

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products
Behavioral Health - Anxiolytics
Cardiovascular - ACE Inhibitors & Combos, Beta Blockers & Combos, Calcium Channel Blockers & Combos
Central Nervous System - Multiple Sclerosis - Disease Modifying Therapy
Genitourinary/Renal - Urinary Antispasmodics
Miscellaneous - Skeletal Muscle Relaxants
Respiratory - Adrenergic Combinations, Low-Sedating Antihistamines & Combos

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

Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products
Ophthalmic/Glaucoma - Alpha-2 Adrenergic Agents

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	2	Generic for Adderall; QL(3 EA daily); MP
<i>amphetamine sulfate TABS</i>	1	Generic for Evekeo; MP; PA
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	MP
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
<i>amphetamine-dextroamphetamine TABS</i>	1	Generic for Adderall; QL(3 EA daily); MP
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1	Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP
<i>dextroamphetamine sulfate CP24 5 MG</i>	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP
<i>dextroamphetamine sulfate SOLN</i>	NP	Generic for Procentra; MP; PA
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	AL(At least 3 yrs old); MP
<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP
DYANAVEL XR TBCR	NP	
<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 EA daily); MP; PA
<i>lisdexamfetamine dimesylate CHEW</i>	1	MP; PA
<i>methamphetamine hcl</i>	1	Generic for Desoxyx; MP; PA
MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	MP
VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	2	QL(1 EA daily); MP; PA
VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	NP	MP; PA
XELSTRYM	NP	
Analeptics		
<i>caffeine citrate SOLN PO 60 MG/3ML</i>	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anorexiants Non-Amphetamine		
<i>phentermine hcl-topiramate</i>	NP	PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	NP	PA
Anti-Obesity Agents		
WEGOVY	NP	PA
ZEPBOUND 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 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
Stimulants - Misc.			<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	Generic for Aptensio XR; MP; PA	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
AZSTARYS	NP	MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	2	
<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</i>	NP	Generic for Aptensio XR; 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 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; 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	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AACF (2 SYRINGE) PSKT	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(CD/UC/HS STRT) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA
RINVOQ LQ SOLN	2	SP; PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YUSIMRY	NP	SP; PA	<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
Interleukin-6 Receptor Inhibitors			<i>meloxicam TABS</i>	1	MP
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP; PA	<i>nabumetone</i>	1	MP
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP; PA	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP; PA	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
TOFIDENCE	NP	SP; PA	<i>naproxen-esomeprazole magnesium</i>	NP	PA
TYENNE SOAJ	2	SP; PA	<i>naproxen SUSP</i>	1	MP
TYENNE SOLN	2	SP; PA	<i>naproxen TABS</i>	1	MP
TYENNE SOSY	2	SP; PA	<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			ORUDIS CAPS 75 MG	2	MP
<i>celecoxib</i>	1	QL(2 EA daily); PA	<i>oxaprozin TABS</i>	1	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>piroxicam CAPS</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>tolmetin sodium CAPS</i>	1	MP
<i>etodolac CAPS</i>	1	MP	<i>tolmetin sodium TABS</i>	1	MP
<i>etodolac TABS</i>	1	MP	VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
<i>etodolac TB24</i>	1	MP	VYSCOXIA PO 10 MG/ML	NP	
<i>flurbiprofen TABS</i>	1	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ibuprofen CHEW</i>	0	MP	OTEZLA XR TB24 PO 75 MG	NP	SP; PA
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	0	MP; RX/OTC	OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP; PA
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP	OTEZLA TABS	2	SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	OTEZLA TBPK	2	SP; PA
<i>indomethacin CPCR</i>	1	MP	Pyrimidine Synthesis Inhibitors		
<i>ketoprofen CAPS 50 MG, 75 MG</i>	1	MP	<i>leflunomide</i>	1	QL(1 EA daily); MP
<i>ketoprofen CP24</i>	1	MP	Soluble Tumor Necrosis Factor Receptor Agents		
			ENBREL MINI SOCT	NP	SP; PA
			ENBREL SURECLICK SOAJ	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
<i>morphine sulfate beads</i>	NP	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>QDOLO SOLN (tramadol hcl)</i>	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	PA
<i>tramadol hcl SOLN</i>	NP	
<i>TRAMADOL HCL SOLN (tramadol hcl)</i>	NP	
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>tramadol hcl TB24</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TB24</i>	NP	PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ML daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
Opioid Partial Agonists		
<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>buprenorphine hcl SUBL</i>	1	PA
<i>buprenorphine PTWK</i>	1	PA
<i>BUTRANS PTWK (buprenorphine)</i>	2	PA
<i>SUBLOCADE SOSY</i>	2	1 max fill(s) per 30 day(s) retail; SP
<i>SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(3 EA daily)
<i>SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(12 EA daily)
<i>SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(6 EA daily)
<i>SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(2 EA daily)
<i>ZUBSOLV SUBL 2.1 MG-8.6 MG</i>	2	QL(2 EA daily)
<i>ZUBSOLV SUBL 2.9 MG-11.4 MG</i>	2	QL(1.5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ZUBSOLV SUBL 0.18 MG-0.7 MG</i>	2	QL(8 EA daily)
<i>ZUBSOLV SUBL 0.36 MG-1.4 MG</i>	2	QL(12 EA daily)
<i>ZUBSOLV SUBL 0.71 MG-2.9 MG</i>	2	QL(6 EA daily)
<i>ZUBSOLV SUBL 1.4 MG-5.7 MG</i>	2	QL(3 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>ANDROGEL PUMP GEL TD (testosterone)</i>	NP	PA
<i>AVEED SOLN</i>	2	SP; PA
<i>methylestosterone TABS</i>	1	
<i>TESTOPEL PLLT</i>	2	SP; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ML per 30 day(s) retail)
<i>testosterone GEL TD 10 MG/ACT</i>	NP	PA
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %</i>	1	PA
<i>testosterone GEL TD 1 %</i>	NP	
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
<i>testosterone SOLN</i>	NP	PA
<i>VOGELXO PUMP GEL TD (testosterone)</i>	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	1	QL(420 ML per fill retail)
Rectal Combinations		
<i>HEMORRHOIDAL 0.25 %-85.5 %-3 %</i>	2	QL(48 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SB HEMORRHOID 0.25 % - 71.9 % - 14 % - 3 %	2	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)
PROCTOFOAM FOAM EX 1 %	2	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
PREPARATION H EX 1 %	2	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ML daily)
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
<i>ivermectin</i>	1	
PIN RID CHEW	2	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
STROMEKTOL (<i>ivermectin</i>)	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
<i>nitroglycerin OINT</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
NITRO-TIME CPR 2.5 MG, 6.5 MG, 9 MG	2	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		

Drug Name	Drug Tier	Requirements/ Limits
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	NP	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	NP	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>diazepam SOLN IJ 5 MG/ML</i>	NP	
DIAZEPAM SOLN IJ 5 MG/ML	1	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	NP	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (<i>disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
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	2	SP; PA
TEZSPIRE SOSY	2	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)

Drug Name	Drug Tier	Requirements/ Limits
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	QL(0.867 GM daily)
<i>ipratropium bromide hfa</i> 17 MCG/ACT	1	QL(0.867 GM daily)
<i>ipratropium bromide</i> SOLN 0.02 %	1	QL(15 ML daily)
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		
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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
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	
AIRSUPRA	NP	
<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> AERS	0	Limit 2 inhalers per month; QL(0.57 GM daily)
<i>albuterol sulfate</i> NEBU	1	QL(2 EA 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 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate TABS</i>	1		VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
BEVESPI AEROSPHERE	NP				
BREO ELLIPTA	2		XOPENEX HFA (<i>levalbuterol tartrate</i>)	2	
BREZTRI AEROSPHERE	NP		Xanthines		
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)	THEO-24 CP24 100 MG	2	MP
COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)	THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
DULERA 50 MCG/ACT-5 MCG/ACT	2		<i>theophylline ELIX</i>	1	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)	<i>theophylline SOLN</i>	1	QL(475 ML per fill retail); MP
<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 TB12 100 MG, 200 MG, 300 MG</i>	1	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 TB24</i>	1	MP
<i>levalbuterol hcl</i>	1		ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP		Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	1		<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)
			ELIQUIS TBSO PO 0.5 MG	2	
			<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
			<i>rivaroxaban TABS 2.5 MG</i>	NP	
			XARELTO STARTER PACK TBPk	2	
			XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 15 MG	2	QL(2 EA daily)	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 2.5 MG (rivaroxaban)	2		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
Heparins And Heparinoid-Like Agents			VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)	Anticonvulsants - Misc.		
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)	brivaracetam SOLN IV 50 MG/5ML	1	SP; PA
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)	carbamazepine CHEW 200 MG	NP	
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)	carbamazepine CHEW 100 MG	1	MP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)	carbamazepine CP12	1	MP
fondaparinux sodium	1	PA	carbamazepine SUSP	1	MP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	carbamazepine TABS	1	MP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1		carbamazepine TB12	1	MP
Thrombin Inhibitors			CARBATROL CP12 (carbamazepine)	NP	MP
dabigatran etexilate mesylate CAPS	1		ELEPSIA XR TB24	NP	
PRADAXA CAPS (dabigatran etexilate mesylate)	NP		EPRONTIA SOLN 25 MG/ML (topiramate)	NP	
PRADAXA PACK	NP	SP	gabapentin CAPS 300 MG, 400 MG	1	MP
ANTICONVULSANTS - Drugs to Treat Seizures			gabapentin CAPS 100 MG	1	QL(9 EA daily); MP
Anticonvulsants - Benzodiazepines			gabapentin SOLN	1	MP
clobazam SUSP	1		gabapentin TABS 600 MG, 800 MG	1	MP
clobazam TABS	1		LAMICTAL ODT KIT (lamotrigine)	NP	
clonazepam TABS	1	QL(4 EA daily)	LAMICTAL STARTER KIT 25 MG (lamotrigine)	NP	
clonazepam TBDP	1		lamotrigine CHEW	1	MP
			lamotrigine KIT 25 MG	NP	
			lamotrigine TABS	1	MP
			lamotrigine TB24	1	
			lamotrigine TBDP	1	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>primidone 125 MG</i>	1	
<i>rufinamide SUSP</i>	1	SP
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 15 MG, 25 MG</i>	1	MP
<i>topiramate CPSP 50 MG</i>	NP	
<i>topiramate SOLN 25 MG/ML</i>	1	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	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) TBPk	NP	
XCOPRI TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
GABA Modulators		
SABRIL PACK (<i>vigabatrin</i>)	2	SP; PA
SABRIL TABS (<i>vigabatrin</i>)	2	SP; PA
<i>tiagabine hcl 12 MG, 16 MG</i>	NP	
<i>tiagabine hcl 2 MG, 4 MG</i>	NP	MP
<i>vigabatrin PACK</i>	NP	SP; PA
<i>vigabatrin TABS</i>	NP	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (<i>methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	NP	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	NP	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid CAPS</i>	1	MP	<i>citalopram hydrobromide SOLN</i>	NP	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>citalopram hydrobromide TABS</i>	1	MP
Alpha-2 Receptor Antagonists (Tetracyclics)			ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
<i>mirtazapine TABS</i>	1	MP	<i>escitalopram oxalate SOLN</i>	1	
<i>mirtazapine TBDP</i>	1		<i>escitalopram oxalate TABS</i>	1	MP
Antidepressant Combinations			<i>fluoxetine hcl CAPS</i>	1	MP
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 60 MG</i>	1	
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP	<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
<i>bupropion hcl 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)			EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	
<i>citalopram hydrobromide CAPS 30 MG</i>	NP				
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP		<i>clomipramine hcl</i>	1	
<i>nefazodone hcl</i>	1		<i>desipramine hcl TABS</i>	1	
RALDESY SOLN PO 10 MG/ML	NP		<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>trazodone hcl TABS 300 MG</i>	1		<i>doxepin hcl CAPS 150 MG</i>	1	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP	<i>doxepin hcl CONC</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine hcl TABS</i>	1	
CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>imipramine pamoate</i>	1	
CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>nortriptyline hcl CAPS</i>	1	
DESVENLAFAXINE ER	2		<i>nortriptyline hcl SOLN</i>	1	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP	<i>protriptyline hcl</i>	1	
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP	<i>trimipramine maleate CAPS</i>	1	
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	Alpha-Glucosidase Inhibitors		
VENLAFAXINE BESYLATE ER	NP		<i>acarbose</i>	1	
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP	<i>miglitol</i>	1	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP	Antidiabetic Combinations		
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>venlafaxine hcl TABS</i>	1	MP	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily); MP
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	
Tricyclic Agents			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>amitriptyline hcl TABS</i>	1	MP	<i>glipizide-metformin hcl</i>	1	MP
<i>amoxapine</i>	1		<i>glyburide-metformin</i>	1	MP
			GLYXAMBI	2	
			JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
			<i>pioglitazone hcl-glimepiride</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP	<i>glucagon SOLR IJ 1 MG</i>	1	QL(1 EA per fill retail); MP
<i>saxagliptin-metformin hcl</i>	NP		GVOKE KIT SOLN	NP	
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP		<i>mifepristone (hyperglycemia)</i>	1	SP; PA
<i>sitagliptin phosphate-metformin hcl TABS</i>	1		PROGLYCEM (<i>diazoxide</i>)	2	
XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	2		TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>)	NP		TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
Biguanides			ZEGALOGUE SOAJ	2	
GLUMETZA TB24 (<i>metformin hcl</i>)	NP		ZEGALOGUE SOSY	2	
<i>metformin hcl SOLN</i>	1		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 625 MG, 750 MG</i>	NP		<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP	BRYNOVIN SOLN PO 25 MG/ML	NP	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP	ONGLYZA 5 MG (<i>saxagliptin hcl</i>)	NP	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP		<i>saxagliptin hcl</i>	1	
Diabetic Other			<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	NP	
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)	<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1	
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)	TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP	ZITUVIO 25 MG, 50 MG, 100 MG (<i>sitagliptin</i>)	NP	
<i>dextrose (diabetic use) CHEW 4 GM</i>	1	QL(1.67 EA daily); MP	Incretin Mimetic Agents		
<i>diazoxide</i>	NP		BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	2	QL(1 EA per fill retail); MP	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA

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

Drug Name	Drug Tier	Requirements/ Limits
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 EA daily); MP
<i>repaglinide</i>	1	
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
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
<i>glimepiride 3 MG</i>	1	
<i>glipizide TABS 2.5 MG</i>	1	
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TB24</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
BILAC CAPS	2	RX/OTC
BIOCORE DAILY CAPS	2	RX/OTC
BIOCORE IMMUNE+ CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BIOCORE RESTORE CAPS	2	RX/OTC
BIOMEXA CAPS	2	RX/OTC
BIONARA ULTRA CPDR	2	RX/OTC
BIOSTORA CAPS	2	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
FLORENTA CAPS	2	RX/OTC
FLORRAGUT CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC
LACTIVITE CAPS	2	RX/OTC
<i>lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL</i>	1	
LACTOVIVE CAPS	2	RX/OTC
MICROBALANCE CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC
MICROVARA CPDR	2	RX/OTC
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	RX/OTC
NEXIVA CAPS	2	RX/OTC
NOVORA CAPS	2	RX/OTC
PROBENTRA CPDR	2	RX/OTC
PROBINATE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>probiotic product CAPS</i> 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57 MG, 6 MG, 60 MG-10 MCG-10 MG-250 MG, 67 MG, 8 MG-5 MG-240 MG-70 MG, 90 MG-1.7 MG-30 MCG-4 MCG, 10 MG, 25 MG, 170 MG, 400 MG	1	RX/OTC	CULTURELLE DIGESTIVE DAILY CAPS	2	
<i>probiotic product CPDR</i> 50 MG	1	RX/OTC	<i>lactobacillus-inulin CAPS</i> 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	1	
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	<i>lactobacillus-inulin CHEW</i> 200 MG-10 BILLION, 350 MG-1 GM	1	
PRORIVA CAPS	2	RX/OTC	Antiperistaltic Agents		
RELIBIOTIC CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
SYNBIARA CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
SYNOVEXA CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	Antidotes - Chelating Agents		
VELENTA CAPS	2	RX/OTC	CHEMET	2	
WELLPRO 31 CAPS	2	RX/OTC	<i>deferasirox PACK</i>	1	SP; PA
XYBIOTIC CAPS	2	RX/OTC	<i>deferasirox TABS</i>	1	SP; PA
ZELAC CAPS	2	RX/OTC	<i>deferasirox TBDO</i>	1	SP; PA
Antidiarrheal/Probiotic Combinations			<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

Drug Name	Drug Tier	Requirements/ Limits
<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
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>	NP	

Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	2	
<i>doxylamine-pyridoxine TBEC</i>	NP	
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	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>fluconazole TABS 200 MG</i>	1	
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>BENADRYL ALLERGY EXTRA STR TABS</i>	2	QL(4 EA daily)
<i>DAYHIST ALLERGY 12 HOUR RELIEF TABS</i>	2	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)
<i>DESLORATADINE SOLN PO 0.5 MG/ML</i>	NP	
<i>desloratadine TBDP</i>	NP	
<i>fexofenadine hcl SUSP</i>	1	
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<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>cycloheptadine hcl SYRP</i>	1	
<i>cycloheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 30 MG, 43 MG, 130 MG</i>	1	
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate CAPS</i>	NP	MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>fenofibric acid</i>	NP	
FENOGLIDE TABS (<i>fenofibrate</i>)	NP	
FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
LIPOFEN CAPS (<i>fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<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 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin TABS 80 MG</i>	1	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		
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>benazepril hcl 40 MG</i>	1	QL(2 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP	<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Agents for Pheochromocytoma			<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	SP; PA	<i>captopril & hydrochlorothiazide</i>	NP	QL(2 EA daily); MP
Angiotensin II Receptor Antagonists			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
<i>ARB LI PO 10 MG/ML</i>	NP		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>candesartan cilexetil</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily); MP
<i>irbesartan</i>	1	QL(1 EA daily); MP	<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>olmesartan medoxomil</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>telmisartan</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	NP	QL(2 EA daily); MP
<i>valsartan SOLN</i>	NP		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>clonidine hcl TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>doxazosin mesylate</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>guanfacine hcl</i>	1	MP	<i>telmisartan-amlodipine</i>	1	
<i>methyldopa TABS</i>	1	MP	<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>prazosin hcl CAPS</i>	1	MP	<i>trandolapril-verapamil hcl</i>	NP	
<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>	NP				

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
DARAPRIM (<i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide</i> TABS 60 MG	1	
<i>pyridostigmine bromide</i> TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl</i> TABS	1	MP
<i>isoniazid</i> SYRP	1	MP
<i>isoniazid</i> TABS	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin</i> CAPS	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</i> SOLR	1	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin</i> SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	1	SP; PA
<i>cisplatin</i> SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide</i> CAPS 50 MG	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA IV	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melfalan hcl</i> IV	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
<i>temozolomide</i> CAPS	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
Antimetabolites		
<i>azacitidine</i> SUSR	1	SP; PA
<i>capecitabine</i>	1	SP; PA
<i>cladribine</i> 10 MG/10ML	1	SP; PA
<i>cytarabine</i> SOLN	1	SP; PA
<i>decitabine</i>	1	SP; PA
<i>fludarabine phosphate</i> SOLN	1	SP; PA
<i>fludarabine phosphate</i> SOLR	1	SP; PA
FOLOTYN	2	SP; PA
<i>mercaptopurine</i> SUSP 2000 MG/100ML	1	
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
<i>methotrexate sodium</i> TABS 2.5 MG	1	MP
<i>pemetrexed disodium</i> SOLR 100 MG, 500 MG	1	SP; PA
<i>pralatrexate</i>	1	SP; PA
TABLOID	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	2	SP; PA
CYRAMZA	2	SP; PA
INLYTA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (10 MG DAILY DOSE)	2	SP; PA
LENVIMA (12 MG DAILY DOSE)	2	SP; PA
LENVIMA (14 MG DAILY DOSE)	2	SP; PA
LENVIMA (18 MG DAILY DOSE)	2	SP; PA
LENVIMA (20 MG DAILY DOSE)	2	SP; PA
LENVIMA (24 MG DAILY DOSE)	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA
LENVIMA (8 MG DAILY DOSE)	2	SP; PA
MVASI	2	SP; PA
ZALTRAP	2	SP; PA
Antineoplastic - Antibodies		
ADCETRIS	2	SP; PA
ARZERRA	2	SP; PA
BLINCYTO	2	SP; PA
DARZALEX	2	SP; PA
EMPLICITI	2	SP; PA
GAZYVA	2	SP; PA
KADCYLA	2	SP; PA
KEYTRUDA	2	SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits
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
GILOTTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
TAGRISSO	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
VIZIMPRO	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	SP; PA
<i>anastrozole</i>	1	MP
<i>bicalutamide</i>	1	QL(1 EA daily)
CAMCEVI	2	SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA 60 MG	2	SP; PA
EULEXIN	2	
<i>exemestane</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FIRMAGON 80 MG	2	SP; PA	Antineoplastic Antibiotics		
FIRMAGON (240 MG DOSE)	2	SP; PA	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
<i>letrozole</i>	1	QL(1 EA daily); MP	ELLECE SOLN	2	SP; PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1		<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA	<i>valrubicin</i>	1	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	Antineoplastic Combinations		
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	HERCEPTIN HYLECTA	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	LONSURF	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	Antineoplastic Enzyme Inhibitors		
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	ALECENSA	2	SP; PA
LUTRATE DEPOT INJ 22.5 MG	2		BELEODAQ	2	SP; PA
LYSODREN	2	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
<i>megestrol acetate SUSP</i>	1		<i>bosutinib TABS 100 MG, 500 MG</i>	1	SP; PA
<i>megestrol acetate TABS</i>	1		BRAFTOVI 75 MG	2	SP; PA
<i>tamoxifen citrate TABS</i>	1	MP	CABOMETYX TABS	2	SP; PA
<i>toremifene citrate</i>	1	PA	CAPRELSA	2	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
VABRINTY KIT SC 7.5 MG	2	SP; PA	COTELLIC	2	SP; PA
XTANDI CAPS	2	SP; PA	<i>dasatinib</i>	1	SP; PA
ZOLADEX 3.6 MG	2	SP; PA	<i>everolimus TABS</i>	1	SP; PA
ZOLADEX 10.8 MG	2	SP; PA	<i>everolimus TBSO</i>	1	SP; PA
Antineoplastic - Immunomodulators			IBRANCE CAPS 100 MG, 125 MG	2	SP; PA
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	1	SP; PA	ICLUSIG 15 MG, 45 MG	2	SP; PA
			<i>imatinib mesylate TABS</i>	1	SP; PA
			IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
			IMBRUVICA CAPS 140 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA	Antineoplastics Misc.		
JAKAFI	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
KYPROLIS	2	SP; PA	<i>arsenic trioxide</i> 12 MG/6ML	1	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	<i>bexarotene</i>	1	SP; PA
LORBRENA	2	SP; PA	<i>hydroxyurea</i>	1	MP
MEKINIST TABS	2	SP; PA	MATULANE	2	SP; PA
MEKTOVI	2	SP; PA	PHOTOFRIN	2	SP; PA
<i>nilotinib hcl</i> 50 MG, 150 MG, 200 MG	1	SP; PA	PROLEUKIN	2	SP; PA
NINLARO	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
<i>pazopanib hcl</i>	1	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA	<i>dexrazoxane hcl</i>	1	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	KHAPZORY 175 MG	2	SP; PA
RUBRACA	2	SP; PA	<i>leucovorin calcium TABS</i> 5 MG, 25 MG	1	
<i>sorafenib tosylate</i>	1	SP; PA	<i>levoleucovorin calcium SOLN</i>	1	SP; PA
STIVARGA	2	SP; PA	<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>sunitinib malate</i>	1	SP; PA	<i>mesna SOLN</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA	<i>mesna TABS</i>	1	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA	MESNEX TABS	2	SP; PA
<i>temsirolimus</i>	1	SP; PA	VORAXAZE	2	SP; PA
TIBSOVO	2	SP; PA	Mitotic Inhibitors		
VITRAKVI CAPS	2	SP; PA	AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	2	SP; PA
VITRAKVI SOLN	2	SP; PA	<i>docetaxel CONC</i> 160 MG/8ML	1	SP; PA
XALKORI CAPS	2	SP; PA	DOCETAXEL CONC 160 MG/8ML	2	SP; PA
XOSPATA	2	SP; PA	<i>docetaxel SOLN</i>	1	SP; PA
ZELBORAF	2	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
ZOLINZA	2	SP; PA	DOCIVYX SOLN	2	SP; PA
ZYDELIG	2	SP; PA	<i>eribulin mesylate</i>	1	SP; PA
ZYKADIA TABS	2	SP; PA	<i>etoposide CAPS</i>	1	SP; PA
Antineoplastic Enzymes					
ONCASPAS	2	SP; PA			
Antineoplastic Radiopharmaceuticals					
LUTATHERA	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<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>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA
VRAYLAR CAPS	2	
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	SP
FANAPT TITRATION PACK B	NP	
FANAPT TITRATION PACK C	NP	
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	1	
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Butyrophenones		
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	0	
<i>clozapine TBDP</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1	
ZYPREXA RELPREVV	NP	SP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine maleate TABS</i>	1		ARISTADA 662 MG/2.4ML	2	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
<i>thioridazine hcl</i>	1				
<i>trifluoperazine hcl TABS</i>	1		OPIPZA FILM	NP	
Quinolinone Derivatives			Thioxanthenes		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	2	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 18 yrs old); SP	<i>thiothixene</i>	1	
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	2	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 18 yrs old); SP	ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	Antiretrovirals		
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)	APRETUDE	0	
<i>aripiprazole TABS</i>	1	QL(1 EA daily)	APTIVUS CAPS	0	QL(4 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)	<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)
ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)
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	BIKTARVY 120 MG-30 MG-15 MG	0	
			COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
			<i>darunavir TABS</i>	0	QL(2 EA daily)
			DELSTRIGO	0	QL(1 EA daily)
			DESCOVY 120 MG-15 MG	0	
			DESCOVY 200 MG-25 MG	0	QL(1 EA daily)
			DOVATO	0	
			EDURANT 25 MG (<i>rilpivirine hcl</i>)	0	QL(1 EA daily)
			EDURANT PED PO 2.5 MG	0	
			<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)
			<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	0	QL(4 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)
<i>efavirenz TABS</i>	0	QL(1 EA daily)	<i>lamivudine SOLN</i>	0	QL(30 ML daily)
<i>emtricitabine CAPS</i>	0	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	0	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)
EMTRIVA SOLN	0	QL(24 ML daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)
EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	0	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)
<i>etravirine 100 MG</i>	0	QL(4 EA daily)	<i>nevirapine SUSP</i>	0	QL(40 ML daily)
<i>etravirine 200 MG</i>	0	QL(2 EA daily)	<i>nevirapine TABS</i>	0	QL(2 EA daily)
EVOTAZ	0	QL(1 EA daily)	<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)
<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)	NORVIR PACK	0	
GENVOYA	0	QL(1 EA daily)	NORVIR TABS (<i>ritonavir</i>)	0	QL(12 EA daily)
IDVYNZO TABS PO	0		ODEFSEY	0	
INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)	PIFELTRO	0	QL(1 EA daily)
INTELENCE	0	QL(4 EA daily)	PREZCOBIX	0	
INTELENCE (<i>etravirine</i>)	0	QL(4 EA daily)	PREZCOBIX	0	QL(1 EA daily)
ISENTRESS CHEW 25 MG	0	QL(12 EA daily)	PREZISTA SUSP	0	QL(12 ML daily)
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)	PREZISTA TABS 150 MG	0	QL(3 EA daily)
ISENTRESS PACK	0	QL(2 EA daily)	PREZISTA TABS (<i>darunavir</i>)	0	QL(2 EA daily)
ISENTRESS TABS	0	QL(2 EA daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
KALETRA SOLN	0	QL(160 ML per fill retail)	RETROVIR CAPS (<i>zidovudine</i>)	0	QL(6 EA daily)
			RETROVIR SYRP (<i>zidovudine</i>)	0	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	0	QL(2 EA daily)	YEZTUGO TABS PO 300 MG	0	SP
REYATAZ PACK	0	QL(6 EA daily)	ZIAGEN SOLN (<i>abacavir sulfate</i>)	0	QL(30 ML daily)
<i>rilpivirine hcl</i> 25 MG	0	QL(1 EA daily)	<i>zidovudine</i> CAPS	0	QL(6 EA daily)
<i>ritonavir</i> TABS	0	QL(12 EA daily)	<i>zidovudine</i> SYRP	0	QL(60 ML daily)
RUKOBIA	0		<i>zidovudine</i> TABS	0	QL(2 EA daily)
SELZENTRY SOLN	0	QL(35 ML daily)	Antiviral Combinations		
STRIBILD	0		PAXLOVID (150/100)	0	
SUNLENCA SOLN	0	SP	PAXLOVID (300/100 & 150/100)	0	
SUNLENCA TABS PO 300 MG	0	SP	PAXLOVID (300/100)	0	
SUNLENCA TBPk 300 MG	0	SP	CMV Agents		
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	PREVYMIS SOLN	2	SP; PA
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	PREVYMIS TABS	2	SP; PA
SYMTUZA	0	QL(1 EA daily)	<i>valganciclovir hcl</i> TABS	1	QL(2 EA daily)
<i>tenofovir disoproxil fumarate</i> TABS	0	QL(1 EA daily)	Hepatitis Agents		
TIVICAY PD TBSO	0		EPCLUSA PACK	NP	SP; PA
TIVICAY TABS 50 MG	0		EPCLUSA TABS	NP	SP; PA
TRIUMEQ PD TBSO	0		HARVONI PACK	NP	SP; PA
TRIUMEQ TABS	0		HARVONI TABS	NP	SP; PA
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	LEDIPASVIR-SOFOSBUVIR TABS	2	SP
TYBOST	0	QL(1 EA daily)	MAVYRET PACK	2	SP
VIRACEPT TABS 250 MG	0	QL(9 EA daily)	MAVYRET TABS	2	SP
VIRACEPT TABS 625 MG	0	QL(4 EA daily)	PEGASYS SOLN	2	SP; PA
VIREAD POWD	0		PEGASYS SOSY	2	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	<i>ribavirin (hepatitis c)</i> CAPS	1	SP; PA
VIREAD TABS	0	QL(1 EA daily)	<i>ribavirin (hepatitis c)</i> TABS 200 MG	1	SP; PA
YEZTUGO SOLN 463.5 MG/1.5ML	0	SP	SOFOVIR-SOFOSBUVIR TABS	2	SP
			SOVALDI PACK	NP	SP; PA
			SOVALDI TABS	NP	SP; PA
			VOSEVI	NP	SP; PA
			ZEPATIER	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	1	
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	1	
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP
<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	1	
Beta Blockers Non-Selective		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	NP	MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/afl)</i>	1	QL(2 EA daily); MP	<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>timolol maleate TABS</i>	NP	MP	<i>nimodipine CAPS</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	
Calcium Channel Blockers			NORLIQVA SOLN	NP	
<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NP	MP	VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
CONJUPRI (<i>levamlodipine maleate</i>)	2		<i>verapamil hcl CP24 300 MG</i>	NP	MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 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>diltiazem hcl coated beads CP24 360 MG</i>	1	MP	<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP	<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP	<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP	VERELAN PM CP24 100 MG, 200 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP	VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>felodipine</i>	1	QL(1 EA daily); MP	Cardiac Glycosides		
<i>isradipine CAPS</i>	NP		<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>levamlodipine maleate</i>	1		<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
<i>nicardipine hcl CAPS</i>	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
OPSYNVI	NP	SP; PA
<i>sacubitril-valsartan</i> TABS	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil</i> SOLN IJ	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan</i> TABS	1	SP

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS (<i>ambrisentan</i>)	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	1	SP; PA
<i>tadalafil (pulmonary hypertension)</i> TABS	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</i> CAPS	1	
<i>cefadroxil</i> SUSR	1	
<i>cefadroxil</i> TABS	1	
<i>cephalexin</i> CAPS 250 MG, 500 MG	1	
<i>cephalexin</i> SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor</i> CAPS	1	
<i>cefaclor</i> SUSR 250 MG/5ML	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>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>norgestimate-ethinyl 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>norgestrel & ethinyl estradiol 30 MCG-0.3 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	TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0		Combination Contraceptives - Transdermal		
<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>noelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Vaginal		
			<i>etonogestrel-ethinyl estradiol</i>	0	PV
			Copper Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives			LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants			Progestin Contraceptives - Oral		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - Injectable			CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Glucocorticosteroids		
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>budesonide TB24</i>	NP	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	CORTISONE ACETATE TABS	2	
Progestin Contraceptives - IUD			<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)	<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>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)	<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>dexamethasone ELIX</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>dexamethasone SOLN</i>	1		Cough/Cold/Allergy Combinations		
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1		<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1		<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1		<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)
<i>methylprednisolone TBPk</i>	1		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 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)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	1		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>prednisolone SOLN</i>	1		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)
PREDNISONE INTENSOL CONC	2		<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)
<i>prednisone SOLN</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1	
<i>pseudoephedrine-ibuprofen TABS</i>	1		BENZOYL PEROXIDE LOTN 5 %, 10 %	2	
Expectorants			<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	NP	
<i>acetylcysteine SOLN</i>	1		DIFFERIN CREA (<i>adapalene</i>)	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NP	
Acne Products			DIFFERIN LOTN	NP	
ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)	EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP	
<i>adapalene-benzoyl peroxide GEL</i>	1		<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)
<i>adapalene CREA</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene GEL</i>	1	RX/OTC	<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
ADAPALENE SOLN	2		RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
AKLIEF	NP		RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ATRALIN GEL (<i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)			
BENZAC AC WASH LIQD 5 %	2	RX/OTC			
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>tretinoin microsphere</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>tretinoin CREA 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.05 %</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>ZIANA (clindamycin phosphate-tretinoin)</i>	NP	
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	1	QL(453.9 EA per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 EA per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>mupirocin calcium (topical)</i>	1	
<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 EA per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
<i>ITCH RELIEF CREA</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)
Antipsoriatics		
BIMZELX SOAJ 160 MG/ML	NP	SP; PA
BIMZELX SOAJ 320 MG/2ML	NP	SP; PA
BIMZELX SOSY 320 MG/2ML	NP	SP; PA
BIMZELX SOSY 160 MG/ML	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)
CALCIPOTRIENE FOAM	NP	
<i>calcipotriene OINT</i>	NP	
<i>calcipotriene SOLN</i>	NP	QL(60 ML per fill retail)
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
OTULFI SOLN SC 45 MG/0.5ML	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	2	SP; PA
PYZCHIVA SC 45 MG/0.5ML	2	SP; PA
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP; PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	SP; PA
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP; PA
STEQEYMA	NP	SP; PA
STEQEYMA SC	NP	SP; PA
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per 30 day(s) retail
USTEKINUMAB-TTWE SC	NP	SP; PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
USTEKINUMAB-TTWE	NP	SP; PA	<i>betamethasone dipropionate (topical) OINT</i>	1	
VTAMA	NP	PA	<i>betamethasone dipropionate augmented CREA</i>	NP	QL(50 GM per fill retail)
YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
YESINTEK SOSY	NP	SP; PA	<i>betamethasone dipropionate augmented LOTN</i>	1	
Antiseborrheic Products			<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)	<i>betamethasone valerate CREA</i>	NP	QL(45 GM per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)	<i>betamethasone valerate FOAM</i>	NP	
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)	<i>betamethasone valerate LOTN</i>	NP	QL(60 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)	<i>betamethasone valerate OINT</i>	NP	QL(45 GM per fill retail)
Antivirals - Topical			<i>calcipotriene- betamethasone dipropionate OINT</i>	1	
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)	<i>calcipotriene- betamethasone dipropionate SUSP</i>	NP	
<i>acyclovir topical OINT</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
DENAVIR (<i>penciclovir</i>)	2		<i>clobetasol propionate emulsion</i>	1	
<i>penciclovir</i>	NP		<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	QL(1 GM daily)	<i>clobetasol propionate FOAM</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	2				
Burn Products					
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)			
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	1				
<i>alclometasone dipropionate OINT</i>	1				
<i>amcinonide CREA</i>	NP				
<i>amcinonide OINT</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)	<i>fluocinolone acetonide SOLN</i>	NP	
<i>clobetasol propionate LIQD</i>	1		<i>fluocinonide emulsified base</i>	NP	QL(60 GM per fill retail)
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide CREA 0.1 %</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)	<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide GEL</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)	<i>fluocinonide OINT</i>	1	QL(60 GM per fill retail)
<i>clocortolone pivalate</i>	NP		<i>fluocinonide SOLN</i>	1	QL(60 ML per fill retail)
<i>CLODERM (clocortolone pivalate)</i>	NP		<i>flurandrenolide CREA</i>	1	
<i>desonide CREA</i>	1	1 package(s) per fill retail	<i>flurandrenolide LOTN</i>	NP	
<i>desonide LOTN</i>	1		<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>desonide OINT</i>	1	1 package(s) per fill retail	<i>fluticasone propionate LOTN</i>	NP	
<i>desoximetasone CREA 0.25 %</i>	NP		<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)
<i>desoximetasone CREA 0.05 %</i>	NP	QL(60 GM per fill retail)	<i>halcinonide CREA</i>	NP	
<i>desoximetasone GEL</i>	NP		<i>halobetasol propionate CREA</i>	1	
<i>desoximetasone LIQD</i>	NP		<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone OINT</i>	1		<i>HALOG CREA (halcinonide)</i>	NP	
<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)	<i>HYDRAVEX GEL 2 %</i>	NP	
<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)	<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)
<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	NP		<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 EA per fill retail); RX/OTC
<i>EPIFOAM FOAM</i>	2		<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluocinolone acetonide CREA</i>	NP		<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)
<i>fluocinolone acetonide OINT</i>	NP		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) OINT 0.5 %</i>	1		SANADERMRX SKIN REPAIR 0.1 %-5 %	2	
<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC	SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical) SOLN 1 %</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	1		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone acetate (topical) OINT</i>	1		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
HYDROCORTISONE ACETATE CREA	2		TOPICORT CREA 0.25 % (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		TOPICORT CREA 0.05 % (<i>desoximetasone</i>)	NP	QL(60 GM per fill retail)
<i>hydrocortisone butyrate LOTN</i>	NP		TOPICORT GEL (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate OINT</i>	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ML per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)
<i>hydrocortisone valerate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)
<i>hydrocortisone valerate OINT</i>	NP		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)
HYDROCORTISONE GEL 2 %	NP		<i>triamcinolone acetonide (topical) LOTN</i>	NP	QL(60 ML per fill retail)
HYDROXATE GEL	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)
LOCOID LIPOCREAM	NP		<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP		<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)	TRIVIX 0.1 %-5 %	2	
<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)	Eczema Agents		
<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)	ADBRY SOAJ	2	SP; PA
			ADBRY SOSY	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ANZUPGO CREA EX 20 MG/GM	NP	PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 300 MG/2ML	2	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	SP; PA
EBGLYSS SOAJ	2	SP; PA
EBGLYSS SOSY	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	2	QL(85.05 GM per fill retail); RX/OTC
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP; PA
LITFULO	NP	SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ELIDEL (<i>pimecrolimus</i>)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
Keratolytic/Antimitotic/Vesicant Agents		
DERMACINRX SALICYLIC ACID GEL 6 %	2	QL(40 GM per fill retail)
<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
Local Anesthetics - Topical		
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
<i>capsaicin CREA 0.035 %</i>	1	QL(120 ML per fill retail; 120 per fill mail)
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
COLLAVERA GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
DERMACINRX LIDOCAINE CREA 3 %	2	QL(85 GM per fill retail); RX/OTC
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail	ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 GM per fill retail); RX/OTC	FT LICE-BEDBUG-MITE AERO 0.5 %	2	
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)	GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	2	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)	<i>ivermectin (pediculicide)</i>	NP	
LIDOCAINE CREA	2	QL(85 GM per fill retail)	<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill 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)
LIDOMAX GEL 2 %	2	QL(85 GM per fill retail); RX/OTC	NIX LICE KILLING SPRAY LIQD XX	2	
PROXIVOL GEL 2 %	2	QL(85 GM per fill retail); RX/OTC	<i>permethrin AERO</i>	1	
Misc. Topical			<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>lanolin (topical) CREA</i>	1		PERMETHRIN CREA 5 % (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)	<i>permethrin LIQD EX</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
ZORYVE CREA EX	NP	PA	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
ZORYVE FOAM EX	NP		SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	2	
Rosacea Agents			SCHOOLTIME SHAMPOO SHAM	2	
<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)	<i>spinosad</i>	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)			
<i>metronidazole (topical) LOTN</i>	1				
Scabicides & Pediculicides					
BEDDING SPRAY LICE TREATMENT AERO 0.5 %	2				
CVS LICE-BEDBUG-MITE AERO 0.5 %	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STOP LICE STEP 3 AERO 0.5 %	2		CLEARDETECT COVID-19 AG HOME KIT	0	
STOP LICE AERO 0.5 %	2		CLINITEST RAPID COVID-19 TEST KIT	0	
Tar Products			COBAS LIAT SARS-COV-2 ASSAY	0	
<i>coal tar extract SHAM 0.5 %</i>	1		COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
Wound Care Products			COVID-19 AT HOME ANTIGEN TEST KIT	0	
APLIGRAF DISK	2	PA	COVID-19 AT-HOME TEST KIT	0	
DIAGNOSTIC PRODUCTS			COVID-19 OTC ANTIGEN 1-PACK KIT	0	
Diagnostic Drugs			COVID-19 OTC ANTIGEN 2-PACK KIT	0	
<i>cosyntropin SOLR</i>	1	SP; PA	CVS COVID-19 AT HOME TEST KIT KIT	0	
THYROGEN 0.9 MG	2	SP; PA	DIATRUST COVID-19 HOME TEST KIT	0	
Diagnostic Tests			ELLUME COVID-19 HOME TEST KIT	0	
2SAN COVID-19 RAPID SELF TEST KIT	0		FASTEP COVID-19 ANTIGEN TEST KIT	0	
ACCU-CHEK GUIDE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	FLOWFLEX COVID-19 AG HOME TEST KIT	0	
ACCUA SARS-COV-2	0		GENABIO COVID-19 RAPID TEST KIT	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
BD VERITOR SYSTEM SARS-COV-2	0		ID NOW COVID-19	0	
BINAXNOW COVID-19 AG CARD	0		ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	0		ID NOW COVID-19 2.0 TEST	0	
BINAXNOW COVID-19 ANTIGEN SELF KIT	0		ID NOW COVID-19 CONTROL	0	RX/OTC
CARESTART COVID-19 HOME TEST KIT	0		IHEALTH COVID-19 RAPID TEST KIT	0	
CHEMSTRIP K STRP	2		INDICAID COVID-19 RAPID TEST KIT	0	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone TABS</i>	1	MP	PAMIDRONATE DISODIUM SOLN	2	SP; PA
Thiazides and Thiazide-Like Diuretics			PROLIA SOSY	2	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 35 MG</i>	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>risedronate sodium TBEC</i>	NP	
<i>metolazone</i>	1	MP	<i>teriparatide SOPN</i>	1	PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			TERIPARATIDE SOPN	2	PA
- Drugs to Treat Bone Disease and Regulate Hormones			XGEVA SOLN	2	SP; PA
Bone Density Regulators			<i>zoledronic acid CONC</i>	1	SP; PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)	<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP		ZOLEDRONIC ACID SOLN	2	SP; PA
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP	Corticotropin		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	ACTHAR GEL	2	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP	CORTROPHIN GEL	2	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	NP		Fertility Regulators		
BONSITY SOPN 560 MCG/2.24ML	2	PA	CHORIONIC GONADOTROPIN IM	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)	NOVAREL IM 5000 UNIT	2	PA
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)	PREGNYL IM	2	PA
EVENITY	2	SP; PA	GnRH/LHRH Antagonists		
<i>ibandronate sodium SOLN</i>	1	SP; PA	ORILISSA	2	SP; PA
<i>ibandronate sodium TABS</i>	1	PA	Growth Hormone Receptor Antagonists		
NATPARA	2	PA	SOMAVERT	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA	Growth Hormones		
			GENOTROPIN MINIQUICK PRSY	2	SP; PA
			GENOTROPIN CART SC	2	SP; PA
			NGENLA	NP	SP; PA
			NORDITROPIN FLEXPRO SOPN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOCT	NP	SP; PA	IMCIVREE SOLN SC	NP	SP; PA
SKYTROFA	NP	SP; PA	KANUMA	2	SP; PA
SOGROYA	2	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
Hormone Receptor Modulators			<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)
<i>raloxifene hcl</i>	1	QL(1 EA daily)	LUMIZYME	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			MYALEPT	2	SP; PA
INCRELEX	2	SP; PA	NAGLAZYME	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>nitisinone CAPS</i>	1	SP; PA
FENSOLVI (6 MONTH) SC	2	SP; PA	OLPRUVA (2 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	OLPRUVA (3 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	OLPRUVA (4 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	OLPRUVA (5 GM DOSE) THPK	NP	SP
SUPPRELIN LA	NP	SP; PA	OLPRUVA (6 GM DOSE) THPK	NP	SP
SYNAREL	2	SP; PA	OLPRUVA (6.67 GM DOSE) THPK	NP	SP
Metabolic Modifiers			ORFADIN SUSP	2	SP; PA
ALDURAZYME	2	SP; PA	PALYNZIQ	2	SP; PA
<i>betaine</i>	1	SP; PA	<i>paricalcitol SOLN</i>	1	SP; PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	2	SP; PA	PARSABIV	2	SP; PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	2	SP; PA	PHEBURANE PLLT	2	PA
<i>calcitriol CAPS</i>	1		RAVICTI 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	2	SP; PA
CARBAGLU (<i>carglumic acid</i>)	2	SP; PA	REVCovi	2	SP; PA
<i>carglumic acid</i>	NP	SP; PA	<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
CRYSVITA	2	SP; PA	<i>sodium phenylbutyrate POWD</i>	NP	SP; PA
ELAPRASE	2	SP; PA	<i>sodium phenylbutyrate TABS</i>	NP	SP; PA
FABRAZYME	2	SP; PA	STRENSIQ	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA			
<i>glycerol phenylbutyrate 1.1 GM/ML</i>	NP	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 EA per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents			<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP	Interstitial Cystitis Agents		
<i>calcium acetate (phosphate binder) TABS</i>	2	RX/OTC	ELMIRON CAPS	2	QL(3 EA daily)
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	Prostatic Hypertrophy Agents		
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	<i>alfuzosin hcl</i>	1	
<i>ferric citrate</i>	1		<i>dutasteride</i>	1	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	2		<i>dutasteride-tamsulosin hcl</i>	NP	
<i>lanthanum carbonate CHEW</i>	NP		ENTADFI	NP	
RENVELA TABS (<i>sevelamer carbonate</i>)	NP		<i>finasteride</i>	1	QL(1 EA daily); MP
<i>sevelamer carbonate PACK</i>	1		JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
<i>sevelamer carbonate TABS</i>	1		RAPAFLO 4 MG (<i>silodosin</i>)	NP	
<i>sevelamer hcl</i>	1		<i>silodosin</i>	1	
Short Bowel Syndrome (SBS) Agents			<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
GATTEX	2	SP; PA	Urinary Analgesics		
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
			Urinary Stone Agents		
			<i>tiopronin TABS</i>	1	SP; PA
			Vesicoureteral Reflux (VUR) Agents		
Alkalinizers			DEFLUX	2	SP; PA
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	2		GOUT AGENTS - Drugs to Treat Gout		
<i>potassium citrate (alkalinizer) TBCR</i>	1		Gout Agent Combinations		
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC	<i>colchicine w/ probenecid</i>	1	MP
Cystinosis Agents			Gout Agents		
CYSTAGON CAPS	2	SP; PA	<i>allopurinol 100 MG, 300 MG</i>	1	MP
PROCYSBI CPDR	2	SP; PA	<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
PROCYSBI PACK	2	SP; PA	KRYSTEXXA	2	SP; PA
Genitourinary Irrigants					

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to 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
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	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

Drug Name	Drug Tier	Requirements/ Limits
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
KCENTRA	2	SP; PA
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	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

Drug Name	Drug Tier	Requirements/ Limits
Human Protein C		
CEPROTIN	2	SP; PA
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>)	NP	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	2	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA
NEULASTA SOLN SC 4 MG/0.4ML	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	IRON CHEWS PEDIATRIC CHEW	2	
PROCRIT	NP	SP; PA	IRON TABS 28 MG	2	
PROCRIT	NP	SP; PA	<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
RELEUKO SOSY	NP	SP	Stem Cell Mobilizers		
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	<i>plerixafor</i>	1	SP; PA
RETACRIT	2	SP; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
ROLVEDON	NP	SP	Hemostatics - Systemic		
RYZNEUTA SOSY SC 20 MG/ML	NP	SP	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
STIMUFEND	NP	SP	<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
UDENYCA ONBODY SOSY	NP	SP	<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
UDENYCA SOAJ	NP	SP	<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)
UDENYCA SOSY	NP	SP; PA	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ZARXIO	NP	SP; PA	Antihistamine Hypnotics		
ZIEXTENZO	NP	SP	ALEVE PM 25 MG-220 MG	2	
Hematopoietic Mixtures			<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)	<i>diphenhydramine hcl (sleep) LIQD</i>	1	
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)	<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
Iron			<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
FERRETTS TABS	2	QL(2 EA daily)			
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)			
<i>ferrous gluconate TABS</i>	1				
<i>ferrous sulfate dried TBCR</i>	1				
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)			
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1	
UNISOM SLEEPMELOTS 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 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 22.5 MG</i>	NP	
<i>temazepam 7.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon</i>	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate SUBL</i>	NP	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)	<i>azithromycin TABS 600 MG</i>	1	QL(8 EA per 28 day(s) retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)	<i>azithromycin TABS 500 MG</i>	1	QL(4 EA daily)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)	Clarithromycin		
Laxatives - Miscellaneous			<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	1		<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>lactulose SOLN</i>	1		<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)	Erythromycins		
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)	<i>E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)</i>	NP	
<i>SORBITOL PO 70 %</i>	2		<i>ERYPED 200 SUSR (erythromycin ethylsuccinate)</i>	NP	
Stimulant Laxatives			<i>erythromycin base CPEP</i>	NP	
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)	<i>erythromycin base TABS</i>	1	
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)	<i>erythromycin base TBEC</i>	1	
<i>sennosides TABS 8.6 MG</i>	1		<i>erythromycin ethylsuccinate SUSR</i>	1	
Surfactant Laxatives			<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)	MEDICAL DEVICES AND SUPPLIES		
<i>docusate sodium CAPS 50 MG</i>	1		Bandages-Dressings-Tape		
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1		<i>ALCOHOL PREP PADS-MISC</i>	2	OTC
<i>DOCUSATE SODIUM SYRP</i>	2		Contraceptives		
<i>docusate sodium TABS</i>	1		<i>CONDOMS-MISC</i>	2	QL(36 ea per fill retail)
MACROLIDES - Drugs to Treat Bacterial Infections			Diabetic Supplies		
Azithromycin			<i>ACCU-CHEK FASTCLIX LANCETS</i>	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(30 ML per fill retail)	<i>ACCU-CHEK GUIDE CONTROL LIQD</i>	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(15 ML per fill retail)			
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FONDCIRCLE SINGLE USE LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA	GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA	HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC
			HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC
			HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC
			HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC	READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC	REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SMARTTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily); RX/OTC	ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	ULTRA-CARE SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC
TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC	UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC	Misc. Devices		
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC	ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC			
UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC	HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC	RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS PREP	2	QL(6.67 EA daily); RX/OTC	SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEV RX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
Parenteral Therapy Supplies			AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/MEDIUM 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			
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC			
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC			
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MISC	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
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS 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
ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT 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
BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL 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
BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE HOLDING CHAMBER 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
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	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
EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MISC	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
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S 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
FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
INSPIREASE 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
LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS 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
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	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
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI MASK SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE 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
PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/PEDIATRIC 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	SOOTHENE NBL 100 ADULT MASK MISC	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	SOOTHENE NBL 100 CHILD MASK 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	SOOTHENE NBL 100 MED CUP 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	SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>frovatriptan succinate</i>	1	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
AJOVY SOAJ	2	SP; PA	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)
AJOVY SOSY	2	SP; PA	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
EMGALITY SOAJ	2	SP; PA	<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
EMGALITY SOSY	2	SP; PA	<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
NURTEC	2	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA	<i>rizatriptan benzoate TBDP</i>	1	
QULIPTA	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA	<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
UBRELVY	2	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)
ZAVZPRET	NP	PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	
Migraine Combinations			<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)
<i>ergotamine w/ caffeine TABS</i>	1		<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	
<i>sumatriptan-naproxen sodium</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)
SYMBRAVO TABS PO	NP		<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NP		<i>zolmitriptan SOLN 2.5 MG</i>	NP	
Migraine Products			<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1				
Serotonin Agonists					
<i>almotriptan malate</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN	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		
PHOSPHA 250 NEUTRAL	2	QL(8 EA daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	2	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	2	
KLOR-CON TBCR 8 MEQ (<i>potassium chloride</i>)	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
RHAPSIDO TABS PO 25 MG	2	SP; PA
THALOMID 50 MG, 100 MG, 200 MG	2	SP; PA
Immunosuppressive Agents		
ATGAM	2	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>azathioprine TABS 50 MG</i>	1	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
SANDIMMUNE CAPS (<i>cyclosporine</i>)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<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
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPB	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
LOKELMA	NP	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
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)
<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.		

Drug Name	Drug Tier	Requirements/ Limits
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
<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
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
METAVAX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MI-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	2	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NUTRIVIO CAPS 1 MG	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
DERMACINRX BOOSTERVITE TABS	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	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
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	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
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	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
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	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	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
Ped Multi Vitamins w/FI & FE			MULTIVITAMIN DROPS/IRON SOLN	2	
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN	2	
Ped Multiple Vitamins w/ Minerals			MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	2	
MVW COMPLETE FORMULATION SOLN	2		NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	2	QL(60 ML per fill retail)
Ped MV w/ Fluoride			PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITE/IRON SOLN	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	Pediatric Multiple Vitamins		
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	BPROTECTED PEDIA POLY-VITE SOLN PO	2	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VI-SOL SOLN PO	2	
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITA SOLN PO	2	
Ped MV w/ Iron			POLY-VITE PEDIATRIC SOLN PO	2	
			Prenatal Vitamins		
			PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
			PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
			Vitamins w/ Lipotropics		
			<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Articular Cartilage Repair Therapy		

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

Drug Name	Drug Tier	Requirements/ Limits
Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	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>	NP	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
TETRACAINE HCL 0.5 %	2	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
ILUVIEN	2	SP; PA
<i>neomycin-polymyx-dexameth OINT</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per fill retail)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	1 max fill(s) per 30 day(s) retail
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth) 0.09 %</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) 0.4 %</i>	NP	1 max fill(s) per 30 day(s) retail
<i>ketorolac tromethamine (ophth) 0.5 %</i>	NP	QL(5 ML per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
MIEBO	NP	
<i>olopatadine hcl</i>	1	
TRYPTYR SOLN OP 0.003 %	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 EA daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 EA per 30 day(s) retail)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and		

Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
<i>sodium oxybate SOLN</i>	1	SP; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)
<i>memantine hcl CP24</i>	1	
<i>memantine hcl SOLN</i>	NP	QL(10 ML daily)
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP
<i>memantine hcl TABS</i>	NP	QL(1 EA per 28 day(s) retail)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)
<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	2	SP; PA
Combination Psychotherapeutics		
LYBALVI	NP	
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fingolimod hcl</i>	1	SP; PA	<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
GILENYA	NP	SP; PA	<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA	NICOTINE KIT	0	AL(At least 13 yrs old)
<i>glatiramer acetate SOSY</i>	NP	SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
KESIMPTA	2	SP; PA	NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	NICOTROL INHA	NP	AL(At least 13 yrs old); PA
MAYZENT TABS	NP	SP	<i>varenicline tartrate TABS</i>	1	QL(2 EA daily); AL(At least 13 yrs old)
OCREVUS ZUNOVO	NP	SP	<i>varenicline tartrate TBPK</i>	1	AL(At least 13 yrs old)
PLEGRIDY SOSY IM	NP	SP	Transthyretin Amyloidosis Agents		
PONVORY STARTER PACK TBPK	NP	SP	ONPATTRO	2	SP; PA
PONVORY TABS	NP	SP	TEGSEDI	2	SP; PA
TASCENSO ODT	NP	SP	Vasomotor Symptom Agents		
TYRUKO CONC IV 300 MG/15ML	NP	SP	<i>paroxetine mesylate (vasomotor)</i>	NP	
ZEPOSIA STARTER KIT CPPK	NP	SP	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Premenstrual Dysphoric Disorder (PMDD) Agents			Alpha-Proteinase Inhibitor (Human)		
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)	ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)	GLASSIA SOLN	2	SP; PA
Psychotherapeutic and Neurological Agents - Misc.			ZEMAIRA SOLR 1000 MG	2	SP; PA
<i>ergoloid mesylates TABS</i>	1		Cystic Fibrosis Agents		
Smoking Deterrents			KALYDECO PACK 50 MG, 75 MG	2	SP; PA
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)	KALYDECO TABS	2	SP; PA
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	ORKAMBI PACK	2	SP; PA
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)	ORKAMBI TABS	2	SP; PA
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	PULMOZYME	2	SP; PA
			SYMDEKO	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP
Pulmonary Fibrosis Agents			<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	
JASCAYD TABS PO 9 MG, 18 MG	NP	SP	<i>levothyroxine sodium TABS</i>	1	MP
<i>nintedanib esylate 100 MG, 150 MG</i>	1	SP; PA	<i>liothyronine sodium TABS</i>	1	MP
OFEV 100 MG, 150 MG (<i>nintedanib esylate</i>)	2	SP; PA	NIVA THYROID TABS	2	MP
<i>pirfenidone CAPS</i>	1	SP; PA	NP THYROID TABS	2	MP
<i>pirfenidone TABS 534 MG</i>	1	SP	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections			SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	MP
Tetracyclines			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		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	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1		TOXOIDS		
<i>doxycycline hyclate CAPS</i>	1		Toxoid Combinations		
<i>doxycycline hyclate TABS 100 MG</i>	1		ADACEL SUSP	0	AL(At least 19 yrs old)
<i>minocycline hcl CAPS</i>	1		ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL(At least 19 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			BOOSTRIX SUSP	0	AL(At least 19 yrs old)
Antithyroid Agents			BOOSTRIX SUSY	0	AL(At least 19 yrs old)
<i>methimazole TABS</i>	1	MP	DAPTACEL	0	AL(At least 19 yrs old)
<i>propylthiouracil</i>	1	MP	INFANRIX	0	AL(At least 19 yrs old)
Thyroid Hormones			KINRIX SUSY	0	AL(At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP			
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	MP			
ARMOUR THYROID TABS	2	MP			

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

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

Drug Name	Drug Tier	Requirements/ Limits
Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ TB24 (<i>mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 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)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	I POL IJ	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXCHIQ	0	AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	0	AL(At least 19 yrs old)
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JYNNEOS	0	AL(At least 19 yrs old)
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	M-M-R II SOLR	0	AL(At least 19 yrs old)
			MNEXSPIKE SUSY 10 MCG/0.2ML	0	
			MODERNA COVID-19 VAC 6M-11Y SUSP	0	
			MODERNA COVID-19 VAC 6M-11Y SUSY	0	
			NOVAVAX COVID-19 VACCINE SUSP	0	
			NOVAVAX COVID-19 VACCINE SUSY	0	
			NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRIORIX SUSR	0	AL(At least 19 yrs old)	VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)	YF-VAX SUSR	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	Spermicides		
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
ROTARIX SUSP	0	AL(At least 19 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
ROTATEQ SOLN	0	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	2	
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)	Vaginal Anti-infectives		
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	QL(40 GM per fill retail)
SPIKEVAX SUSP	0		<i>clindamycin phosphate vaginal CREA</i>	NP	QL(40 GM per fill retail)
SPIKEVAX SUSY	0		CLINDESSE	NP	
STAMARIL SUSR	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
TICOVAC	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
TWINRIX SUSY	0	AL(At least 19 yrs old)	GYNAZOLE-1	2	
VAQTA	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	
			MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
			<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
			<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 GM daily)
			<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
			<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
NUVESSA	2		<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	1	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)	EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)	EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)	NEFFY SOLN NA	2	
VANDAZOLE	NP	QL(70 GM per fill retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
XACIATO GEL	2		<i>droxidopa</i>	1	SP; PA
Vaginal Anti-inflammatory Agents			Vasopressors		
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)	<i>midodrine hcl</i>	1	
MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)	VITAMINS		
Vaginal Estrogens			Oil Soluble Vitamins		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
Vaginal Progestins			<i>ergocalciferol CAPS</i>	1	
CRINONE GEL	2	AL(At least 15 yrs old)	KEY-E CHEW	2	QL(2 EA daily)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)	<i>phytonadione TABS 5 MG</i>	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			VITAMIN D3 LIQD PO 125 MCG/ML	2	
Anaphylaxis Therapy Agents			VITAMIN E/D-ALPHA CAPS 200 UNIT	2	QL(2 EA daily)
AUVI-Q SOAJ 0.3 MG/0.3ML	2	QL(6 EA per 180 day(s) retail)	<i>vitamin e CAPS</i>	1	QL(2 EA daily)
AUVI-Q SOAJ 0.15 MG/0.15ML	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)	VITAMIN E CAPS	2	QL(2 EA daily)
			VITAMIN E CHEW	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	
<i>niacin CPCR 250 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)
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bisoprolol fumarate 35	BRIDION SOLN 20	BUPHENYL TABS (sodium phenylbutyrate) 53
bisoprolol fumarate 2.5 MG 35	BRILINTA 60 MG, 90 MG (ticagrelor) 58	buprenorphine hcl SUBL 8
BIVIGAM SOLN 86	brimonidine tartrate 0.1 %, 0.15 % 84	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ... 8
BLINCYTO 27	brimonidine tartrate 0.2 % 84	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG 8
BONJESTA TBCR 21	brimonidine tartrate-timolol maleate . 83	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 8
BONSITY SOPN 560 MCG/2.24ML 52	BRIUMVI 88	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG 8
BOOSTRIX SUSP 90	brivaracetam SOLN IV 50 MG/5ML 13	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG 8
BOOSTRIX SUSY 90	BRIXADI (WEEKLY) SOSY 7	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG 8
bortezomib SOLR IJ 28	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML 7	buprenorphine hcl-naloxone hcl PTWK 8
bosentan TABS 37	bromfenac sodium (ophth) 0.09 % .85	bupropion hcl (smoking deterrent) 89
bosutinib TABS 100 MG, 500 MG .28	bromocriptine mesylate CAPS 30	bupropion hcl TABS 15
BOTOX IJ 82	bromocriptine mesylate TABS 2.5 MG 30	
BPROTECTED PEDIA POLY-VITE SOLN PO 79	brompheniramine & phenyleph ELIX . 41	
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bupropion hcl TB12 150 MG15	calcipotriene-betamethasone dipropionate OINT 45	captopril & hydrochlorothiazide ... 24
bupropion hcl TB12 200 MG15	calcipotriene-betamethasone dipropionate SUSP 45	captopril 23
bupropion hcl TB24 150 MG15	calcitonin (salmon) IJ 52	CARAC CREA (fluorouracil (topical)) 44
bupropion hcl TB24 300 MG15	calcitonin (salmon) NA52	CARBAGLU (carglumic acid) 53
bupropion hcl TB24 450 MG15	calcitriol CAPS 53	carbamazepine CHEW 100 MG ... 13
buspirone hcl 10	calcium acetate (phosphate binder) CAPS56	carbamazepine CHEW 200 MG ... 13
butalbital-acetaminophen TABS 50 MG-325 MG 6	calcium acetate (phosphate binder) TABS56	carbamazepine CP1213
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 6	CALCIUM ACETATE75	carbamazepine SUSP 13
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG6	calcium carbonate (antacid) CHEW 500 MG9	carbamazepine TABS13
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG7	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG75	carbamazepine TB12 13
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BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)17	CANASA SUPP (mesalamine)55	carbidopa-levodopa TABS30
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)17	candesartan cilexetil 24	carbidopa-levodopa TBCR 30
CABOMETYX TABS28	candesartan cilexetil- hydrochlorothiazide 24	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 26
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)37	capecitabine26	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) 36
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calcipotriene CREA44	CAPLYTA30	CAREONE LANCET THIN 23G ...62
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	capsaicin CREA 0.035 %48	CARESTART COVID-19 HOME TEST KIT 50
		CARETOUCH ALCOHOL PREP .69
		CARETOUCH SAFETY LANCETS

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CARETOUCH SAFETY LANCETS	cefpodoxime proxetil TABS38	chlorhexidine gluconate (mouth-throat)76
26G62	cefprozil SUSR38	chloroquine phosphate TABS 250 MG25
CARETOUCH TWIST LANCETS	cefprozil TABS38	chloroquine phosphate TABS 500 MG25
28G62	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG38	chlorpheniramine maleate SYRP ..22
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carisoprodol TABS 350 MG80	CEQUA SOLN84	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT96
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carvedilol phosphate35	cetirizine hcl CHEW22	cholestyramine light POWD22
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CASTIVA WARMING LOTN48	cetirizine hcl SYRP PO 1 MG/ML ..22	cholestyramine POWD22
CAYSTON25	cetirizine hcl TABS22	CHORIONIC GONADOTROPIN IM 52
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cefadroxil TABS37	CHEMSTRIP K STRP50	
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cefdinir SUSR38		
cefixime CAPS38		
cefixime SUSR38		

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cimetidine TABS 300 MG, 400 MG 91	CLEVER CHOICE HOLDING CHAMBER DEVI71	clobetasol propionate emulsion ...45
cimetidine TABS 800 MG91	CLEVER CHOICE LANCETS 21G 63	clobetasol propionate FOAM 45
cinacalcet hcl53	CLEVER CHOICE LANCETS 23G 63	clobetasol propionate GEL 0.05 % 46
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CINRYZE SOLR IV57	CLEVER CHOICE LANCETS 28G 63	clobetasol propionate LOTN46
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ciprofloxacin hcl (otic)86	clindamycin phosphate (topical) GEL 42	clobetasol propionate SOLN 0.05 % . 46
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citalopram hydrobromide CAPS 30 MG15	clindamycin phosphate-tretinoin .. 42	clonidine hcl (adhd) TB122
citalopram hydrobromide SOLN ... 15	CLINDESSE95	clonidine hcl TABS24
citalopram hydrobromide TABS ... 15	CLINITEST RAPID COVID-19 TEST KIT50	clopidogrel bisulfate 300 MG 58
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		clozapine TBDP31

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COAGADEX	57	COMFORT TOUCH ALCOHOL PREP	69	CORIFACT	57
COAGUCHEK LANCETS	63	COMFORT TOUCH LANCETS 31G . 63		CORTISONE ACETATE TABS	40
coal tar extract SHAM 0.5 %	50	COMFORT TOUCH PLUS LANCETS 28G	63	CORTROPHIN GEL	52
COARTEM	25	COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX (300 MG DOSE) SOSY . 44	
COBAS LIAT SARS-COV-2 ASSAY . 50		COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SENSOREADY (300 MG) SOAJ	44
COBAS LIAT SARS-COV-2 CONTROL	50	COMFORT TOUCH TWIST LANCET 30G	63	COSENTYX SENSOREADY PEN SOAJ	44
COBENFY CAPS	31	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	93	COSENTYX SOLN	44
COBENFY STARTER PACK CPPK 31		COMIRNATY SUSP	93	COSENTYX SOSY	44
codeine sulfate TABS 30 MG	6	COMIRNATY SUSY	93	COSENTYX UNOREADY SOAJ ..	44
CODEINE SULFATE TABS	6	COMIRNATY SUSY	93	cosyntropin SOLR	50
colchicine TABS	56	COMIRNATY SUSY	93	COTELLIC	28
colchicine w/ probenecid	56	COMPACT SPACE CHAMBER DEVI	71	COVID-19 AT HOME ANTIGEN TEST KIT	50
colestipol hcl GRAN	23	COMPACT SPACE CHAMBER/LG MASK DEVI	71	COVID-19 AT-HOME TEST KIT ...	50
colestipol hcl TABS	23	COMPACT SPACE CHAMBER/MED MASK DEVI	71	COVID-19 OTC ANTIGEN 1-PACK KIT	50
COLLAVERA GEL 2 %	48	COMPACT SPACE CHAMBER/MED MASK DEVI	71	COVID-19 OTC ANTIGEN 2-PACK KIT	50
COMBIGAN (brimonidine tartrate- timolol maleate)	83	COMPACT SPACE CHAMBER/SM MASK DEVI	71	CREON CPEP	51
COMBIPATCH PTTW	54	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	32	CRINONE GEL	96
COMBIVENT RESPIMAT AERS ..	12	CONCERTA TBCR (methylphenidate hcl)	2	cromolyn sodium (nasal) 5.2 MG/ACT	81
COMETRIQ (100 MG DAILY DOSE) KIT	28	CONDOMS-MISC	61	cromolyn sodium (ophth)	85
COMETRIQ (140 MG DAILY DOSE) KIT	28	CONJUPRI (levamlodipine maleate) 36		cromolyn sodium NEBU	10
COMETRIQ (60 MG DAILY DOSE) KIT	28	CONZIP CP24 (tramadol hcl)	6	CRYSVITA	53
COMFORT ASSURED LANCETS 28G	63	COPAXONE SOSY (glatiramer acetate)	88	CTEXLI TABS PO 250 MG	55
COMFORT ASSURED LANCETS		COREG CR (carvedilol phosphate)		CULTURELLE DIGESTIVE DAILY CAPS	20
				CULTURELLE KIDS CHEW	19

CULTURELLE KIDS PURELY CHEW	19	CYLTEZO-CD/UC/HS STARTER AJKT	4	DARAPRIM (pyrimethamine)	25
CURITY ALCOHOL PREPS	69	CYLTEZO-PSORIASIS/UV STARTER AJKT	4	darifenacin hydrobromide	92
CUVITRU SOLN	86	CYMBALTA CPEP 20 MG, 30 MG (duloxetine hcl)	16	darunavir TABS	32
CVS ALCOHOL PREP PADS	69	CYMBALTA CPEP 60 MG (duloxetine hcl)	16	DARZALEX	27
CVS COVID-19 AT HOME TEST KIT	50	cyproheptadine hcl SYRP	22	dasatinib	28
CVS LANCETS ORIGINAL	63	cyproheptadine hcl TABS	22	daunorubicin hcl SOLN 50 MG/10ML 28	
CVS LANCETS THIN 26G	63	CYRAMZA	26	DAURISMO	27
CVS LICE-BEDBUG-MITE AERO 0.5 %	49	CYSTAGON CAPS	56	DAYHIST ALLERGY 12 HOUR RELIEF TABS	22
CVS PREP	69	CYSTARAN	85	decitabine	26
CVS ULTRA THIN LANCETS	63	cytarabine SOLN	26	deferasirox PACK	20
cyanocobalamin SOLN IJ 1000 MCG/ML	58	CYTOGAM SOLN	86	deferasirox TABS	20
cyclobenzaprine hcl CP24	80	CYTRA K CRYSTALS PACK 1002 MG-3300 MG	56	deferasirox TBSO	20
cyclobenzaprine hcl TABS 5 MG, 10 MG	80	dabigatran etexilate mesylate CAPS . 13		deferiprone TABS	20
cyclobenzaprine hcl TABS 7.5 MG 80		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	deferoxamine mesylate	20
CYCLOGYL 0.5 %	84	dalfampridine	88	DEFITELIO	58
cyclopentolate hcl 1 %	84	DANTRIUM CAPS 25 MG (dantrolene sodium)	80	deflazacort SUSP	40
cyclophosphamide CAPS 50 MG ..	26	dantrolene sodium CAPS	80	deflazacort TABS	40
CYCLOPHOSPHAMIDE TABS	26	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	16	DEFLUX	56
cyclosporine (ophth) EMUL	84	dapagliflozin TABS PO 5 MG, 10 MG	19	DELSTRIGO	32
cyclosporine CAPS	75	dapsone	25	DENAVIR (penciclovir)	45
cyclosporine modified (for microemulsion) CAPS	75	DAPTACEL	90	DENGAXIA	93
cyclosporine modified (for microemulsion) SOLN	75			DEPAKOTE SPRINKLES CSDR (divalproex sodium)	14
cyclosporine SOLN IV 50 MG/ML .	76			DEPO-SUBQ PROVERA 104 SUSY SC	40
CYLTEZO (2 PEN) AJKT	4			DERMACINRX BOOSTERVITE TABS	77
CYLTEZO (2 SYRINGE) PSKT	4			DERMACINRX DIGENYX TABS 0.125 MG	91
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%48	DESTRESS-IRON TABS77	dextroamphetamine sulfate CP24 5 MG1
DERMACINRX PROBISOL CAPS .19	DESVENLAFAXINE ER16	dextroamphetamine sulfate SOLN ..1
DERMACINRX PROBITRAN CAPS 19	desvenlafaxine succinate 100 MG .16	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG 1
DERMACINRX SALICYLIC ACID GEL 6 %48	desvenlafaxine succinate 25 MG, 50 MG 16	dextroamphetamine sulfate TABS 5 MG, 10 MG1
DESCOVY 120 MG-15 MG32	DETROL LA CP24 (tolterodine tartrate)92	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML 41
DESCOVY 200 MG-25 MG32	dexamethasone ELIX41	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML 41
desipramine hcl TABS 16	DEXAMETHASONE INTENSOL CONC 40	dextrose (diabetic use) CHEW 4 GM . 17
DESLORATADINE SOLN PO 0.5 MG/ML 22	dexamethasone sodium phosphate (ophth)85	DHIVY TABS30
desloratadine TBDP 22	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML40	DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG 77
desmopressin acetate SOLN IJ ...54	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .41	DIATHRIVE LANCET ULTRA THIN 3063
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desmopressin acetate spray 54	dexamethasone SOLN41	DIATRUST COVID-19 HOME TEST KIT 50
desmopressin acetate spray refrigerated 0.01 %54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..41	diazepam CONC10
desmopressin acetate TABS 54	dexchlorpheniramine maleate SOLN . 22	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML10
desogestrel & ethinyl estradiol38	dexmedetomidine hcl in sodium chloride SOLN 60	diazepam SOLN IJ 5 MG/ML 10
desogestrel-ethinyl estradiol (biphasic)38	dexmedetomidine hcl SOLN 200 MCG/2ML 60	DIAZEPAM SOLN IJ 5 MG/ML 10
desogestrel-ethinyl estradiol (triphasic)38	dexmethylphenidate hcl CP24 2	diazepam SOLN PO 5 MG/5ML ... 10
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diclofenac sodium (ophth) 85	diltiazem hcl CP24 180 MG 36	divalproex sodium CSDR 14
diclofenac sodium (topical) GEL EX 44	diltiazem hcl extended release beads 36	divalproex sodium TB24 14
diclofenac sodium TB24 5	diltiazem hcl TABS 36	divalproex sodium TBEC 14
diclofenac sodium TBEC 5	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 36	docetaxel CONC 160 MG/8ML 29
dicloxacillin sodium 87	dimethyl fumarate CDPK 88	DOCETAXEL CONC 160 MG/8ML 29
dicyclomine hcl CAPS 91	dimethyl fumarate CPDR 88	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 29
dicyclomine hcl SOLN PO 91	diphenhydramine hcl (sleep) CAPS 59	docetaxel SOLN 29
dicyclomine hcl TABS 91	diphenhydramine hcl (sleep) LIQD 59	DOCIVYX SOLN 29
DIFFERIN CREA (adapalene) 42	diphenhydramine hcl (sleep) TABS 25 MG 59	docusate sodium CAPS 100 MG, 250 MG 61
DIFFERIN GEL 0.3 % (adapalene) 42	diphenhydramine hcl (sleep) TABS 50 MG 59	docusate sodium CAPS 50 MG ... 61
DIFFERIN LOTN 42	diphenhydramine hcl (sleep) TABS 50 MG 59	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 61
diflorasone diacetate CREA 46	diphenhydramine hcl CAPS 22	DOCUSATE SODIUM SYRP 61
diflorasone diacetate OINT 46	diphenhydramine hcl ELIX 12.5 MG/5ML 22	docusate sodium TABS 61
diflunisal TABS 6	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 22	dofetilide 10
digoxin SOLN PO 0.05 MG/ML 36	diphenhydramine hcl TABS 25 MG 22	donepezil hydrochloride TABS 23 MG 88
digoxin TABS 125 MCG, 250 MCG 36	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG 60	donepezil hydrochloride TABS 5 MG, 10 MG 88
dihydroergotamine mesylate SOLN NA 4 MG/ML 74	diphenoxylate w/ atropine LIQD ... 20	donepezil hydrochloride TBDP 88
DILANTIN (phenytoin sodium extended) 14	diphenoxylate w/ atropine TABS .. 20	DOPTelet 58
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doxepin hcl (sleep)	60	30G	EASY TOUCH ALCOHOL PREP	
doxepin hcl CAPS 10 MG, 25 MG, 50		DRUG MART UNILET LANCETS	MEDIUM	69
MG, 75 MG, 100 MG	16	33G	EASY TOUCH LANCETS 21G ...	63
doxepin hcl CAPS 150 MG	16	DUETACT (pioglitazone hcl-	EASY TOUCH LANCETS 23G ...	63
doxepin hcl CONC	16	glimepiride)	EASY TOUCH LANCETS 26G ...	63
doxycycline (monohydrate) CAPS 50		DULERA 100 MCG/ACT-5	EASY TOUCH LANCETS 28G ...	63
MG, 100 MG	90	MCG/ACT, 200 MCG/ACT-5	EASY TOUCH LANCETS	
doxycycline (monohydrate) TABS 50		MCG/ACT	28G/TWIST	63
MG, 100 MG	90	12	EASY TOUCH LANCETS 30G ...	63
doxycycline hyclate CAPS	90	duloxetine hcl CPEP 20 MG, 30 MG,	EASY TOUCH LANCETS	
doxycycline hyclate TABS 100 MG		40 MG	30G/TWIST	63
90		duloxetine hcl CPEP 60 MG	EASY TOUCH LANCETS 32G ...	63
doxylamine succinate (sleep)	60	48	EASY TOUCH LANCETS	
doxylamine-pyridoxine TBEC	21	DUPIXENT SOAJ	32G/TWIST	63
droperidol SOLN 2.5 MG/ML	10	DUPIXENT SOSY 200 MG/1.14ML,	EASY TOUCH LANCETS	
DROPLET LANCETS ULTRA THIN		300 MG/2ML	33G/TWIST	63
30G	63	DUPIXENT SOSY 300 MG/2ML ...	EASY TOUCH SAFETY LANCETS	
DROPLET PERSONAL LANCETS		48	21G	63
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DROPSAFE ACTI-LANCE 23G ...	63	dutasteride-tamsulosin hcl	23G	63
DROPSAFE ALCOHOL PREP ...	69	DYANAVEL XR TBCR	EASY TOUCH SAFETY LANCETS	
DROPSAFE MEDLANCE LANCET		1	26G	64
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levomefolate calcium	38	82	EBGLYSS SOAJ	48
DROXIA CAPS	58	E.E.S. GRANULES SUSR	EBGLYSS SOSY	48
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efavirenz-lamivudine-tenofovir disoproxil fumarate	33	ELEVIDYS 32.5-33.4 KG	82	ELEVIDYS 62.5-63.4 KG	82
EFFER-K TBEF 25 MEQ	75	ELEVIDYS 33.5-34.4 KG	82	ELEVIDYS 63.5-64.4 KG	82
ELAPRASE	53	ELEVIDYS 34.5-35.4 KG	82	ELEVIDYS 64.5-65.4 KG	82
ELELYSO	58	ELEVIDYS 35.5-36.4 KG	82	ELEVIDYS 65.5-66.4 KG	82
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ELEVIDYS 10.5-11.4 KG	81	ELEVIDYS 39.5-40.4 KG	82	ELEVIDYS 69.5 KG PLUS	82
ELEVIDYS 11.5-12.4 KG	81	ELEVIDYS 40.5-41.4 KG	82	ELIDEL (pimecrolimus)	48
ELEVIDYS 12.5-13.4 KG	81	ELEVIDYS 41.5-42.4 KG	82	ELIGARD KIT SC 7.5 MG	27
ELEVIDYS 13.5-14.4 KG	81	ELEVIDYS 42.5-43.4 KG	82	ELIGARD SC 22.5 MG, 30 MG, 45 MG	27
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ELEVIDYS 18.5-19.4 KG	81	ELEVIDYS 47.5-48.4 KG	82	ELIQUIS DVT/PE STARTER PACK TBPK	12
ELEVIDYS 19.5-20.4 KG	81	ELEVIDYS 48.5-49.4 KG	82	ELIQUIS TABS	12
ELEVIDYS 20.5-21.4 KG	81	ELEVIDYS 49.5-50.4 KG	82	ELIQUIS TBSO PO 0.5 MG	12
ELEVIDYS 21.5-22.4 KG	81	ELEVIDYS 50.5-51.4 KG	82	ELLA	40
ELEVIDYS 22.5-23.4 KG	81	ELEVIDYS 51.5-52.4 KG	82	ELLEENCE SOLN	28
ELEVIDYS 23.5-24.4 KG	81	ELEVIDYS 52.5-53.4 KG	82	ELLUME COVID-19 HOME TEST KIT	50
ELEVIDYS 24.5-25.4 KG	81	ELEVIDYS 53.5-54.4 KG	82	ELMIRON CAPS	56
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EMBECTA PEN NEEDLE NANO .70	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML79	EPIVIR TABS 150 MG (lamivudine) 33
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HYALGAN SOSY	80	hydrocortisone (topical) OINT 1 % . 47	hydroxyzine pamoate CAPS 25 MG, 100 MG	10
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hydrocortisone (topical) CREA 1 % 46		hydrocortisone vaginal	HYRIMOZ-CROHNS/UC STARTER SOAJ	4
hydrocortisone (topical) CREA 2.5 % 46		96	HYRIMOZ-PED<40KG CROHN STARTER SOSY	4
hydrocortisone (topical) LOTN 1 %		hydrocortisone valerate CREA 47	HYRIMOZ-PED>=40KG CROHN	
		hydrocortisone valerate OINT 47		
		hydrocortisone w/acetic acid 86		
		HYDROMORPHONE HCL SUPP ... 6		
		hydromorphone hcl TABS		
		6		
		hydromorphone hcl TB24		
		6		
		HYDROXATE GEL		
		47		
		HYDROXYM GEL		
		47		
		hydroxyurea		
		29		

START SOSY	4	IDELVION	57	indapamide TABS 1.25 MG, 2.5 MG .	52
HYRIMOZ-PLAQ PSOR/UEIT		IDVYNZO TABS PO	33	INDICAID COVID-19 RAPID TEST	
START SOAJ	4	IGALMI FILM	60	KIT	50
HYRIMOZ-PLAQUE PSORIASIS		IHEALTH COVID-19 RAPID TEST		indomethacin CAPS 25 MG, 50 MG 5	
START SOAJ	4	KIT	50	indomethacin CPCR	5
HY-VEE LANCETS	65	ILEVRO	85	INFANRIX	90
HY-VEE THIN LANCETS	65	ILUVIEN	85	INGREZZA CAPS	88
ibandronate sodium SOLN	52	imatinib mesylate TABS	28	INGREZZA CPSP	88
ibandronate sodium TABS	52	IMBRUVICA CAPS 140 MG	28	INLYTA	26
IBRANCE CAPS 100 MG, 125 MG		IMBRUVICA CAPS 70 MG	28	INNOSPIRE REPLACEMENT	
28		IMBRUVICA TABS	29	FILTER MISC	72
IBSRELA	55	IMCIVREE SOLN SC	53	INPEFA	37
ibuprofen CHEW	5	imipramine hcl TABS	16	INSPIREASE MISC	72
ibuprofen SUSP 50 MG/1.25ML, 100		imipramine pamoate	16	INSPIREASE RESERVOIR BAGS	
MG/5ML, 200 MG/10ML	5	imiquimod 5 %	48	72	
ibuprofen TABS 200 MG, 400 MG,		IMITREX STATDOSE REFILL SOCT		INSULIN GLARGINE-YFGN SOLN	
600 MG, 800 MG	5	4 MG/0.5ML	74	18	
ibuprofen-diphenhydramine citrate		IMITREX STATDOSE REFILL SOCT		INSULIN GLARGINE-YFGN SOPN	
60		6 MG/0.5ML	74	18	
ibuprofen-diphenhydramine hcl ...	60	IMITREX STATDOSE SYSTEM		INSULIN LISPRO (1 UNIT DIAL)	
icatibant acetate SOSY	57	SOAJ 4 MG/0.5ML	74	SOPN	18
ICLUSIG 15 MG, 45 MG	28	IMITREX STATDOSE SYSTEM		INSULIN LISPRO JUNIOR	
ID NOW COVID-19	50	SOAJ 6 MG/0.5ML (sumatriptan		KWIKPEN SOPN	18
ID NOW COVID-19 2.0 CONTROL		succinate)	74	INSULIN LISPRO PROT & LISPRO	
50		IMLYGIC	30	SUPN	18
ID NOW COVID-19 2.0 TEST	50	IMOVAX RABIES SUSR	94	INSULIN LISPRO SOLN IJ	18
ID NOW COVID-19 CONTROL ...	50	IMULDOSA SOLN IV 130 MG/26ML .		INSULIN SYRINGES	70
IDACIO (2 PEN) AJKT	4	55		INTELENCE (etravirine)	33
IDACIO (2 SYRINGE) PSKT	4	IMULDOSA SOSY SC 45 MG/0.5ML,		INTELENCE	33
IDACIO-CROHNS/UC STARTER		90 MG/ML	44	INTELENCE 200 MG (etravirine) ..	33
AJKT	4	IN TOUCH STERILE LANCETS 30G		INTELISWAB COVID-19 RAPID	
IDACIO-PSORIASIS STARTER			65	TEST KIT	51
AJKT	4	INCRELEX	53		

INVEGA HAFYERA31	(ophth))83	(lopinavir-ritonavir)33
INVEGA SUSTENNA31	ITCH RELIEF CREA43	KALYDECO PACK 50 MG, 75 MG 89
INVEGA TRINZA31	itraconazole CAPS21	KALYDECO TABS89
INVOKANA19	itraconazole SOLN22	KANJINTI 420 MG27
IPOL IJ94	ITVISMIA SUSP IT82	KANUMA53
ipratropium bromide (nasal) 0.03 % 81	ivermectin (pediculicide)49	KCENTRA57
ipratropium bromide (nasal) 0.06 % 81	ivermectin9	KEMOPLAT SOLN26
ipratropium bromide hfa 17 MCG/ACT11	IXCHIQ94	KENALOG AERS (triamcinolone acetonide (topical))47
ipratropium bromide SOLN 0.02 % 11	IXEMPRA KIT30	KESIMPTA89
ipratropium-albuterol SOLN12	IXIARO94	ketoconazole (topical) CREA43
irbesartan24	IXINITY SOLR57	ketoconazole (topical) SHAM 2 % .43
irbesartan-hydrochlorothiazide24	IYUZEH SOLN85	KETONE TEST STRP51
irinotecan hcl30	JAKAFI29	ketoprofen CAPS 50 MG, 75 MG ...5
IRON CHEWS PEDIATRIC CHEW 59	JALYN (dutasteride-tamsulosin hcl) . 56	ketoprofen CP245
IRON TABS 28 MG59	JARDIANCE19	ketorolac tromethamine (ophth) 0.4 %85
ISENTRESS CHEW 100 MG33	JASCAYD TABS PO 9 MG, 18 MG 90	ketorolac tromethamine (ophth) 0.5 %85
ISENTRESS CHEW 25 MG33	JENTADUETO TABS16	ketorolac tromethamine TABS5
ISENTRESS PACK33	JEVTANA30	KETOSTIX STRP51
ISENTRESS TABS33	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT57	ketotifen fumarate (ophth) 0.035 % 85
isoniazid SYRP26	JOURNAVX6	KEY-E CHEW96
isoniazid TABS26	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG23	KEYTRUDA27
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG9	JYNNEOS94	KHAPZORY 175 MG29
isosorbide mononitrate TABS9	KADCYLA27	KINNEY LANCETS65
isosorbide mononitrate TB249	KALBITOR58	KINNEY THIN LANCETS65
isotretinoin 10 MG, 20 MG, 40 MG 42	KALETRA SOLN33	KINRIX SUSY90
isradipine CAPS36	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)33	KIRSTY SOLN IJ 100 UNIT/ML ...18
ISTALOL SOLN (timolol maleate	KALETRA TABS 50 MG-200 MG	KIRSTY SOPN SC 100 UNIT/ML ..18

KITABIS PAK (W/ NEBULIZER)	lactobacillus rhamnosus (gg) PACK	LANCETS ULTRA THIN	65
NEBU 300 MG/5ML (tobramycin) ...	23 MG, 5 B CELL, 5 B CELL	LANCETS ULTRA THIN 30G	65
KLOR-CON TBCR 8 MEQ	lactobacillus-inulin CAPS 200 MG,	lanolin (topical) CREA	49
(potassium chloride)	200 MG-10 B CELL, 200 MG-10	LANOLIN XX	87
KLOXXADO LIQD	BILLION, 200 MG-12 BILLION, 200	LANOXIN TABS 125 MCG, 250 MCG	
KOATE SOLR	MG-20 B CELL, 200 MG-20	(digoxin)	37
KOATE-DVI SOLR 500 UNIT, 1000	BILLION, 3 MG-200 MG	lanreotide acetate	54
UNIT	20	LANREOTIDE ACETATE	54
57	lactobacillus-inulin CHEW 200 MG-	lansoprazole CPDR	91
57	10 BILLION, 350 MG-1 GM	lansoprazole TBDD	91
57	20	lanthanum carbonate CHEW	56
57	LACTOVIVE CAPS	LANTUS SOLOSTAR SOPN	18
57	19	lapatinib ditosylate	29
92	lactulose (encephalopathy)	LEDIPASVIR-SOFOSBUVIR TABS	
57	55	34	
57	61	leflunomide	5
25	61	lenalidomide	75
65	LAGEVRIO	LENVIMA (10 MG DAILY DOSE) ..	27
65	35	LENVIMA (12 MG DAILY DOSE) ..	27
65	LAMICTAL ODT KIT (lamotrigine) .	LENVIMA (14 MG DAILY DOSE) ..	27
65	13	LENVIMA (18 MG DAILY DOSE) ..	27
65	LAMICTAL STARTER KIT 25 MG	LENVIMA (20 MG DAILY DOSE) ..	27
65	(lamotrigine)	LENVIMA (24 MG DAILY DOSE) ..	27
65	13	LENVIMA (4 MG DAILY DOSE) ..	27
65	lamivudine SOLN	LENVIMA (8 MG DAILY DOSE) ..	27
65	33	LEQSELVI TABS PO 8 MG	48
65	33	LEQVIO	23
65	33	LESCOL XL TB24 (fluvastatin	
56	33	sodium)	23
40	33	LETAIRIS (ambrisentan)	37
27	33	letrozole	28
27	13		
29	13		
35	13		
35	13		
35	13		
35	13		
35	13		
19	65		
48	65		
48	65		
48	65		
19	65		

leucovorin calcium TABS 5 MG, 25 MG	29	levonorgestrel (emergency oc) 1.5 MG	40	LIQREV SUSP	37
LEUKERAN	26	levonorgestrel-eth estradiol (triphasic)	38	liraglutide	18
LEUKINE SOLR IJ	58	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	38	lisdexamfetamine dimesylate CAPS 1	
leuprolide acetate (3 month) INJ 22.5 MG	28	levonorgestrel-ethinyl estradiol (continuous)	38	lisdexamfetamine dimesylate CHEW . 1	
leuprolide acetate KIT IJ 1 MG/0.2ML	28	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	90	lisinopril & hydrochlorothiazide	24
LEUPROLIDE ACETATE-BUPIVACAINE	28	levothyroxine sodium TABS	90	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	23
levabuterol hcl	12	LEVULAN KERASTICK SOLR	44	LITE TOUCH LANCETS	65
levabuterol hcl 1.25 MG/0.5ML	12	LIALDA TBEC (mesalamine)	55	LITETOUCH LANCETS	65
levabuterol tartrate	12	LIBERTY MEDICAL LANCETS ...	65	LITETOUCH MASK LARGE MISC 72	
levamlodipine maleate	36	LIBTAYO	27	LITETOUCH MASK MEDIUM MISC . 72	
LEVEMIR FLEXPEN SOPN	18	lidocaine CREA 4 %	49	LITETOUCH MASK SMALL MISC .72	
LEVEMIR SOLN	18	LIDOCAINE CREA	49	LITFULO	48
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	14	lidocaine hcl (mouth-throat) 2 % ...	76	lithium	30
levetiracetam TABS	14	lidocaine hcl CREA 3 %	48	lithium carbonate CAPS	30
levetiracetam TB24	14	lidocaine hcl CREA 4 %	49	lithium carbonate TABS	30
levobunolol hcl 0.5 %	83	lidocaine hcl GEL 2 %	49	lithium carbonate TBCR	30
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	53	lidocaine hcl PRSY	49	LITHOBID TBCR (lithium carbonate) . 30	
levocarnitine (metabolic modifiers) TABS	53	lidocaine-prilocaine CREA	49	LIVE BETTER LANCET SUPER THIN	65
levocetirizine dihydrochloride SOLN 22		LIDOMAX GEL 2 %	49	LO LOESTRIN FE TABS	38
levofloxacin (ophth) 0.5 %	84	LILETTA (52 MG)	40	LOCOID LIPOCREAM	47
levofloxacin SOLN PO	54	LINZESS	55	LOCOID LOTN (hydrocortisone butyrate)	47
levofloxacin TABS	54	LIORESAL SOLN IT	80	LOKELMA	76
levoleucovorin calcium SOLN	29	liothyronine sodium TABS	90	LONSURF	28
levoleucovorin calcium SOLR	29	LIPOFEN CAPS (fenofibrate)	23	loperamide hcl CAPS	20
levonorgestrel & eth estradiol TABS				loperamide hcl TABS	20
				lopinavir-ritonavir SOLN	33

lopinavir-ritonavir TABS 25 MG-100 MG	33	LUMIZYME	53	TABS	75
lopinavir-ritonavir TABS 50 MG-200 MG	33	LUNAVIRA CAPS	77	magnesium oxide TABS 400 MG ...	9
LOPRESSOR SOLN PO 10 MG/ML .	35	LUPRON DEPOT (1-MONTH) KIT IM	28	malathion	49
LOPRESSOR TABS 12.5 MG (metoprolol tartrate)	35	LUPRON DEPOT (3-MONTH) KIT IM	28	maraviroc TABS 150 MG	33
loratadine CAPS	22	LUPRON DEPOT (4-MONTH) IM .	28	maraviroc TABS 300 MG	33
loratadine CHEW	22	LUPRON DEPOT (6-MONTH) IM .	28	MATULANE	29
loratadine SOLN	22	LUPRON DEPOT-PED (1-MONTH) .	53	MAVYRET PACK	34
loratadine TABS	22	LUPRON DEPOT-PED (3-MONTH) .	53	MAVYRET TABS	34
loratadine TBDP 10 MG	22	LUPRON DEPOT-PED (6-MONTH) IM	53	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	41
lorazepam CONC	10	lurasidone hcl	30	MAYZENT STARTER PACK TBPK 0.25 MG	89
lorazepam TABS 0.5 MG, 2 MG ...	10	LUTATHERA	29	MAYZENT TABS	89
lorazepam TABS 1 MG	10	LUTRATE DEPOT INJ 22.5 MG ...	28	meclizine hcl CHEW	21
LORBRENA	29	LUZU (luliconazole)	43	meclizine hcl TABS 12.5 MG, 25 MG	21
LOREEV XR CS24	10	LYBALVI	88	MEDICHOICE SAFETY LANCET .	65
losartan potassium & hydrochlorothiazide	24	LYFGENIA	58	MEDICHOICE SAFETY LANCET EXTRA	65
losartan potassium	24	LYRA DIRECT SARS-COV-2 ASSAY	51	MEDICHOICE SAFETY LANCET NORM	65
LOTRONEX (alosetron hcl)	55	LYRA SARS-COV-2 ASSAY	51	MEDLANCE PLUS EXTRA 21G ..	65
lovastatin TABS 10 MG, 20 MG ...	23	LYSODREN	28	MEDLANCE PLUS LITE 25G	65
lovastatin TABS 40 MG	23	LYUMJEV TEMPO PEN SOPN ...	18	MEDLANCE PLUS SPECIAL 0.8MM	65
loxapine succinate	31	LYVISPAH PACK	80	MEDLANCE PLUS SUPERLITE 30G	65
LUCENTIS SOSY	84	MACI	80	MEDLANCE PLUS UNIVERSAL 21G	65
LUCIRA CHECK IT COVID-19 TEST KIT	51	magnesium citrate 1.745 GM/30ML 60		medroxyprogesterone acetate (contraceptive) SUSP IM	40
LUCIRA COVID-19 ALL-IN-ONE KIT 51		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	60	medroxyprogesterone acetate (contraceptive) SUSY IM	40
luliconazole	43	magnesium oxide (mg supplement)			
LUMAVEX CAPS	77				

medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	87	methocarbamol TABS 1000 MG ...	80
mefloquine hcl	25	methocarbamol TABS 500 MG	80
megestrol acetate SUSP	28	methocarbamol TABS 750 MG, 1000 MG	80
megestrol acetate TABS	28	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	26
MEIJER ALCOHOL SWABS	69	methotrexate sodium TABS 2.5 MG	26
MEIJER LANCETS	65	methsuximide	14
MEIJER LANCETS UNIVERSAL 21G	65	methyldopa TABS	24
MEIJER LANCETS UNIVERSAL 30G	65	methylergonovine maleate TABS ..	86
MEIJER LANCETS UNIVERSAL 33G	65	METHYLIN SOLN (methylphenidate hcl)	2
MEKINIST TABS	29	methylphenidate hcl CHEW	2
MEKTOVI	29	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2
melatonin TABS 3 MG, 5 MG	2	methylphenidate hcl CP24 60 MG ..	2
meloxicam TABS	5	methylphenidate hcl CP24	2
melphalan hcl IV	26	methylphenidate hcl CPRC	2
memantine hcl CP24	88	methylphenidate hcl SOLN	2
memantine hcl SOLN	88	methylphenidate hcl TABS	2
memantine hcl TABS	88	methylphenidate hcl TB24	2
MENQUADFI 0.5 ML	92	methylphenidate hcl TBCR 10 MG, 20 MG	2
MENVEO SOLN	92	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
MENVEO SOLR	92	methylphenidate hcl TBCR 45 MG, 63 MG	2
meperidine hcl SOLN PO 50 MG/5ML	6	methylprednisolone TABS 4 MG, 8 MG	41
meperidine hcl TABS 50 MG	6	methylprednisolone TBPk	41
meprobamate	10	methyltestosterone TABS	8
mercaptopurine SUSP 2000 MG/100ML	26		
mercaptopurine TABS	26		
MERILOG SOLN SC 100 UNIT/ML	18		
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	18		
mesalamine ENEM	55		
mesalamine SUPP	55		
mesalamine TBEC 1.2 GM	55		
mesalamine TBEC 800 MG	55		
mesalamine w/ cleanser	55		
mesna SOLN	29		
mesna TABS	29		
MESNEX TABS	29		
METAVAX TABS 1 MG	77		
metaxalone	80		
METAXALONE 640 MG	80		
metformin hcl SOLN	17		
metformin hcl TABS 500 MG, 850 MG, 1000 MG	17		
metformin hcl TABS 625 MG, 750 MG	17		
metformin hcl TB24 500 MG, 1000 MG	17		
metformin hcl TB24 500 MG, 750 MG	17		
methadone hcl TABS 10 MG	7		
methadone hcl TABS 5 MG	7		
methamphetamine hcl	1		
methazolamide TABS	51		
methenamine mandelate	25		
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG .	25		
methimazole TABS	90		

morphine sulfate beads	7	MG-1.7 MG-20 MG-5000 UNIT-18	MYFEMBREE	54
morphine sulfate CP24 10 MG, 20		MG-1.5 MG-30 UNIT	MYGLUCOHEALTH LANCETS 30G	
MG, 30 MG, 50 MG, 60 MG, 80 MG,		MULTIVITAMIN DROPS/IRON SOLN	65	
100 MG	7		MYLERAN TABS	26
morphine sulfate SOLN PO 10		MULTIVITAMIN INFANT &	MYNEPHRON CAPS 1 MG	77
MG/5ML, 20 MG/5ML	7	TODDLER SOLN	MYOBLOC	82
morphine sulfate SOLN PO 20		MULTIVITAMIN	MYRBETRIQ TB24 (mirabegron) ..	92
MG/ML, 100 MG/5ML	7	INFANTS/TODDLERS SOLN 11	NABI-HB SOLN IM	86
morphine sulfate SUPP	7	MG/ML	nabumetone	5
morphine sulfate TABS	7	79	nadolol TABS 20 MG, 40 MG, 80 MG	
morphine sulfate TBCR	7	MULTIVITAMIN PLUS IRON ADULT		35
MOTPOLY XR CP24	14	TABS 60 MG-2 MG-13.5 MG-400	NAGLAZYME	53
MOUNJARO	18	MCG-10 MCG-6 MCG-1.7 MG-20	naloxone hcl LIQD	21
MOVANTIK	55	MG-1500 MCG-10 MG-18 MG-75	naloxone hcl SOCT	21
moxifloxacin hcl (ophth) SOLN OP	84	MG-1.5 MG	naloxone hcl SOLN 0.4 MG/ML ...	21
moxifloxacin hcl TABS	54	78	naloxone hcl SOLN 4 MG/10ML ...	21
MULPLETA	58	MULTI-VITAMIN/IRON TABS 400	naloxone hcl SOSY 0.4 MG/ML ...	21
MULTIPLE VITAMINS TABS-		UNIT-60 MG-2 MG-400 MCG-6	naloxone hcl SOSY 2 MG/2ML	21
ASSORTED BRAND	79	MCG-5000 UNIT-1.7 MG-20 MG-10	naltrexone hcl	21
MULTIPLE VITAMINS TABS-		MG-18 MG-1.5 MG-30 UNIT, 60 MG-	NAMENDA TITRATION PAK TABS	
ASSORTED GENERIC	79	2 MG-400 MCG-400 UNIT-6 MCG-	(memantine hcl)	88
multiple vitamins w/ iron TABS	77	1.7 MG-20 MG-5000 UNIT-10 MG-18	naphazoline w/ pheniramine 0.3 %-	
MULTIPLE VITAMINS W/		MG-1.5 MG-30 UNIT	0.025 %	84
MINERALS TABS-ASSORTED		78	naphazoline w/ pheniramine 0.315	
BRAND	78	mupirocin calcium (topical)	%-0.027 %	84
MULTIPLE VITAMINS W/		43	naproxen sodium TABS 220 MG ...	5
MINERALS TABS-ASSORTED		mupirocin OINT	naproxen sodium TABS 275 MG, 550	
GENERIC	78	43	MG	5
MULTIPLE VITAMINS/IRON TABS		MVASI	naproxen SUSP	5
60 MG-2 MG-400 MCG-1.5 MG-20		27	naproxen TABS	5
MG-6 MCG-10 MG-1.7 MG-400		MVW COMPL FORM PROBIOTIC-	naproxen TBEC	5
UNIT-30 UNIT-18 MG-5000 UNIT, 60		KIDS CPDR	naproxen-esomeprazole magnesium	
MG-2 MG-400 MCG-400 UNIT-6		19		
MCG-1.7 MG-20 MG-5000 UNIT-10		MVW COMPLETE FORMULATION		
MG-18 MG-1.5 MG-30 UNIT, 60 MG-		SOLN		
2 MG-400 MCG-400 UNIT-6 MCG-10		79		
		MYALEPT		
		53		
		mycophenolate mofetil CAPS		
		76		
		mycophenolate mofetil hcl		
		76		
		mycophenolate mofetil SUSR		
		76		
		mycophenolate mofetil TABS		
		76		
		mycophenolate sodium		
		76		
		MYDAYIS CP24 (amphetamine-		
		dextroamphetamine)		
		1		

.....	5	NEULASTA SOLN SC 4 MG/0.4ML	nifedipine TB24 30 MG, 90 MG ...	36	
naratriptan hcl	74	58	nifedipine TB24 60 MG	36	
NARCAN LIQD (naloxone hcl)	21	NEULASTA SOSY	58	nilotinib hcl 50 MG, 150 MG, 200 MG	
NATAZIA	39	NEUPOGEN SOLN	58		29
nateglinide	19	NEUPOGEN SOSY	58	nimodipine CAPS	36
NATPARA	52	nevirapine SUSP	33	NINLARO	29
NATROBA (spinosad)	49	nevirapine TABS	33	nintedanib esylate 100 MG, 150 MG .	90
NAT-RUL DAILY-VITE+IRON TABS		nevirapine TB24 400 MG	33	nisoldipine 8.5 MG, 17 MG, 34 MG	36
60 MG-400 MCG-400 UNIT-6 MCG-		NEXIUM 24HR CPDR			
1.7 MG-20 MG-5000 UNIT-10 MG-18		(esomeprazole magnesium)	91	nitisinone CAPS	53
MG-1.5 MG-2 MG-30 UNIT	78	NEXIUM CPDR 20 MG		nitrofurantoin	25
NEBULIZER AIR TUBE/PLUGS		(esomeprazole magnesium)	91	nitrofurantoin macrocrystal 50 MG,	
MISC	72	NEXIUM PACK 10 MG, 20 MG, 40		100 MG	25
nefazodone hcl	16	MG (esomeprazole magnesium)	91	nitrofurantoin monohyd macro	25
NEFFY SOLN NA	96	NEXIVA CAPS	19	nitroglycerin OINT	9
NEMLUVIO	48	NEXPLANON	40	nitroglycerin PT24	9
neomycin sulfate TABS	3	NGENLA	52	nitroglycerin SUBL	9
neomycin-bacitracin zn-polymyxin	84	niacin (antihyperlipidemic) TBCR	23	NITRO-TIME CPCR 2.5 MG, 6.5 MG,	
neomycin-bacitracin-polymyxin OINT		niacin CPCR 250 MG	97	9 MG	9
43		NIACIN ER CPCR	97	NIVA THYROID TABS	90
neomycin-polymy-dexameth OINT	85	NIACIN ER TBCR	97	NIVESTYM SOLN	58
neomycin-polymy-dexameth SUSP		niacin TABS 500 MG	97	NIVESTYM SOSY	59
0.1 %-3.5 MG/ML-10000 UNIT/ML,		niacin TBCR	97	NIX LICE KILLING SPRAY LIQD XX .	
0.1 %	85	nicardipine hcl CAPS	36	49	
neomycin-polymyxin w/ pramoxine		NICOTINE KIT	89	NIZORAL SHAM	43
43		nicotine polacrilex GUM	89	NORDITROPIN FLEXPPO SOPN	52
neomycin-polymyxin-gramicidin	84	nicotine polacrilex LOZG	89	norelgestromin-ethinyl estradiol	39
neomycin-polymyxin-hc (ophth)	85	nicotine PT24 TD 7 MG/24HR, 14		norethin acet & estrad-fe CAPS	39
neomycin-polymyxin-hc (otic) SOLN		MG/24HR, 21 MG/24HR	89	norethin acet & estrad-fe CHEW	39
86		NICOTROL INHA	89	norethin acet & estrad-fe TABS 1	
neomycin-polymyxin-hc (otic) SUSP		NICOTROL NS SOLN	89	MG-20 MCG-75 MG, 1.5 MG-30	
86		nifedipine CAPS	36	MCG-75 MG	39
NEULASTA ONPRO SOSY 6					
MG/0.6ML	58				

norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG39	NOVAFERRUM PED MULTI VIT- IRON SOLN 10 MG/ML79	NUWIQ SOLR57
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PK TBPB	5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	18	MISC	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	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	18	PARI SOFT PLASTIC PED MASK MISC	72
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OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	44	OZOBAX DS SOLN PO (baclofen)	80	paricalcitol SOLN	53
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		promethazine w/codeine SOLN ...	42	PURE COMFORT SPACER CHAMBER DEVI	73
		promethazine w/codeine SYRP ...	42	PX LANCETS MICROTHIN 33G ..	66
		PRONEB ULTRA FILTER SET MISC	73	PX LANCETS ULTRA THIN 28G ..	66
		propafenone hcl TABS	10	pyrantel pamoate SUSP	9
		propranolol hcl CP24	35	pyrazinamide	26
		propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	35	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	49
		propranolol hcl TABS	35	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	49
		propylthiouracil	90		
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SAPS HEALTH PLUS LANCETS .66	SEMGLEE (YFGN) SOPN19	sildenafil citrate (pulmonary hypertension) TABS 37
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SAPS TWIST TOP LANCETS67	sennosides-docusate sodium TABS 61	SILICONE MASK/INFANT MISC ..73
SAPSCARE TWIST TOP LANCETS 67	SENSILANCE SAFETY LANCETS 21G67	SILICONE MASK/PEDIATRIC MISC . 73
saxagliptin hcl 17	SENSILANCE SAFETY LANCETS 26G67	silodosin56
saxagliptin-metformin hcl17	SENSILANCE SAFETY LANCETS 28G67	silver sulfadiazine 45
SB ALCOHOL PREP69	SEREVENT DISKUS12	SIMBRINZA 84
SB FIB LAX ORANGE POWD 33 % . 60	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)15	simethicone CHEW 80 MG 54
SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %9	sertraline hcl CAPS 150 MG, 200 MG15	simethicone LIQD PO54
SB LANCETS THIN67	sertraline hcl CONC15	simethicone SUSP54
SB LANCETS ULTRA THIN 67	sertraline hcl TABS 15	SIMLANDI (1 PEN) AJKT4
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %49	sevelamer carbonate PACK 56	SIMLANDI (1 SYRINGE) PSKT4
SCHOOLTIME SHAMPOO SHAM 49	sevelamer carbonate TABS56	SIMLANDI (2 PEN) AJKT4
	sevelamer hcl56	SIMLANDI (2 SYRINGE) PSKT4

SIMPLYTHICK EASY MIX	87	SMARTEST LANCETS 28G	67		34
SIMPLYTHICK EASYMIX LEVEL 1 .		SOAANZ TABS 20 MG	51	SOGROYA	53
87		sodium bicarbonate (antacid) TABS		SOLESTA	75
SIMPLYTHICK EASYMIX LEVEL 2 .		325 MG, 650 MG	9	solifenacin succinate TABS	92
87		sodium chloride (gu irrigant) 0.9 %	56	SOLIRIS	57
SIMPLYTHICK EASYMIX LEVEL 3 .		sodium chloride (inhalant) AERS ..	42	SOLUS V2 LANCETS 28G	67
87		sodium chloride (inhalant) NEBU 0.9		SOLUS V2 TWIST LANCETS 30G	
simvastatin TABS 5 MG, 10 MG, 20		%, 7 %	42	67	
MG, 40 MG	23	sodium citrate & citric acid	56	SOLUVITA ACD WITH FLUORIDE	
simvastatin TABS 80 MG	23	sodium fluoride (dental) CREA	76	SOLN	79
SINGLE-LET	67	sodium fluoride (dental) GEL	76	SOMA TABS 250 MG (carisoprodol) .	
sirolimus SOLN	76	sodium fluoride (dental) SOLN 0.2 %		80	
sirolimus TABS	76	76		SOMATULINE DEPOT	54
sitagliptin 25 MG, 50 MG, 100 MG	17	sodium fluoride CHEW	75	SOMAVERT	52
sitagliptin free base-metformin hcl		sodium fluoride SOLN 0.5 MG/ML .	75	SOOTHENEB NBL 100 ADULT	
TABS 1000 MG-50 MG, 500 MG-50		SODIUM FLUORIDE SOLN 0.5		MASK MISC	73
MG	17	MG/ML	75	SOOTHENEB NBL 100 CHILD	
sitagliptin phosphate 25 MG, 50 MG,		sodium oxybate SOLN	88	MASK MISC	73
100 MG	17	sodium phenylbutyrate POWD	53	SOOTHENEB NBL 100 MED CUP	
sitagliptin phosphate-metformin hcl		sodium phenylbutyrate TABS	53	MISC	73
TABS	17	sodium phosphate monobasic-		SOOTHENEB NBL 100 MESH CAP	
SIVEXTRO TABS	25	sodium phosphate dibasic PR 19		MISC	73
SKYLA	40	GM/118ML-7 GM/118ML, 19		sorafenib tosylate	29
SKYRIZI PEN SOAJ	44	GM/197ML-7 GM/197ML, 6		SORBITOL PO 70 %	61
SKYRIZI SOCT	55	GM/133ML-16 GM/133ML, 7		SORILUX FOAM	44
SKYRIZI SOLN	55	GM/118ML-19 GM/118ML, 9.5		sotalol hcl (afib/afll)	36
SKYRIZI SOSY	44	GM/59ML-3.5 GM/59ML	60	sotalol hcl TABS 240 MG	36
SKYSONA	88	sodium polystyrene sulfonate POWD		sotalol hcl TABS 80 MG, 120 MG,	
SKYTROFA	53	76		160 MG	36
SM ADVANCED PROBIOTIC CAPS .		sodium polystyrene sulfonate SUSP		SOTYKTU	44
20		CO 15 GM/60ML	76	SOVALDI PACK	34
SM ALCOHOL PREP	69	SOFIA SARS ANTIGEN FIA	51	SOVALDI TABS	34
SM IPECAC SYRUP	20	SOFIA2 SARS ANTIGEN FIA	51	SPEEDY SWAB COVID-19	
		SOFOSBUVIR-VELPATASVIR TABS			

ANTIGEN KIT	51	600 MG-5 MG-45 MCG-400 MCG-12	sulfacetamide sodium w/ sulfur LOTN
SPEVIGO SOLN	44	MCG-15 MG-100 MG-20 MG-27 MG-	10 %-5 %
SPEVIGO SOSY	44	15 MG-30 UNIT	78
SPIKEVAX 6M-11Y SUSY 25		STRESS FORMULA/IRON TABS .	78
MCG/0.25ML	95	STRESS FORMULA/IRON/ENERGY	
SPIKEVAX SUSP	95	TABS	78
SPIKEVAX SUSY	95	STRIBILD	34
spinosad	49	STROMECTOL (ivermectin)	9
SPINRAZA	82	SUBLOCADE SOSY	8
SPIRIVA HANDIHALER CAPS IN		SUBOXONE FILM SL 0.5 MG-2 MG	
(tiotropium bromide)	11	(buprenorphine hcl-naloxone hcl	
spironolactone & hydrochlorothiazide		dihydrate)	8
.....	51	SUBOXONE FILM SL 1 MG-4 MG	
spironolactone TABS	52	(buprenorphine hcl-naloxone hcl	
STAMARIL SUSR	95	dihydrate)	8
stannous fluoride CONC	76	SUBOXONE FILM SL 2 MG-8 MG	
STARJEMZA SOLN IV 130		(buprenorphine hcl-naloxone hcl	
MG/26ML	55	dihydrate)	8
STARJEMZA SOSY SC 45		SUBOXONE FILM SL 3 MG-12 MG	
MG/0.5ML, 90 MG/ML	44	(buprenorphine hcl-naloxone hcl	
STEQEYMA	44	dihydrate)	8
STEQEYMA SC	44	SUBVENITE SUSP PO 10 MG/ML	
STERILANCE TL	67	14	
STERILE DILUENT FLOLAN PH 12		SUCRAID	51
87		sucrafate SUSP	91
STIMUFEND	59	sucrafate TABS	91
STIOLTO RESPIMAT	12	SUDAFED CHILDRENS LIQD	81
STIVARGA	29	SUDAFED PE CHILDRENS SOLN	
STOP LICE AERO 0.5 %	50	81	
STOP LICE STEP 3 AERO 0.5 %	50	SULAR 8.5 MG, 17 MG, 34 MG	
STRENSIQ	53	(nisoldipine)	36
STRESS B COMPLEX/IRON TABS		sulfacetamide sodium (acne)	43
		sulfacetamide sodium (ophth) SOLN .	84
		sulfacetamide sodium LIQD	45
		sulfacetamide sodium w/ sulfur LOTN	
		10 %-5 %	43
		sulfacetamide sodium w/ sulfur SUSP	
		10 %-5 %	43
		sulfacetamide sod-prednisolone	
		SOLN	85
		sulfamethoxazole-trimethoprim SUSP	
			25
		sulfamethoxazole-trimethoprim TABS	
			25
		sulfasalazine TABS	55
		sulfasalazine TBEC	55
		sulindac TABS	5
		sumatriptan	74
		sumatriptan succinate SOAJ 4	
		MG/0.5ML	74
		sumatriptan succinate SOAJ 6	
		MG/0.5ML	74
		sumatriptan succinate SOCT 4	
		MG/0.5ML	74
		sumatriptan succinate SOCT 6	
		MG/0.5ML	74
		sumatriptan succinate SOLN 6	
		MG/0.5ML	74
		sumatriptan succinate TABS	74
		sumatriptan-naproxen sodium	74
		sunitinib malate	29
		SUNLENCA SOLN	34
		SUNLENCA TABS PO 300 MG ...	34
		SUNLENCA TBPK 300 MG	34
		SUPARTZ FX SOSY	80
		SUPER THIN LANCETS	67
		SUPPRELIN LA	53

SURE COMFORT ALCOHOL PREP69	SYNTHROID TABS (levothyroxine sodium)90	TDVAX SUSP91
SURE COMFORT LANCETS 18G 67	SYNVISC ONE SOSY80	TECENTRIQ27
SURE COMFORT LANCETS 21G 67	SYNVISC SOSY80	TECHLITE AST LANCETS67
SURE COMFORT LANCETS 23G 67	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 MG78	TECHLITE LANCETS67
SURE COMFORT LANCETS 28G 67	TAB-A-VITE/IRON/BETA CAROTENE TABS78	TECHLITE LANCETS 26G67
SURE COMFORT LANCETS 30G 67	TABLOID26	TEGLUTIK SUSP81
SUREBIOTIC PROBIOTIC SUPPORT CAPS20	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)47	TEGRETOL-XR TB12 (carbamazepine)14
SURELITE LANCETS67	tacrolimus (topical) OINT 0.03 % ..48	TEGSEDI89
SYLVANT76	tacrolimus (topical) OINT 0.1 % ..48	telmisartan24
SYMBICORT (budesonide- formoterol fumarate dihydrate)12	tacrolimus CAPS76	telmisartan-amlodipine24
SYMBRAVO TABS PO74	tacrolimus CP24 0.5 MG, 1 MG, 5 MG76	telmisartan-hydrochlorothiazide ...24
SYMDEKO89	tacrolimus SOLN 5 MG/ML76	temazepam 15 MG, 30 MG60
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)34	tadalafil (pulmonary hypertension) TABS37	temazepam 22.5 MG60
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)34	TADLIQ SUSP37	temazepam 7.5 MG60
SYMTUZA34	TAFINLAR CAPS29	TEMODAR SOLR26
SYNAGIS SOLN87	TAGRISSO27	temozolomide CAPS26
SYNALAR CREA (fluocinolone acetoneide)47	TAKHZYRO SOLN58	temsirolimus29
SYNALAR OINT (fluocinolone acetoneide)47	TALTZ SOSY44	TENIVAC SUSP 2 LFU-5 LFU91
SYNAREL53	TALZENNA 0.25 MG, 1 MG29	tenofovir disoproxil fumarate TABS 34
SYNBIARA CAPS20	tamoxifen citrate TABS28	terazosin hcl24
SYNOJOYNT SOSY80	tamsulosin hcl56	terbinafine hcl (topical) CREA43
SYNOVEXA CAPS20	TASCENSO ODT89	terbinafine hcl TABS21
	tasimelteon CAPS60	terbutaline sulfate TABS12
	TAVALISSE57	terconazole vaginal CREA 0.4 % ..96
	tazarotene CREA44	terconazole vaginal CREA 0.8 % ..96
		terconazole vaginal SUPP96
		teriparatide SOPN52
		TERIPARATIDE SOPN52
		TESTOPEL PLLT8

testosterone cypionate SOLN IM 200 MG/ML	8	thioridazine hcl	32	TIVICAY PD TBSO	34
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	thiothixene	32	TIVICAY TABS 50 MG	34
testosterone GEL TD 1 %	8	THRESHOLD IMT MISC	73	tizanidine hcl CAPS 8 MG	80
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	8	THROMBATE III 500 UNIT	58	tizanidine hcl CAPS	80
testosterone GEL TD 10 MG/ACT ..	8	THYMOGLOBULIN	76	tizanidine hcl TABS	80
testosterone SOLN	8	THYROGEN 0.9 MG	50	TM-VITE RX TABS 1 MG	77
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	91	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	90	TOBI NEBU (tobramycin)	3
tetrabenazine	88	tiagabine hcl 12 MG, 16 MG	14	TOBRADEX OINT	85
tetracaine hcl (ophth)	85	tiagabine hcl 2 MG, 4 MG	14	tobramycin (ophth) SOLN	84
TETRACAINE HCL 0.5 %	85	TIBSOVO	29	tobramycin NEBU	3
tetrahydrozoline hcl (ophth) 0.05 %	84	ticagrelor 60 MG, 90 MG	58	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3
TEZSPIRE SOAJ	10	TICOVAC	95	tobramycin sulfate SOLR	3
TEZSPIRE SOSY	10	TIGLUTIK SUSP	81	tobramycin-dexamethasone SUSP	85
THALOMID 50 MG, 100 MG, 200 MG	75	timolol maleate (ophth) SOLG 0.25 %	83	TOBREX OINT	84
THEO-24 CP24 100 MG	12	timolol maleate (ophth) SOLN 0.5 % .	83	TODAYS HEALTH THIN LANCETS 28G	67
THEO-24 CP24 200 MG, 300 MG, 400 MG	12	timolol maleate (ophth) SOLN	83	TODAYS HEALTH THIN LANCETS 30G	67
theophylline ELIX	12	timolol maleate TABS	36	tofacitinib citrate SOLN 1 MG/ML ...	3
theophylline SOLN	12	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	83	TOFIDENCE	5
theophylline TB12 100 MG, 200 MG, 300 MG	12	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	83	tolmetin sodium CAPS	5
theophylline TB12 450 MG	12	tioconazole vaginal 6.5 %	96	tolmetin sodium TABS	5
theophylline TB24	12	tiopronin TABS	56	tolnaftate CREA	43
thiamine hcl TABS	97	tiotropium bromide CAPS IN 18 MCG	11	tolterodine tartrate CP24	92
thiamine mononitrate TABS 100 MG .	97	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	90	tolterodine tartrate TABS	92
				tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	54
				tolvaptan TABS	54
				tolvaptan TBPK	54

TOPAMAX SPRINKLE CPSP (topiramate)	14	tramadol hcl TABS 50 MG	7	TRETTEN	57
TOPICORT CREA 0.05 % (desoximetasone)	47	tramadol hcl TB24	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	26
TOPICORT CREA 0.25 % (desoximetasone)	47	tramadol-acetaminophen	7	TREXIMET (sumatriptan-naproxen sodium)	74
TOPICORT GEL (desoximetasone) 47		trandolapril 1 MG, 2 MG	24	triamcinolone acetonide (mouth) ..	76
TOPICORT SPRAY LIQD (desoximetasone)	47	trandolapril 4 MG	24	triamcinolone acetonide (topical) AERS	47
topiramate CPSP 15 MG, 25 MG ..	14	trandolapril-verapamil hcl	24	triamcinolone acetonide (topical) CREA 0.025 %	47
topiramate CPSP 50 MG	14	tranexamic acid TABS	59	triamcinolone acetonide (topical) CREA 0.1 %	47
topiramate SOLN 25 MG/ML	14	tranylcypromine sulfate	15	triamcinolone acetonide (topical) CREA 0.5 %	47
topiramate TABS 25 MG	14	TRAVATAN Z SOLN (travoprost) ..	86	triamcinolone acetonide (topical) LOTN	47
topiramate TABS 50 MG, 100 MG, 200 MG	14	TRAVEL LANCETS ADVANCED 28G	67	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	47
topotecan hcl SOLN	30	travoprost SOLN	86	triamcinolone acetonide (topical) OINT 0.05 %	47
topotecan hcl SOLR	30	trazodone hcl TABS 300 MG	16	triamcinolone acetonide (topical) OINT 0.5 %	47
toremifene citrate	28	trazodone hcl TABS 50 MG, 100 MG, 150 MG	16	triamcinolone acetonide-dimethicone- silicone	47
torsemide TABS 20 MG	51	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	28	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	51
torsemide TABS 5 MG, 10 MG, 100 MG	51	TRELSTAR MIXJECT 3.75 MG ...	28	triamterene & hydrochlorothiazide TABS	51
TOVIAZ (fesoterodine fumarate) ..	92	TREMFYA PEN SOAJ SC 200 MG/2ML	55	triazolam	60
TPOXX CAPS	35	TREMFYA SOLN IV	55	trientine hcl 250 MG	75
TRACLEER TABS (bosentan)	37	TREMFYA SOSY SC 200 MG/2ML 55		trifluoperazine hcl TABS	32
TRADJENTA	17	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	55	trihexyphenidyl hcl SOLN	30
tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	treprostinil SOLN IJ	37	trihexyphenidyl hcl TABS	30
TRAMADOL HCL SOLN (tramadol hcl)	7	tretinoin (chemotherapy)	29	TRIKAFTA TBPK 100 MG-50 MG ..	90
tramadol hcl SOLN	7	tretinoin CREA 0.025 %	43		
tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin CREA 0.05 %, 0.1 %	43		
		tretinoin GEL 0.01 %, 0.025 %	43		
		tretinoin GEL 0.05 %	43		
		tretinoin microsphere	43		

TRILEPTAL SUSP (oxcarbazepine) 14	TRULICITY18	ULTRA-CARE LANCETS 30G67
TRILURON SOSY80	TRUMENBA 0.5 ML92	ULTRA-CARE SAFETY LANCETS 30G67
trimethoprim TABS25	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)34	ULTRA-THIN II AUTO LANCET ..67
trimipramine maleate CAPS16	TRYPTYR SOLN OP 0.003 %85	ULTRA-THIN II LANCETS67
TRIPHROCAPS CAPS 1 MG77	TUBING/WING TIP MISC73	UNILET COMFORTOUCH LANCET 67
TRIUMEQ PD TBSO34	TWINRIX SUSY95	UNILET EXCELITE68
TRIUMEQ TABS34	TWIST TOP LANCETS 30G67	UNILET EXCELITE II68
TRIVISC SOSY80	TYBLUME CHEW39	UNILET G.P. LANCET68
TRIVIX 0.1 %-5 %47	TYBOST34	UNILET G.P. SUPERLITE LANCET . 68
TRONVITE TABS 1 MG77	TYENNE SOAJ5	UNILET GP 28 ULTRA THIN68
tropicamide SOLN 0.5 %84	TYENNE SOLN5	UNILET LANCET68
tropicamide SOLN 1 %84	TYENNE SOSY5	UNILET MICRO-THIN 33G68
tropium chloride CP2492	TYPHIM VI SOLN92	UNILET SUPERLITE LANCET ...68
tropium chloride TABS92	TYPHIM VI SOSY92	UNILET SUPER-THIN 30G68
TRUE COMFORT ALCOHOL PREP PADS69	TYRUKO CONC IV 300 MG/15ML 89	UNILET ULTRA-THIN 28G68
TRUE COMFORT PRO ALCOHOL PREP69	UBRELVY74	UNISOM SLEEPMELTS TBDP 25 MG60
TRUE COMFORT SAFETY LANCETS67	UDENYCA ONBODY SOSY59	UNISTIK 168
TRUE COMFORT TWIST TOP LANCETS67	UDENYCA SOAJ59	UNISTIK 268
TRUEPLUS GLUCOSE CHEW17	UDENYCA SOSY59	UNISTIK 2 COMFORT68
TRUEPLUS GLUCOSE ON THE GO CHEW17	ULTICARE ALCOHOL SWABS ..69	UNISTIK 2 EXTRA68
TRUEPLUS LANCETS 26G67	ULTILET ALCOHOL SWABS69	UNISTIK 2 NEONATAL68
TRUEPLUS LANCETS 28G67	ULTILET CLASSIC LANCETS67	UNISTIK 2 NORMAL68
TRUEPLUS LANCETS 30G67	ULTILET LANCETS67	UNISTIK 2 SUPER68
TRUEPLUS LANCETS 33G67	ULTILET SAFETY LANCETS67	UNISTIK 368
TRUEPLUS SAFETY LANCETS 28G67	ULTILET SAFETY LANCETS 23G 67	UNISTIK 3 COMFORT68
	ULTRA THIN LANCETS 31G67	UNISTIK 3 EXTRA68
	ULTRA-CARE ALCOHOL PREP PADS69	UNISTIK 3 GENTLE68

UNISTIK 3 NEONATAL68	MG/0.7ML31	VAQTA95
UNISTIK 3 NORMAL68	UZEDY SUSY 50 MG/0.14ML, 75	VAQTA IM 25 UNIT/0.5ML, 50
UNISTIK CZT COMFORT68	MG/0.21ML, 125 MG/0.35ML31	UNIT/ML95
UNISTIK CZT NORMAL68	VABRINTY KIT SC 7.5 MG28	varenicline tartrate TABS89
UNISTIK NORMAL68	VABRINTY SC 22.5 MG, 30 MG, 45	varenicline tartrate TBPK89
UNISTIK PRO SAFETY LANCET .68	MG28	VARIVAX SUSR95
UNISTIK SAFETY LANCETS 28G	valacyclovir hcl 1 GM35	VAXCHORA93
68	valacyclovir hcl 500 MG35	VAXELIS SUSP91
UNISTIK SAFETY LANCETS 30G	valganciclovir hcl TABS34	VAXELIS SUSY91
68	valproate sodium SOLN PO 250	VAXNEUVANCE93
UNISTIK TOUCH SAFETY LANC	MG/5ML, 500 MG/10ML14	VCF VAGINAL CONTRACEPTIVE
21G68	valproic acid CAPS15	FILM95
UNISTIK TOUCH SAFETY LANC	valrubicin28	VCF VAGINAL CONTRACEPTIVE
23G68	valsartan SOLN24	GEL95
UNISTIK TOUCH SAFETY LANC	valsartan TABS24	VECAMEYL25
28G68	valsartan-hydrochlorothiazide25	VECTIBIX 100 MG/5ML, 400
UNISTIK TOUCH SAFETY LANC	VALTOCO 10 MG DOSE LIQD13	MG/20ML27
30G68	VALTOCO 15 MG DOSE LQPK 7.5	VELENTA CAPS20
UNITUXIN27	MG/0.1ML13	VELSIPITY55
UP4 PROBIOTICS ADULT CAPS .20	VALTOCO 20 MG DOSE LQPK 10	VELTASSA76
urea CREA 40 %48	MG/0.1ML13	VENCLEXTA STARTING PACK
urea LOTN 40 %48	VALTOCO 5 MG DOSE LIQD13	TBPK27
URETRON D/S TABS 81.6 MG ...25	vancomycin hcl CAPS 125 MG ...25	VENCLEXTA TABS27
ursodiol CAPS55	vancomycin hcl CAPS 250 MG ...25	VENLAFAXINE BESYLATE ER ...16
ursodiol TABS 250 MG55	vancomycin hcl SOLR IV 1 GM ...25	venlafaxine hcl CP24 150 MG16
USTEKINUMAB-AAUZ SOSY SC 45	VANCOMYCIN HCL SOLR IV 1 GM .	venlafaxine hcl CP24 37.5 MG16
MG/0.5ML, 90 MG/ML44	25	venlafaxine hcl CP24 75 MG16
USTEKINUMAB-AEKN SOSY SC 45	vancomycin hcl SOLR IV 500 MG .25	venlafaxine hcl TABS16
MG/0.5ML, 90 MG/ML45	VANCOMYCIN HCL SOLR IV 500	venlafaxine hcl TB2416
USTEKINUMAB-TTWE45	MG25	VENTOLIN HFA AERS (albuterol
USTEKINUMAB-TTWE SC45	vancomycin hcl SOLR PO 25 MG/ML	sulfate)12
UZEDY SUSY 100 MG/0.28ML, 150	25	verapamil hcl CP24 100 MG, 120
MG/0.42ML, 200 MG/0.56ML, 250	VANDAZOLE96	

MG, 180 MG, 200 MG, 240 MG ... 36	VIGAFYDE SOLN14	VIVAGUARD LANCETS 30G68
verapamil hcl CP24 300 MG36	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))84	VIVAGUARD SAFETY LANCETS 28G68
verapamil hcl CP24 360 MG36	VIJOICE TBPk76	VIVIMUSTA SOLN26
VERAPAMIL HCL ER CP24 (verapamil hcl)36	VILTEPSO82	VIVITROL21
verapamil hcl TABS36	VIMIZIM54	VIVOTIF93
verapamil hcl TBCR36	VIMOVO (naproxen-esomeprazole magnesium)5	VIZIMPRO27
VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)36	vincristine sulfate30	VOGELXO PUMP GEL TD (testosterone)8
VERELAN CP24 360 MG (verapamil hcl)36	VIRACEPT TABS 250 MG34	VONVENDI57
VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)36	VIRACEPT TABS 625 MG34	VORAXAZE29
VERELAN PM CP24 300 MG (verapamil hcl)36	VIREAD POWD34	VORTEX HOLD CHMBR/MASK/CHILD DEVI73
VERIFINE SAFE LANCET MINI 21G68	VIREAD TABS (tenofovir disoproxil fumarate)34	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..73
VERIFINE SAFE LANCET MINI 23G68	VIREAD TABS34	VORTEX VALVE CHAMBER-PEDI MASK DEVI73
VERIFINE SAFE LANCET MINI 28G68	VISCO-3 SOSY80	VORTEX VALVED HOLDING CHAMBER DEVI73
VERIFINE SAFE LANCET MINI 30G68	VISTOGARD20	VOSEVI34
VERIFINE UNIVERSAL LANCETS 28G68	VISUDYNE85	VPRIV58
VERIFINE UNIVERSAL LANCETS 30G68	VITAMIN D3 LIQD PO 125 MCG/ML . 96	VRAYLAR CAPS30
VERIFINE UNIVERSAL LANCETS 33G68	vitamin e CAPS96	VTAMA45
VESICARE LS SUSP92	VITAMIN E CAPS96	VYNDAMAX37
VEVYE SOLN84	VITAMIN E CHEW96	VYNDAQEL37
VICTOZA (liraglutide)18	VITAMIN E/D-ALPHA CAPS 200 UNIT96	VYONDYS 5382
vigabatrin PACK14	VITAMINS ACD-FLUORIDE SOLN 79	VYSCOXa PO 10 MG/ML5
vigabatrin TABS14	vitamins w/ lipotropics CAPS79	VYVANSE CAPS (lisdexamfetamine dimesylate)1
	VITASURE TABS 1 MG77	VYVANSE CHEW (lisdexamfetamine dimesylate)1
	VITRAKVI CAPS29	WAL-SLEEP Z TBDP 25 MG60
	VITRAKVI SOLN29	WAL-SOM TBDP 25 MG60
	VIVAGUARD LANCETS68	

warfarin sodium TABS	12	XGEVA SOLN	52	YUFLYMA (1 PEN) AJKT	4
WEBCOL ALCOHOL PREP LARGE 69		XIAFLEX	75	YUFLYMA (2 PEN) AJKT	4
WEBCOL ALCOHOL PREP MEDIUM	69	XIGDUO XR TB24 PO (dapagliflozin free base-metformin hcl)	17	YUFLYMA (2 SYRINGE) PSKT	4
WEGOVY	1	XIIDRA	85	YUFLYMA-CD/UC/HS STARTER AJKT	4
WELLPRO 31 CAPS	20	XOFLUZA (40 MG DOSE) 40 MG	35	YUSIMRY	5
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	75	XOFLUZA (80 MG DOSE) 80 MG	35	YUTIQ	85
white petrolatum-mineral oil	83	XOLAIR SOAJ	10	zafirlukast	11
WILATE KIT	57	XOLAIR SOLR	10	zaleplon	60
WINDMILL TRAINER MISC	74	XOLAIR SOSY	10	ZALTRAP	27
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	87	XOPENEX HFA (levalbuterol tartrate)	12	ZANAFLEX CAPS 8 MG (tizanidine hcl)	80
XACIATO GEL	96	XOSPATA	29	ZARXIO	59
XALKORI CAPS	29	XPERT XPRESS SARS-COV-2	51	ZAVZPRET	74
XARELTO STARTER PACK TBPK 12		XPHOZAH	54	ZEGALOGUE SOAJ	17
XARELTO SUSR 1 MG/ML (rivaroxaban)	12	XTANDI CAPS	28	ZEGALOGUE SOSY	17
XARELTO TABS 10 MG, 20 MG	13	XYBIOTIC CAPS	20	ZEGERID CAPS (omeprazole-sodium bicarbonate)	92
XARELTO TABS 15 MG	13	XYNTHA	57	ZEGERID PACK (omeprazole-sodium bicarbonate)	92
XARELTO TABS 2.5 MG (rivaroxaban)	13	XYNTHA SOLOFUSE	57	ZELAC CAPS	20
XCOPRI (250 MG DAILY DOSE) TBPK	14	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	22	ZELBORAF	29
XCOPRI TABS	14	YERVOY	27	ZEMAIRA SOLR 1000 MG	89
XELJANZ SOLN 1 MG/ML (tofacitinib citrate)	3	YESCARTA	27	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	51
XELSTRYM	1	YESINTEK SOLN 45 MG/0.5ML	45	ZEPATIER	34
XENAZINE (tetrabenazine)	88	YESINTEK SOSY	45		
XEOMIN	82	YEZTUGO SOLN 463.5 MG/1.5ML 34			
		YEZTUGO TABS PO 300 MG	34		
		YF-VAX SUSR	95		
		YONDELIS	26		
		YOSPRALA 81 MG-40 MG	58		

ZEPBOUND SOLN	1	ZOLEDRONIC ACID SOLN	52	ZOLGENSMA 6.1-6.5 KG	83
ZEPOSIA STARTER KIT CPPK ...	89	ZOLGENSMA 20.6-21.0 KG	82	ZOLGENSMA 6.6-7.0 KG	83
ZEVALIN Y-90	27	ZOLGENSMA 10.1-10.5 KG	82	ZOLGENSMA 7.1-7.5 KG	83
ZEVRX STERILE ALCOHOL PREP PAD	70	ZOLGENSMA 10.6-11.0 KG	82	ZOLGENSMA 7.6-8.0 KG	83
ZEVRX TWIST TOP LANCETS 30G 68		ZOLGENSMA 11.1-11.5 KG	82	ZOLGENSMA 8.1-8.5 KG	83
ZIAGEN SOLN (abacavir sulfate) .	34	ZOLGENSMA 11.6-12.0 KG	82	ZOLGENSMA 8.6-9.0 KG	83
ZIANA (clindamycin phosphate- tretinoin)	43	ZOLGENSMA 12.1-12.5 KG	82	ZOLGENSMA 9.1-9.5 KG	83
zidovudine CAPS	34	ZOLGENSMA 12.6-13.0 KG	82	ZOLGENSMA 9.6-10.0 KG	83
zidovudine SYRP	34	ZOLGENSMA 13.1-13.5 KG	82	ZOLINZA	29
zidovudine TABS	34	ZOLGENSMA 13.6-14.0 KG	82	zolmitriptan SOLN 2.5 MG	74
ZIEXTENZO	59	ZOLGENSMA 14.1-14.5 KG	82	zolmitriptan TABS	74
zileuton TB12	11	ZOLGENSMA 14.6-15.0 KG	82	zolmitriptan TBDP	75
ZILRETTA SRER	41	ZOLGENSMA 15.1-15.5 KG	83	ZOLOFT CONC (sertraline hcl)	15
ZIMHI SOSY	21	ZOLGENSMA 15.6-16.0 KG	83	ZOLPIDEM TARTRATE CAPS	60
zinc oxide (topical) OINT 20 %	49	ZOLGENSMA 16.1-16.5 KG	83	zolpidem tartrate SUBL	60
zinc sulfate CAPS	75	ZOLGENSMA 16.6-17.0 KG	83	zolpidem tartrate TABS	60
ZINPLAVA	87	ZOLGENSMA 17.1-17.5 KG	83	zolpidem tartrate TBCR	60
ziprasidone hcl	30	ZOLGENSMA 17.6-18.0 KG	83	ZOMIG SOLN	75
ziprasidone mesylate	30	ZOLGENSMA 18.1-18.5 KG	83	ZONISADE SUSP	14
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base- metformin hcl)	17	ZOLGENSMA 18.6-19.0 KG	83	zonisamide CAPS	14
ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin)	17	ZOLGENSMA 19.1-19.5 KG	83	ZORYVE CREA EX	49
ZOLADEX 10.8 MG	28	ZOLGENSMA 19.6-20.0 KG	83	ZORYVE FOAM EX	49
ZOLADEX 3.6 MG	28	ZOLGENSMA 2.6-3.0 KG	83	ZOVIRAX CREA (acyclovir topical) 45	
zoledronic acid CONC	52	ZOLGENSMA 20.1-20.5 KG	83	ZOVIRAX OINT (acyclovir topical) .	45
zoledronic acid SOLN 5 MG/100ML 52		ZOLGENSMA 3.1-3.5 KG	83	ZTALMY	14
		ZOLGENSMA 3.6-4.0 KG	83	ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
		ZOLGENSMA 4.1-4.5 KG	83	ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
		ZOLGENSMA 4.6-5.0 KG	83	ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
		ZOLGENSMA 5.1-5.5 KG	83	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
		ZOLGENSMA 5.6-6.0 KG	83		

ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZULRESSO	15
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	88
ZURNAI IJ 1.5 MG/0.5ML	21
ZURZUVAE	15
ZYDELIG	29
ZYKADIA TABS	29
ZYMFENTRA (1 PEN) AJKT	55
ZYMFENTRA (2 PEN) AJKT	55
ZYMFENTRA (2 SYRINGE) PSKT	55
ZYNTEGLO	58
ZYPREXA RELPREVV	31