9 | sulfamethoxazole-trimethoprim TABS | SURE COMFORT LANCETS 28G |
| SUBLOCADE SOSY8 |24 | 67 |
| SUBOXONE FILM SL 0.5 MG-2 MG | sulfasalazine TABS55 | SURE COMFORT LANCETS 30G |
| (buprenorphine hcl-naloxone hcl | sulfasalazine TBEC55 | 67 |
| dihydrate)8 | sulindac TABS5 | SUREBIOTIC PROBIOTIC |
| SUBOXONE FILM SL 1 MG-4 MG | sumatriptan74 | SUPPORT CAPS20 |
| (buprenorphine hcl-naloxone hcl | sumatriptan succinate SOAJ 4 | SURELITE LANCETS67 |
| dihydrate)8 | MG/0.5ML74 | SYLVANT76 |
| SUBOXONE FILM SL 2 MG-8 MG | sumatriptan succinate SOAJ 6 | SYMBICORT (budesonide- |
| (buprenorphine hcl-naloxone hcl | MG/0.5ML74 | formoterol fumarate dihydrate)12 |
| dihydrate)8 | sumatriptan succinate SOCT 4 | SYMBRAVO TABS PO74 |
| SUBOXONE FILM SL 3 MG-12 MG | MG/0.5ML74 | SYMDEKO89 |
| (buprenorphine hcl-naloxone hcl | sumatriptan succinate SOCT 6 | SYMFI (efavirenz-lamivudine- |
| dihydrate)8 | MG/0.5ML74 | tenofovir disoproxil fumarate)33 |
| SUBVENITE SUSP PO 10 MG/ML | sumatriptan succinate SOLN 6 | SYMFI LO (efavirenz-lamivudine- |
| 14 | MG/0.5ML74 | tenofovir disoproxil fumarate)33 |
| SUCRAID50 | sumatriptan succinate TABS74 | SYMTUZA33 |
| sucralfate SUSP90 | sumatriptan-naproxen sodium74 | SYNAGIS SOLN86 |
| sucralfate TABS90 | sunitinib malate28 | SYNALAR CREA (fluocinolone |
| SUDAFED CHILDRENS LIQD80 | SUNLENCA SOLN33 | acetonide)47 |
| SUDAFED PE CHILDRENS SOLN | SUNLENCA TABS PO 300 MG ...33 | SYNALAR OINT (fluocinolone |
| 81 | SUNLENCA TBPK 300 MG33 | acetonide)47 |
| SULAR 8.5 MG, 17 MG, 34 MG | SUPARTZ FX SOSY80 | SYNAREL52 |
| (nisoldipine)36 | | SYNOJOYNT SOSY80 |
| sulfacetamide sodium (acne)42 | | |

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|--|----|---|----|--|----|
| SYNTHROID TABS (levothyroxine sodium) | 90 | TDVAX SUSP | 90 | testosterone cypionate SOLN IM 200 MG/ML | 8 |
| SYNVISC ONE SOSY | 80 | TECENTRIQ | 27 | testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM | 8 |
| SYNVISC SOSY | 80 | TECHLITE AST LANCETS | 67 | testosterone GEL TD 1 % | 8 |
| TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG | 78 | TECHLITE LANCETS | 67 | testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 % | 8 |
| TAB-A-VITE/IRON/BETA CAROTENE TABS | 78 | TECHLITE LANCETS 26G | 67 | testosterone GEL TD 10 MG/ACT .. | 8 |
| TABLOID | 26 | TEGLUTIK SUSP | 81 | testosterone SOLN | 8 |
| TACLONEX SUSP (calcipotriene-betamethasone dipropionate) | 47 | TEGRETOL-XR TB12 (carbamazepine) | 14 | TETANUS-DIPHTHERIA TOXOIDS TD SUSP | 90 |
| tacrolimus (topical) OINT 0.03 % .. | 48 | TEGSEDI | 89 | tetrabenazine | 88 |
| tacrolimus (topical) OINT 0.1 % .. | 48 | telmisartan | 23 | tetracaine hcl (ophth) | 84 |
| tacrolimus CAPS | 75 | telmisartan-amlodipine | 24 | TETRACAINE HCL 0.5 % | 84 |
| tacrolimus CP24 0.5 MG, 1 MG, 5 MG | 75 | telmisartan-hydrochlorothiazide .. | 24 | tetrahydrozoline hcl (ophth) 0.05 % | 84 |
| tacrolimus SOLN 5 MG/ML | 75 | temazepam 15 MG, 30 MG | 59 | TEZSPIRE SOAJ | 10 |
| tadalafil (pulmonary hypertension) TABS | 37 | temazepam 22.5 MG | 59 | TEZSPIRE SOSY | 10 |
| TADLIQ SUSP | 37 | temazepam 7.5 MG | 59 | THALOMID 50 MG, 100 MG, 200 MG | 75 |
| TAFINLAR CAPS | 28 | TEMODAR SOLR | 26 | THEO-24 CP24 100 MG | 12 |
| TAGRISSO | 27 | temozolomide CAPS | 26 | THEO-24 CP24 200 MG, 300 MG, 400 MG | 12 |
| TAKHZYRO SOLN | 57 | temsirolimus | 28 | theophylline ELIX | 12 |
| TALTZ SOSY | 44 | TENIVAC SUSP 2 LFU-5 LFU | 90 | theophylline SOLN | 12 |
| TALZENNA 0.25 MG, 1 MG | 28 | tenofovir disoproxil fumarate TABS 33 | 33 | theophylline TB12 100 MG, 200 MG, 300 MG | 12 |
| tamoxifen citrate TABS | 27 | terazosin hcl | 24 | theophylline TB12 450 MG | 12 |
| tamsulosin hcl | 56 | terbinafine hcl (topical) CREA | 43 | theophylline TB24 | 12 |
| TASCENSO ODT | 88 | terbinafine hcl TABS | 21 | thiamine hcl TABS | 96 |
| tasimelteon CAPS | 60 | terbutaline sulfate TABS | 12 | thiamine mononitrate TABS 100 MG . | 96 |
| TAVALISSE | 57 | terconazole vaginal CREA 0.4 % .. | 95 | | |
| tazarotene CREA | 44 | terconazole vaginal CREA 0.8 % .. | 95 | | |
| | | terconazole vaginal SUPP | 95 | | |
| | | teriparatide SOPN | 52 | | |
| | | TERIPARATIDE SOPN | 52 | | |
| | | TESTOPEL PLLT | 8 | | |

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|---|----|--|----|---|----|
| THINLETS GP LANCETS | 67 | sodium) | 90 | TOPAMAX SPRINKLE CPSP (topiramate) | 14 |
| thioridazine hcl | 31 | TIVICAY PD TBSO | 33 | TOPICORT CREA 0.05 % (desoximetasone) | 47 |
| thiothixene | 32 | TIVICAY TABS 50 MG | 33 | TOPICORT CREA 0.25 % (desoximetasone) | 47 |
| THRESHOLD IMT MISC | 73 | tizanidine hcl CAPS 8 MG | 80 | TOPICORT GEL (desoximetasone) | 47 |
| THROMBATE III 500 UNIT | 57 | tizanidine hcl CAPS | 80 | TOPICORT GEL (desoximetasone) | 47 |
| THYMOGLOBULIN | 75 | tizanidine hcl TABS | 80 | TOPICORT SPRAY LIQD (desoximetasone) | 47 |
| THYROGEN 0.9 MG | 49 | TM-VITE RX TABS 1 MG | 77 | topiramate CPSP 15 MG, 25 MG | 14 |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 90 | TOBI NEBU (tobramycin) | 3 | topiramate CPSP 50 MG | 14 |
| tiagabine hcl 12 MG, 16 MG | 14 | TOBRADEX OINT | 84 | topiramate SOLN 25 MG/ML | 14 |
| tiagabine hcl 2 MG, 4 MG | 14 | tobramycin (ophth) SOLN | 84 | topiramate TABS 25 MG | 14 |
| TIBSOVO | 28 | tobramycin NEBU | 3 | topiramate TABS 50 MG, 100 MG, 200 MG | 14 |
| ticagrelor 60 MG, 90 MG | 57 | tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML | 3 | topotecan hcl SOLN | 29 |
| TICOVAC | 95 | tobramycin sulfate SOLR | 3 | topotecan hcl SOLR | 29 |
| TIGLUTIK SUSP | 81 | tobramycin-dexamethasone SUSP | 84 | toremifene citrate | 27 |
| timolol maleate (ophth) SOLG 0.25 % | 83 | TOBREX OINT | 84 | torsemide TABS 20 MG | 51 |
| timolol maleate (ophth) SOLN 0.5 % | 83 | TODAYS HEALTH THIN LANCETS 28G | 67 | torsemide TABS 5 MG, 10 MG, 100 MG | 51 |
| timolol maleate (ophth) SOLN | 83 | TODAYS HEALTH THIN LANCETS 30G | 67 | TOVIAZ (fesoterodine fumarate) | 91 |
| timolol maleate TABS | 35 | TOFIDENCE | 5 | TPOXX CAPS | 34 |
| TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % | 83 | tolmetin sodium CAPS | 5 | TRACLEER TABS (bosentan) | 37 |
| TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) | 83 | tolmetin sodium TABS 600 MG | 5 | TRADJENTA | 17 |
| tioconazole vaginal 6.5 % | 95 | tolnaftate CREA | 43 | tramadol hcl CP24 100 MG, 200 MG, 300 MG | 7 |
| tiopronin TABS | 56 | tolterodine tartrate CP24 | 91 | TRAMADOL HCL SOLN (tramadol hcl) | 7 |
| tiotropium bromide CAPS IN 18 MCG | 11 | tolterodine tartrate TABS | 91 | tramadol hcl SOLN | 7 |
| TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine | | tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG | 53 | tramadol hcl TABS 25 MG, 75 MG, 100 MG | 7 |
| | | tolvaptan TABS | 53 | | |
| | | tolvaptan TBPK | 53 | | |

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|-------------------------------------|----|--------------------------------------|----|---------------------------------|----|
| tramadol hcl TABS 50 MG | 7 | TRETEN | 57 | TRILEPTAL SUSP (oxcarbazepine) | 14 |
| tramadol hcl TB24 | 7 | TREXALL TABS 5 MG, 7.5 MG, 10 | | TRILURON SOSY | 80 |
| tramadol-acetaminophen | 7 | MG, 15 MG | 26 | trimethoprim TABS | 24 |
| trandolapril 1 MG, 2 MG | 23 | TREXIMET (sumatriptan-naproxen | | trimipramine maleate CAPS | 16 |
| trandolapril 4 MG | 23 | sodium) | 74 | TRIPHROCAPS CAPS 1 MG | 77 |
| trandolapril-verapamil hcl | 24 | triamcinolone acetonide (mouth) .. | 76 | TRIUMEQ PD TBSO | 33 |
| tranexamic acid TABS | 59 | triamcinolone acetonide (topical) | | TRIUMEQ TABS | 33 |
| tranylcypromine sulfate | 15 | AERS | 47 | TRIVISC SOSY | 80 |
| TRAVATAN Z SOLN (travoprost) .. | 85 | triamcinolone acetonide (topical) | | TRIVIX 0.1 %-5 % | 47 |
| TRAVEL LANCETS ADVANCED | | CREA 0.025 % | 47 | TRONVITE TABS 1 MG | 77 |
| 28G | 67 | triamcinolone acetonide (topical) | | tropicamide SOLN 0.5 % | 83 |
| travoprost SOLN | 85 | CREA 0.1 % | 47 | tropicamide SOLN 1 % | 83 |
| trazodone hcl TABS 300 MG | 15 | triamcinolone acetonide (topical) | | trosipium chloride CP24 | 91 |
| trazodone hcl TABS 50 MG, 100 MG, | | CREA 0.5 % | 47 | trosipium chloride TABS | 91 |
| 150 MG | 15 | triamcinolone acetonide (topical) | | TRUE COMFORT ALCOHOL PREP | |
| TRELSTAR MIXJECT 11.25 MG, | | LOTN | 47 | PADS | 69 |
| 22.5 MG | 28 | triamcinolone acetonide (topical) | | TRUE COMFORT PRO ALCOHOL | |
| TRELSTAR MIXJECT 3.75 MG ... | 27 | OINT 0.025 %, 0.1 % | 47 | PREP | 69 |
| TREMFYA PEN SOAJ SC 200 | | triamcinolone acetonide (topical) | | TRUE COMFORT SAFETY | |
| MG/2ML | 55 | OINT 0.05 % | 47 | LANCETS | 67 |
| TREMFYA SOLN IV | 55 | triamcinolone acetonide (topical) | | TRUE COMFORT TWIST TOP | |
| TREMFYA SOSY SC 200 MG/2ML | | OINT 0.5 % | 47 | LANCETS | 67 |
| 55 | | triamcinolone acetonide-dimethicone- | | TRUEPLUS GLUCOSE CHEW ... | 17 |
| TREMFYA-CD/UC INDUCTION | | silicone | 47 | TRUEPLUS GLUCOSE ON THE GO | |
| SOAJ SC 200 MG/2ML | 55 | triamterene & hydrochlorothiazide | | CHEW | 17 |
| treprostinil SOLN IJ | 37 | CAPS 25 MG-37.5 MG | 51 | TRUEPLUS LANCETS 26G | 67 |
| tretinoin (chemotherapy) | 29 | triamterene & hydrochlorothiazide | | TRUEPLUS LANCETS 28G | 67 |
| tretinoin CREA 0.025 % | 42 | TABS | 51 | TRUEPLUS LANCETS 30G | 67 |
| tretinoin CREA 0.05 %, 0.1 % | 42 | triazolam | 59 | TRUEPLUS LANCETS 33G | 67 |
| tretinoin GEL 0.01 %, 0.025 %, 0.05 | | trientine hcl 250 MG | 75 | TRUEPLUS SAFETY LANCETS 28G | |
| % | 42 | trifluoperazine hcl TABS | 31 | | 67 |
| tretinoin microsphere 0.04 %, 0.1 % | | trihexyphenidyl hcl SOLN | 29 | | |
| TRIKAFTA TBPk 100 MG-50 MG .. | 89 | trihexyphenidyl hcl TABS | 30 | | |

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| TRULICITY | 17 | ULTRA-CARE SAFETY LANCETS 30G | 67 | UNISTIK 3 NORMAL | 68 |
| TRUMENBA 0.5 ML | 92 | ULTRA-THIN II AUTO LANCET .. | 67 | UNISTIK CZT COMFORT | 68 |
| TRUVADA (emtricitabine-tenofovir disoproxil fumarate) | 33 | ULTRA-THIN II LANCETS | 67 | UNISTIK CZT NORMAL | 68 |
| TRYPTYR SOLN OP 0.003 % | 85 | UNILET COMFORTOUCH LANCET 67 | | UNISTIK NORMAL | 68 |
| TUBING/WING TIP MISC | 73 | UNILET EXCELITE | 67 | UNISTIK PRO SAFETY LANCET . | 68 |
| TWINRIX SUSY | 95 | UNILET EXCELITE II | 67 | UNISTIK SAFETY LANCETS 28G 68 | |
| TWIST TOP LANCETS 30G | 67 | UNILET G.P. LANCET | 67 | UNISTIK SAFETY LANCETS 30G 68 | |
| TYBLUME CHEW | 39 | UNILET G.P. SUPERLITE LANCET . 67 | | UNISTIK TOUCH SAFETY LANC 21G | 68 |
| TYBOST | 33 | UNILET GP 28 ULTRA THIN | 67 | UNISTIK TOUCH SAFETY LANC 23G | 68 |
| TYENNE SOAJ | 5 | UNILET LANCET | 67 | UNISTIK TOUCH SAFETY LANC 28G | 68 |
| TYENNE SOLN | 5 | UNILET MICRO-THIN 33G | 67 | UNISTIK TOUCH SAFETY LANC 30G | 68 |
| TYENNE SOSY | 5 | UNILET SUPERLITE LANCET ... | 67 | UNITUXIN | 27 |
| TYPHIM VI SOLN | 92 | UNILET SUPER-THIN 30G | 67 | UP4 PROBIOTICS ADULT CAPS . | 20 |
| TYPHIM VI SOSY | 92 | UNILET ULTRA-THIN 28G | 67 | urea CREA 40 % | 47 |
| UBRELVY | 73 | UNISOM SLEEPMELTS TBDP 25 MG | 59 | urea LOTN 40 % | 47 |
| UCERIS TB24 (budesonide) | 41 | UNISTIK 1 | 67 | URETRON D/S TABS 81.6 MG ... | 24 |
| UDENYCA ONBODY SOSY | 58 | UNISTIK 2 | 67 | ursodiol CAPS | 54 |
| UDENYCA SOAJ | 58 | UNISTIK 2 COMFORT | 67 | ursodiol TABS 250 MG | 54 |
| UDENYCA SOSY | 58 | UNISTIK 2 EXTRA | 67 | USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML | 44 |
| ULTICARE ALCOHOL SWABS .. | 69 | UNISTIK 2 NEONATAL | 68 | USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML | 44 |
| ULTILET ALCOHOL SWABS | 69 | UNISTIK 2 NORMAL | 68 | USTEKINUMAB-TTWE | 44 |
| ULTILET CLASSIC LANCETS | 67 | UNISTIK 2 SUPER | 68 | USTEKINUMAB-TTWE SC | 44 |
| ULTILET LANCETS | 67 | UNISTIK 3 | 68 | UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML | 31 |
| ULTILET SAFETY LANCETS | 67 | UNISTIK 3 COMFORT | 68 | | |
| ULTILET SAFETY LANCETS 23G 67 | | UNISTIK 3 EXTRA | 68 | | |
| ULTRA THIN LANCETS 31G | 67 | UNISTIK 3 GENTLE | 68 | | |
| ULTRA-CARE ALCOHOL PREP PADS | 69 | UNISTIK 3 NEONATAL | 68 | | |
| ULTRA-CARE LANCETS 30G | 67 | | | | |

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|---|--|--|
| UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML31 | VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML95 | verapamil hcl CP24 360 MG36 |
| VABRINTY KIT SC 7.5 MG28 | varenicline tartrate TABS 89 | VERAPAMIL HCL ER CP24 (verapamil hcl) 36 |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG 28 | varenicline tartrate TBPK 89 | verapamil hcl TABS36 |
| valacyclovir hcl 1 GM34 | VARIVAX SUSR 95 | verapamil hcl TBCR 36 |
| valacyclovir hcl 500 MG34 | VAXCHORA92 | VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)36 |
| valganciclovir hcl TABS34 | VAXELIS SUSP90 | VERELAN CP24 360 MG (verapamil hcl) 36 |
| valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 14 | VAXELIS SUSY90 | VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)36 |
| valproic acid CAPS 14 | VAXNEUVANCE92 | VERELAN PM CP24 300 MG (verapamil hcl) 36 |
| valrubicin28 | VCF VAGINAL CONTRACEPTIVE FILM95 | VERIFINE SAFE LANCET MINI 21G68 |
| valsartan SOLN23 | VCF VAGINAL CONTRACEPTIVE GEL 95 | VERIFINE SAFE LANCET MINI 23G68 |
| valsartan TABS 23 | VECAMEYL24 | VERIFINE SAFE LANCET MINI 28G68 |
| valsartan-hydrochlorothiazide24 | VECTIBIX 100 MG/5ML, 400 MG/20ML27 | VERIFINE SAFE LANCET MINI 30G68 |
| VALTOCO 10 MG DOSE LIQD13 | VELSIPITY 55 | VERIFINE UNIVERSAL LANCETS 28G68 |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML13 | VELTASSA76 | VERIFINE UNIVERSAL LANCETS 30G68 |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML13 | VENCLEXTA STARTING PACK TBPK27 | VERIFINE UNIVERSAL LANCETS 33G68 |
| VALTOCO 5 MG DOSE LIQD13 | VENCLEXTA TABS27 | VESICARE LS SUSP91 |
| vancomycin hcl CAPS 125 MG25 | VENLAFAXINE BESYLATE ER ...16 | VEVYE SOLN84 |
| vancomycin hcl CAPS 250 MG25 | venlafaxine hcl CP24 150 MG16 | VICTOZA (liraglutide) 17 |
| vancomycin hcl SOLR IV 1 GM25 | venlafaxine hcl CP24 37.5 MG16 | vigabatrin PACK 14 |
| VANCOMYCIN HCL SOLR IV 1 GM . 25 | venlafaxine hcl CP24 75 MG 16 | vigabatrin TABS14 |
| vancomycin hcl SOLR IV 500 MG .25 | venlafaxine hcl TABS 16 | VIGAFYDE SOLN14 |
| VANCOMYCIN HCL SOLR IV 500 MG 25 | venlafaxine hcl TB2416 | VIGAMOX SOLN OP (moxifloxacin |
| vancomycin hcl SOLR PO 25 MG/ML25 | VENTOLIN HFA AERS (albuterol sulfate) 12 | |
| VANDAZOLE95 | verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...36 | |
| VAQTA 95 | verapamil hcl CP24 300 MG36 | |

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|---|----|-------------------------------------|----|--|
| hcl (ophth)) | 84 | 28G | 68 | 69 |
| VIJOICE TBPK | 76 | VIVIMUSTA SOLN | 26 | WEBCOL ALCOHOL PREP MEDIUM |
| VILTEPSO | 81 | VIVITROL | 20 | 69 |
| VIMIZIM | 53 | VIVOTIF | 92 | WEGOVY |
| VIMOVO (naproxen-esomeprazole magnesium) | 5 | VIZIMPRO | 27 | 1 |
| vincristine sulfate | 29 | VOGELXO PUMP GEL TD (testosterone) | 8 | WELLPRO 31 CAPS |
| VIRACEPT TABS 250 MG | 34 | VONVENDI | 57 | 20 |
| VIRACEPT TABS 625 MG | 34 | VORAXAZE | 29 | WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG |
| VIREAD POWD | 34 | VORTEX HOLD CHMBR/MASK/CHILD DEVI | 73 | 75 |
| VIREAD TABS (tenofovir disoproxil fumarate) | 34 | VORTEX HOLD CHMBR/MASK/TODDLER DEVI | 73 | white petrolatum-mineral oil |
| VIREAD TABS | 34 | VORTEX VALVE CHAMBER-PEDI MASK DEVI | 73 | 82 |
| VISCO-3 SOSY | 80 | VORTEX VALVED HOLDING CHAMBER DEVI | 73 | WILATE KIT |
| VISTOGARD | 20 | VOSEVI | 34 | 57 |
| VISUDYNE | 84 | VOTRIENT | 29 | WINDMILL TRAINER MISC |
| VITAMIN D3 LIQD PO 125 MCG/ML | 96 | VPRIV | 57 | 73 |
| vitamin e CAPS | 96 | VRAYLAR CAPS | 30 | WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML |
| VITAMIN E CAPS | 96 | VRAYLAR CPPK | 30 | 86 |
| VITAMIN E CHEW | 96 | VTAMA | 44 | XACIATO GEL |
| VITAMIN E/D-ALPHA CAPS 200 UNIT | 96 | VYNDAMAX | 37 | 95 |
| VITAMINS ACD-FLUORIDE SOLN | 78 | VYND AQEL | 37 | XALKORI CAPS |
| vitamins w/ lipotropics CAPS | 79 | VYONDYS 53 | 82 | 29 |
| VITASURE TABS 1 MG | 77 | VYVANSE CAPS | 1 | XARELTO STARTER PACK TBPK |
| VITRAKVI CAPS | 28 | VYVANSE CHEW | 1 | 12 |
| VITRAKVI SOLN | 28 | WAL-SLEEP Z TBDP 25 MG | 59 | XARELTO SUSR 1 MG/ML (rivaroxaban) |
| VIVAGUARD LANCETS | 68 | WAL-SOM TBDP 25 MG | 59 | 12 |
| VIVAGUARD LANCETS 30G | 68 | warfarin sodium TABS | 12 | XARELTO TABS 10 MG, 20 MG |
| VIVAGUARD SAFETY LANCETS | | WEBCOL ALCOHOL PREP LARGE | | 12 |

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|------------------------|----------|---------------------------------------|----------|----------------------------|----------|
| ZOLGENSMA 11.6-12.0 KG | 82 | ZOLGENSMA 8.6-9.0 KG | 82 | ZURNAI IJ 1.5 MG/0.5ML | 21 |
| ZOLGENSMA 12.1-12.5 KG | 82 | ZOLGENSMA 9.1-9.5 KG | 82 | ZURZUVAE | 15 |
| ZOLGENSMA 12.6-13.0 KG | 82 | ZOLGENSMA 9.6-10.0 KG | 82 | ZYDELIG | 29 |
| ZOLGENSMA 13.1-13.5 KG | 82 | ZOLINZA | 29 | ZYKADIA TABS | 29 |
| ZOLGENSMA 13.6-14.0 KG | 82 | zolmitriptan SOLN 2.5 MG | 74 | ZYMFENTRA (1 PEN) AJKT | 55 |
| ZOLGENSMA 14.1-14.5 KG | 82 | zolmitriptan TABS | 74 | ZYMFENTRA (2 PEN) AJKT | 55 |
| ZOLGENSMA 14.6-15.0 KG | 82 | zolmitriptan TBDP | 74 | ZYMFENTRA (2 SYRINGE) PSKT | 55 |
| ZOLGENSMA 15.1-15.5 KG | 82 | ZOLOFT CONC (sertraline hcl) | 15 | ZYNTEGLO | 58 |
| ZOLGENSMA 15.6-16.0 KG | 82 | ZOLPIDEM TARTRATE CAPS | ... 59 | ZYPREXA RELPREVV | 31 |
| ZOLGENSMA 16.1-16.5 KG | 82 | zolpidem tartrate SUBL | 60 | | |
| ZOLGENSMA 16.6-17.0 KG | 82 | zolpidem tartrate TABS | 60 | | |
| ZOLGENSMA 17.1-17.5 KG | 82 | zolpidem tartrate TBCR | 60 | | |
| ZOLGENSMA 17.6-18.0 KG | 82 | ZOMIG SOLN 2.5 MG (zolmitriptan) | . | | |
| ZOLGENSMA 18.1-18.5 KG | 82 | | 74 | | |
| ZOLGENSMA 18.6-19.0 KG | 82 | ZONISADE SUSP | 14 | | |
| ZOLGENSMA 19.1-19.5 KG | 82 | zonisamide CAPS | 14 | | |
| ZOLGENSMA 19.6-20.0 KG | 82 | ZORYVE CREA EX | 48 | | |
| ZOLGENSMA 2.6-3.0 KG | 82 | ZORYVE FOAM EX | 48 | | |
| ZOLGENSMA 20.1-20.5 KG | 82 | ZOVIRAX CREA (acyclovir topical) | | | |
| ZOLGENSMA 3.1-3.5 KG | 82 | | 44 | | |
| ZOLGENSMA 3.6-4.0 KG | 82 | ZOVIRAX OINT (acyclovir topical) | . 44 | | |
| ZOLGENSMA 4.1-4.5 KG | 82 | ZTALMY | 14 | | |
| ZOLGENSMA 4.6-5.0 KG | 82 | ZUBSOLV SUBL 0.18 MG-0.7 MG | . 8 | | |
| ZOLGENSMA 5.1-5.5 KG | 82 | ZUBSOLV SUBL 0.36 MG-1.4 MG | . 8 | | |
| ZOLGENSMA 5.6-6.0 KG | 82 | ZUBSOLV SUBL 0.71 MG-2.9 MG | . 8 | | |
| ZOLGENSMA 6.1-6.5 KG | 82 | ZUBSOLV SUBL 1.4 MG-5.7 MG | .. 8 | | |
| ZOLGENSMA 6.6-7.0 KG | 82 | ZUBSOLV SUBL 2.1 MG-8.6 MG | .. 8 | | |
| ZOLGENSMA 7.1-7.5 KG | 82 | ZUBSOLV SUBL 2.9 MG-11.4 MG | . 8 | | |
| ZOLGENSMA 7.6-8.0 KG | 82 | ZULRESSO | 15 | | |
| ZOLGENSMA 8.1-8.5 KG | 82 | ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG | 87 | | |