

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 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 CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	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 15 MG, 20 MG, 30 MG</i>	1	MP
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	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 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	Generic for Aptensio XR; MP; PA	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	
AZSTARYS	NP	MP	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	2	
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP	Allergenic Extracts		
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	Generic for Focalin XR; MP; PA	ORALAIR SUBL	2	PA
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	Generic for Methylin; MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl CHEW</i>	1	MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl CP24</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>	NP	SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	1	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	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	2	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
HADLIMA SOSY	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP; PA
			AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP; PA
			AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TOFIDENCE	NP	SP; PA
TYENNE SOAJ	2	SP; PA
TYENNE SOLN	2	SP; PA
TYENNE SOSY	2	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1	QL(2 EA daily); PA
<i>diclofenac potassium TABS 50 MG</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP
<i>etodolac CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP
<i>etodolac TB24</i>	1	MP
<i>flurbiprofen TABS</i>	1	MP
<i>ibuprofen CHEW</i>	0	MP
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	0	MP; RX/OTC
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
<i>indomethacin CPCR</i>	1	MP
<i>ketoprofen CAPS 50 MG, 75 MG</i>	1	MP
<i>ketoprofen CP24</i>	1	MP
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS</i>	1	MP
<i>nabumetone</i>	1	MP
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
<i>naproxen-esomeprazole magnesium</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen SUSP</i>	1	MP
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
ORUDIS CAPS 75 MG	2	MP
<i>oxaprozin TABS</i>	1	MP
<i>piroxicam CAPS</i>	1	MP
<i>sulindac TABS</i>	1	MP
<i>tolmetin sodium CAPS</i>	1	MP
<i>tolmetin sodium TABS</i>	1	
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
VYSCOXA PO 10 MG/ML	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	SP; PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP; PA
OTEZLA TABS	2	SP; PA
OTEZLA TBPK	2	SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	NP	SP; PA
ENBREL SURECLICK SOAJ	NP	SP; PA
ENBREL SOLN	NP	SP; PA
ENBREL SOSY	NP	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)
Analgesics Other		
<i>acetaminophen CHEW</i>	0	
<i>acetaminophen ELIX</i>	0	
<i>acetaminophen LIQD 160 MG/5ML</i>	0	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>aspirin CHEW</i>	0	
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
<i>aspirin TABS 325 MG</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin TBEC 81 MG, 325 MG</i>	0	
<i>diflunisal TABS</i>	1	MP
<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
CODEINE SULFATE TABS	2	QL(2 EA daily)
CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	NP	
HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
<i>hydromorphone hcl TB24</i>	1	PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
<i>morphine sulfate beads</i>	NP	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ML daily)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl SOLN</i>	1		<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)	Opioid Partial Agonists		
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP
<i>QDOLO SOLN (tramadol hcl)</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>tramadol hcl SOLN</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>TRAMADOL HCL SOLN (tramadol hcl)</i>	NP				
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)			
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP				
<i>tramadol hcl TB24</i>	1	PA			
<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)			

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

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	PA
ANDROGEL GEL TD 25 MG/2.5GM (<i>testosterone</i>)	NP	
AVEED SOLN	2	SP; PA
FORTESTA GEL TD (<i>testosterone</i>)	NP	PA
<i>methyltestosterone</i> TABS	1	
TESTOPEL PLLT	2	SP; PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(4 ML per 30 day(s) retail)
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
<i>testosterone GEL TD 10 MG/ACT</i>	NP	PA
<i>testosterone GEL TD 1 %</i>	NP	
<i>testosterone SOLN</i>	NP	PA
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	1	QL(420 ML per fill retail)
Rectal Combinations		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	2	QL(48 EA per fill retail)
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	2	QL(12 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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	
Antacids - Magnesium Salts		

Drug Name	Drug Tier	Requirements/ Limits
<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
STROMECTOL (<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 CPCR 2.5 MG, 6.5 MG, 9 MG	2	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	NP	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	NP	
<i>diazepam SOLN IJ 5 MG/ML</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)
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)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	NP	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	QL(0.867 GM daily)	<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	QL(0.867 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	2		PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP		PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)
Leukotriene Modulators			Sympathomimetics		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP	AIRSUPRA	NP	
<i>zafirlukast</i>	1		<i>albuterol sulfate AERS</i>	0	QL(0.57 GM daily)
<i>zileuton TB12</i>	NP		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
OHTUVAYRE	NP	SP	<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
Steroid Inhalants			<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
ASMANEX (14 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
ASMANEX (30 METERED DOSES) AEPB	2		ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
ASMANEX (60 METERED DOSES) AEPB	2		<i>albuterol sulfate SYRP</i>	1	MP
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP		<i>albuterol sulfate TABS</i>	1	
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	BEVESPI AEROSPHERE	NP	
			BREO ELLIPTA	2	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>primidone 125 MG</i>	1		DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
<i>primidone 50 MG, 250 MG</i>	1	MP	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP
<i>rufinamide SUSP</i>	1	SP	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
SUBVENITE SUSP PO 10 MG/ML	NP		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	MP	<i>phenytoin CHEW</i>	1	MP
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	MP	<i>phenytoin SUSP</i>	1	MP
<i>topiramate CPSP 50 MG</i>	NP		Succinimides		
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP	CELONTIN (<i>methsuximide</i>)	2	
<i>topiramate SOLN 25 MG/ML</i>	1		<i>ethosuximide CAPS</i>	1	MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP	<i>ethosuximide SOLN</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP	<i>methsuximide</i>	NP	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	MP	Valproic Acid		
ZONISADE SUSP	NP		DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	MP
<i>zonisamide CAPS</i>	1	MP	<i>divalproex sodium CSDR</i>	NP	MP
ZTALMY	NP		<i>divalproex sodium TB24</i>	1	MP
Carbamates			<i>divalproex sodium TBEC</i>	1	MP
<i>felbamate SUSP</i>	1		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>felbamate TABS</i>	1		<i>valproic acid CAPS</i>	1	MP
XCOPRI (250 MG DAILY DOSE) TBPk	NP		ANTIDEPRESSANTS - Drugs to Treat Depression		
XCOPRI TABS	NP		Alpha-2 Receptor Antagonists (Tetracyclics)		
GABA Modulators			<i>mirtazapine TABS</i>	1	MP
<i>tiagabine hcl 2 MG, 4 MG</i>	NP	MP	<i>mirtazapine TBDP</i>	1	
<i>tiagabine hcl 12 MG, 16 MG</i>	NP		Antidepressant Combinations		
<i>vigabatrin PACK</i>	1	SP; PA	AUVELITY	NP	
<i>vigabatrin TABS</i>	1	SP; PA	Antidepressants - Misc.		
VIGAFYDE SOLN	NP	SP	<i>bupropion hcl TABS</i>	1	MP
Hydantoins					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP	<i>fluoxetine hcl SOLN</i>	1	
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP	<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP	<i>fluoxetine hcl TABS 60 MG</i>	1	
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 450 MG</i>	2		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	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>fluvoxamine maleate TABS</i>	1	
GABA Receptor Modulator - Neuroactive Steroid			<i>paroxetine hcl TABS</i>	1	MP
ZULRESSO	2	SP; PA	<i>paroxetine hcl TB24</i>	1	
ZURZUVAE	NP	SP	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	PA
Monoamine Oxidase Inhibitors (MAOIs)			SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	PA
<i>phenelzine sulfate</i>	1		<i>sertraline hcl CONC</i>	NP	
<i>tranylcypromine sulfate</i>	1		<i>sertraline hcl TABS</i>	1	MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			ZOLOFT CONC (<i>sertraline hcl</i>)	NP	
<i>citalopram hydrobromide CAPS 30 MG</i>	NP		Serotonin Modulators		
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP		EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	
<i>citalopram hydrobromide SOLN</i>	NP		EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	
<i>citalopram hydrobromide TABS</i>	1	MP	<i>nefazodone hcl</i>	1	
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		RALDESY SOLN PO 10 MG/ML	NP	
<i>escitalopram oxalate SOLN</i>	1		<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
<i>escitalopram oxalate TABS</i>	1	MP	<i>trazodone hcl TABS 300 MG</i>	1	
<i>fluoxetine hcl CAPS</i>	1	MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>fluoxetine hcl CPDR</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>protriptyline hcl</i>	1	
CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>trimipramine maleate CAPS</i>	1	
DESVENLAFAXINE ER	2		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP	Alpha-Glucosidase Inhibitors		
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP	<i>acarbose</i>	1	
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>miglitol</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	Antidiabetic Combinations		
VENLAFAXINE BESYLATE ER	NP		<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily); MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP	<i>dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>venlafaxine hcl TABS</i>	1	MP	<i>glipizide-metformin hcl</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	<i>glyburide-metformin</i>	1	MP
Tricyclic Agents			GLYXAMBI	2	
<i>amitriptyline hcl TABS</i>	1	MP	JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>amoxapine</i>	1		<i>pioglitazone hcl-glimepiride</i>	NP	
<i>clomipramine hcl</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>desipramine hcl TABS</i>	1		<i>saxagliptin-metformin hcl</i>	NP	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	
<i>doxepin hcl CAPS 150 MG</i>	1		<i>sitagliptin phosphate-metformin hcl TABS</i>	1	
<i>doxepin hcl CONC</i>	1		<i>sitagliptin phosphate-metformin hcl TB24</i>	1	
<i>imipramine hcl TABS</i>	1		XIGDUO XR TB24 PO (<i>dapagliflozin-metformin hcl</i>)	2	
<i>imipramine pamoate</i>	1				
<i>nortriptyline hcl CAPS</i>	1				
<i>nortriptyline hcl SOLN</i>	1				

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			CULTURELLE KIDS PURELY CHEW	2	
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1		CULTURELLE KIDS CHEW	2	
INVOKANA	NP	MP	DERMACINRX PROBISOL CAPS	2	RX/OTC
JARDIANCE	2	QL(1 EA daily)	DERMACINRX PROBITRAN CAPS	2	RX/OTC
Sulfonylureas			FLORENTA CAPS	2	RX/OTC
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP	FLORRAGUT CAPS	2	RX/OTC
<i>glimepiride 3 MG</i>	1		FLORRAXIS CAPS	2	RX/OTC
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP	LACTEROL CAPS	2	RX/OTC
<i>glipizide TABS 2.5 MG</i>	1		LACTIVITE CAPS	2	RX/OTC
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP	<i>lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL</i>	1	
<i>glipizide TB24</i>	1	MP	LACTOVIVE CAPS	2	RX/OTC
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP	MICROBALANCE CAPS	2	RX/OTC
<i>glyburide TABS</i>	1	MP	MICROFLOR 33 CAPS	2	RX/OTC
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			MICROVARA CPDR	2	RX/OTC
Antidiarrheal/Probiotic Agents - Misc.			MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	RX/OTC
BILAC CAPS	2	RX/OTC	NEXIVA CAPS	2	RX/OTC
BIOCORE DAILY CAPS	2	RX/OTC	NOVIRA CAPS	2	RX/OTC
BIOCORE IMMUNE+ CAPS	2	RX/OTC	NOVORA CAPS	2	RX/OTC
BIOCORE RESTORE CAPS	2	RX/OTC	PROBENTRA CPDR	2	RX/OTC
BIOMEXA CAPS	2	RX/OTC	PROBINATE 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				

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	<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	RX/OTC
<i>probiotic product CPDR</i> 50 MG	1	RX/OTC	<i>lactobacillus-inulin CHEW</i> 200 MG-10 BILLION, 350 MG-1 GM	1	
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	TRUEBALANCE CAPS	2	RX/OTC
PRORIVA CAPS	2	RX/OTC	TRUEFLORA CAPS	2	RX/OTC
RELIBIOTIC CAPS	2	RX/OTC	Antiperistaltic Agents		
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
SYNBIARA CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
SYNOVEXA CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
VELENTRA CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
WELLPRO 31 CAPS	2	RX/OTC	Antidotes - Chelating Agents		
XYBIOTIC CAPS	2	RX/OTC	CHEMET	2	
ZELAC CAPS	2	RX/OTC	<i>deferasirox PACK</i>	1	SP; PA
Antidiarrheal/Probiotic Combinations			<i>deferasirox TABS</i>	1	SP; PA
			<i>deferasirox TBSO</i>	1	SP; PA
			<i>deferiprone TABS</i>	1	SP; PA
			FERRIPROX SOLN	2	SP; PA
			Antidotes and Specific Antagonists		
			ANDEXXA 200 MG	2	SP; PA
			<i>deferoxamine mesylate</i>	1	SP; PA
			SM IPECAC SYRUP	2	
			<i>sugammadex sodium SOLN</i> 200 MG/2ML, 500 MG/5ML	1	PA
			VISTOGARD	2	
			Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP	<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC	Antiemetics - Anticholinergic		
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP	<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP	<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP	Antiemetics - Miscellaneous		
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP	BONJESTA TBCR	2	
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1		DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	2	
<i>naltrexone hcl</i>	0	MP	<i>doxylamine-pyridoxine TBEC</i>	NP	
NARCAN LIQD (<i>naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP	APONVIE EMUL	NP	
REXTOVY LIQD	2		<i>aprepitant CAPS</i>	1	
VIVITROL	0	SP; MP	<i>aprepitant CPPK PO</i>	1	
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP	ANTIFUNGALS - Drugs to Treat Fungal Infections		
ZURNAI IJ 1.5 MG/0.5ML	2		Antifungals		
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>griseofulvin microsize SUSP</i>	1	
5-HT3 Receptor Antagonists			<i>griseofulvin microsize TABS</i>	1	
<i>granisetron hcl TABS</i>	1		<i>griseofulvin ultramicrosize</i>	1	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)	<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)	<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	NP		Imidazole-Related Antifungals		
			<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
			<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>fluconazole TABS 200 MG</i>	1	
			<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
<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>DES Loratadine SOLN PO 0.5 MG/ML</i>	NP	
<i>desloratadine TBP</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 TBP 10 MG</i>	1	
<i>WAL-ZYR CHILDRENS CHEW 5 MG</i>	2	QL(1 EA daily)
<i>XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML</i>	2	RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
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

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 30 MG, 43 MG, 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

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl</i>	1	QL(1 EA daily); MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP	<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 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
ARB LI PO 10 MG/ML	NP		EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	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-10 MG</i>	1	QL(3 EA daily)
<i>clonidine hcl TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>doxazosin mesylate</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>guanfacine hcl</i>	1	MP	<i>telmisartan-amlodipine</i>	1	
<i>methyldopa TABS</i>	1	MP			
<i>prazosin hcl CAPS</i>	1	MP			
<i>terazosin hcl</i>	1	MP			
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)			
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 EA daily); MP			
<i>amlodipine besylate-olmesartan medoxomil</i>	1				
<i>amlodipine besylate-valsartan</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>trandolapril-verapamil hcl</i>	NP	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-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 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DARAPRIM (pyrimethamine)	NP	SP; PA	<i>cyclophosphamide CAPS 50 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)	CYCLOPHOSPHAMIDE TABS	2	
<i>mefloquine hcl</i>	1		EVOMELA IV	2	SP; PA
<i>pyrimethamine</i>	1	SP; PA	LEUKERAN	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>melfalan hcl IV</i>	1	SP; PA
Antimyasthenic/Cholinergic Agents			MYLERAN TABS	2	
FIRDAPSE	2	SP; PA	TEMODAR SOLR	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1		<i>temozolomide CAPS</i>	1	SP; PA
<i>pyridostigmine bromide TBCR</i>	1		VIVIMUSTA SOLN	2	SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			YONDELIS	2	SP; PA
Antimycobacterial Agents			Antimetabolites		
<i>ethambutol hcl TABS</i>	1	MP	<i>azacitidine SUSR</i>	1	SP; PA
<i>isoniazid SYRP</i>	1	MP	<i>capecitabine</i>	1	SP; PA
<i>isoniazid TABS</i>	1	MP	<i>cladribine 10 MG/10ML</i>	1	SP; PA
<i>pyrazinamide</i>	1		<i>cytarabine SOLN</i>	1	SP; PA
<i>rifampin CAPS</i>	1		<i>decitabine</i>	1	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>fludarabine phosphate SOLN</i>	1	SP; PA
Alkylating Agents			<i>fludarabine phosphate SOLR</i>	1	SP; PA
BELRAPZO SOLN	2	SP; PA	FOLOTYN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA	<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	
<i>bendamustine hcl SOLR</i>	1	SP; PA	<i>mercaptopurine TABS</i>	1	
BENDEKA SOLN	2	SP; PA	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1	MP
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA	<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA	<i>pralatrexate</i>	1	SP; PA
			TABLOID	2	SP; PA
			TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
			Antineoplastic - Angiogenesis Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
AVASTIN	2	SP; PA
CYRAMZA	2	SP; PA
INLYTA	2	SP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
ZEVALIN Y-90	2	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI 420 MG	2	SP; PA
PERJETA	2	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		
KYMRIAH	2	SP; PA
PROVENGE	2	SP; PA
YESCARTA	2	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA
<i>gefitinib</i>	1	SP; PA
GILOTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
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
ERLEADA 60 MG	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA CAPS 140 MG	2	SP; PA	BEXLUTRY 370 MBQ/ML	2	SP; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA	LUTATHERA	2	SP; PA
JAKAFI	2	SP; PA	Antineoplastics Misc.		
KYPROLIS	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
LORBRENA	2	SP; PA	<i>bexarotene</i>	1	SP; PA
MEKINIST TABS	2	SP; PA	<i>hydroxyurea</i>	1	MP
MEKTOVI	2	SP; PA	MATULANE	2	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA	PHOTOFRIN	2	SP; PA
NINLARO	2	SP; PA	PROLEUKIN	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
<i>romidepsin SOLR</i>	1	SP; PA	<i>dexrazoxane hcl</i>	1	SP; PA
RUBRACA	2	SP; PA	KHAPZORY 175 MG	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
STIVARGA	2	SP; PA	<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>sunitinib malate</i>	1	SP; PA	<i>levoleucovorin calcium SOLR</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA	<i>mesna SOLN</i>	1	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA	<i>mesna TABS</i>	1	SP; PA
<i>temsirolimus</i>	1	SP; PA	MESNEX TABS	2	SP; PA
TIBSOVO	2	SP; PA	VORAXAZE	2	SP; PA
VITRAKVI CAPS	2	SP; PA	Mitotic Inhibitors		
VITRAKVI SOLN	2	SP; PA	AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	2	SP; PA
XALKORI CAPS	2	SP; PA	<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
XOSPATA	2	SP; PA	DOCETAXEL CONC 160 MG/8ML	2	SP; PA
ZELBORAF	2	SP; PA	<i>docetaxel SOLN</i>	1	SP; PA
ZOLINZA	2	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
ZYDELIG	2	SP; PA	DOCIVYX SOLN	2	SP; PA
ZYKADIA TABS	2	SP; PA			
Antineoplastic Enzymes					
ONCASPARE	2	SP; PA			
Antineoplastic Radiopharmaceuticals					

Drug Name	Drug Tier	Requirements/ Limits
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.25 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

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

Drug Name	Drug Tier	Requirements/ Limits
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Butyrophenones		
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	0	
<i>clozapine TBDP</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1	
ZYPREXA RELPREVV	NP	SP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<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 441 MG/1.6ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
<i>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 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	BIKTARVY 120 MG-30 MG-15 MG	0	
ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)
			COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
			<i>darunavir TABS</i>	0	QL(2 EA daily)
			DELSTRIGO	0	QL(1 EA daily)
			DESCOVY 200 MG-25 MG	0	QL(1 EA daily)
			DESCOVY 120 MG-15 MG	0	
			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 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)
<i>efavirenz-lamivudine-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 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 50 MG-200 MG</i>	0	QL(6 EA daily)
EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 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)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)	<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)
<i>etravirine 200 MG</i>	0	QL(2 EA daily)	<i>nevirapine SUSP</i>	0	QL(40 ML daily)
<i>etravirine 100 MG</i>	0	QL(4 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 (<i>etravirine</i>)	0	QL(4 EA daily)	PIFELTRO	0	QL(1 EA daily)
INTELENCE	0	QL(4 EA daily)	PREZCOBIX	0	QL(1 EA daily)
INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)	PREZCOBIX	0	
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)	PREZISTA SUSP	0	QL(12 ML daily)
ISENTRESS CHEW 25 MG	0	QL(12 EA daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 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 150 MG	0	QL(3 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 625 MG	0	QL(4 EA daily)	MAVYRET TABS	2	SP
VIRACEPT TABS 250 MG	0	QL(9 EA daily)	PEGASYS SOLN	2	SP; PA
VIREAD POWD	0		PEGASYS SOSY	2	SP; PA
VIREAD TABS	0	QL(1 EA daily)	<i>ribavirin (hepatitis c)</i> CAPS	1	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	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	SOFOSBUVIR-VELPATASVIR 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	Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents			<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP
<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)	<i>labetalol hcl TABS 400 MG</i>	1	
<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)	<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP
<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)	<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP
<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)	Beta Blockers Cardio-Selective		
<i>famciclovir</i>	1		<i>acebutolol hcl CAPS</i>	1	MP
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)	<i>atenolol TABS</i>	1	QL(2 EA daily); MP
<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)	<i>betaxolol hcl</i>	1	
Influenza Agents			<i>bisoprolol fumarate 2.5 MG</i>	1	
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)	<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)	LOPRESSOR SOLN PO 10 MG/ML	NP	
<i>oseltamivir phosphate SUSP</i>	1	QL(120 ML per fill retail)	LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	
<i>rimantadine hydrochloride TABS</i>	NP	PA	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP
XOFLUZA (40 MG DOSE) 40 MG	NP		<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP
XOFLUZA (80 MG DOSE) 80 MG	NP		<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP
Misc. Antivirals			<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	1	
LAGEVRIO	0		<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP
TPOXX CAPS	2		Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
Alpha-Beta Blockers			<i>pindolol TABS</i>	NP	MP
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP	<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP	<i>propranolol hcl TABS</i>	1	MP
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/af)</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 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 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 360 MG</i>	NP	QL(1 EA daily); 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 300 MG</i>	NP	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 120 MG, 240 MG</i>	1	QL(1 EA daily); MP	VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP	VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP	VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 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 TABS</i>	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS (<i>ambrisentan</i>)	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 250 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>norelgestromin-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>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>etonogestrel-ethinyl estradiol</i>	0	PV
			Copper Contraceptives - IUD		
			MIUDELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV

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 GEL 2.5 %, 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 LIQD 5 %, 10 %</i>	1	RX/OTC
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1	
Expectorants			BENZOYL PEROXIDE LOTN 5 %, 10 %	2	
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML	2		<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		<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
<i>adapalene GEL</i>	1	RX/OTC	RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ADAPALENE SOLN	2				
AKLIEF	NP				
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			

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

Drug Name	Drug Tier	Requirements/ Limits
neomycin-bacitracin-polymyxin OINT	1	QL(56 EA per fill retail)
neomycin-polymyxin w/ pramoxine	1	QL(28.3 GM per fill retail)
Antifungals - Topical		
ciclopirox SOLN	1	PA
clotrimazole (topical) CREA	1	QL(60 GM per fill retail); RX/OTC
clotrimazole (topical) SOLN	1	QL(60 ML per fill retail); RX/OTC
clotrimazole w/ betamethasone CREA	1	QL(45 GM per fill retail)
clotrimazole w/ betamethasone LOTN	1	QL(30 ML per fill retail)
econazole nitrate CREA	1	QL(85 GM per fill retail)
ketoconazole (topical) CREA	1	QL(60 GM per fill retail)
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per fill retail)
luliconazole	NP	PA
LUZU (luliconazole)	NP	PA
miconazole nitrate (topical) CREA	1	QL(92 GM per fill retail)
NIZORAL A-D 2-IN-1 SHAM 1 %	2	QL(200 ML per fill retail)
NIZORAL ANTI-DANDRUFF SHAM 1 %	2	QL(200 ML per fill retail)
nystatin (topical) CREA	1	QL(30 GM per fill retail)
nystatin (topical) OINT	1	QL(30 GM per fill retail)
nystatin (topical) POWD EX	1	QL(60 GM per fill retail)
nystatin-triamcinolone CREA	1	QL(60 GM per fill retail)
nystatin-triamcinolone OINT	1	QL(60 GM per fill retail)
oxiconazole nitrate CREA	NP	PA
terbinafine hcl (topical) CREA	1	QL(42 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 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 320 MG/2ML	NP	SP; PA
BIMZELX SOAJ 160 MG/ML	NP	SP; PA
BIMZELX SOSY 160 MG/ML	NP	SP; PA
BIMZELX SOSY 320 MG/2ML	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

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
OTULFI SOLN SC 45 MG/0.5ML	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PELLIX SOLN 0.005 % (<i>calcipotriene</i>)	NP	QL(60 ML per fill retail)
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 SC	NP	SP; PA
STEQEYMA	NP	SP; PA
TALTZ SOSY	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)	<i>alclometasone dipropionate CREA</i>	1	
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>alclometasone dipropionate OINT</i>	1	
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>amcinonide CREA</i>	NP	
USTEKINUMAB-TTWE SC	NP	SP; PA	<i>amcinonide OINT</i>	NP	
USTEKINUMAB-TTWE	NP	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per 30 day(s) retail
VTAMA	NP	PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA	<i>betamethasone dipropionate (topical) OINT</i>	1	
YESINTEK SOSY	NP	SP; PA	<i>betamethasone dipropionate augmented CREA</i>	NP	QL(50 GM per fill retail)
Antiseborrheic Products			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)	<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)	<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)	<i>betamethasone valerate CREA</i>	NP	QL(45 GM per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)	<i>betamethasone valerate FOAM</i>	NP	
Antivirals - Topical			<i>betamethasone valerate LOTN</i>	NP	QL(60 ML per fill retail)
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)	<i>betamethasone valerate OINT</i>	NP	QL(45 GM per fill retail)
<i>acyclovir topical OINT</i>	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
DENAVIR (<i>penciclovir</i>)	2		<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>penciclovir</i>	NP		<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	QL(1 GM daily)			
ZOVIRAX OINT (<i>acyclovir topical</i>)	2				
Burn Products					
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)			
Corticosteroids - Topical					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emulsion</i>	1		<i>fluocinolone acetonide CREA</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate FOAM</i>	1		<i>fluocinolone acetonide OINT</i>	NP	
<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 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)	<i>fluocinonide CREA 0.1 %</i>	1	
<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 0.05 %</i>	NP	QL(60 GM per fill retail)	<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)
<i>desoximetasone CREA 0.25 %</i>	NP		<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>HYDRALYN GEL 2 %</i>	NP	
<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)	<i>HYDRAVEX GEL 2 %</i>	NP	
<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	NP		<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>EPIFOAM FOAM</i>	2		<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 EA per fill retail); RX/OTC
			<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)	<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)	<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)
<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC	<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)
<i>hydrocortisone (topical) OINT 0.5 %</i>	1		SANADERMRX SKIN REPAIR 0.1 %-5 %	2	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)	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 0.5 %</i>	1	QL(15 GM per fill retail)
<i>hydrocortisone valerate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 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 0.5 %</i>	1	QL(15 GM per fill retail)
HYDROXYM 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-dimethicone-silicone</i>	1	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIVIX 0.1 %-5 %	2		<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
Eczema Agents			Immunosuppressive Agents - Topical		
ADBRY SOAJ	2	SP; PA	ELIDEL (<i>pimecrolimus</i>)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
ADBRY SOSY	2	SP; PA	<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
ANZUPGO CREA EX 20 MG/GM	NP	PA	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
CIBINQO	NP	SP; PA	<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
DUPIXENT SOAJ	2	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	SP; PA	DERMACINRX	2	QL(40 GM per fill retail)
DUPIXENT SOSY 300 MG/2ML	2	SP; PA	DERMAZENE SPOT GEL 6 %	2	QL(40 GM per fill retail)
EBGLYSS SOAJ	2	SP; PA	DERMACINRX	2	QL(40 GM per fill retail)
EBGLYSS SOSY	2	SP; PA	SALICYLIC ACID GEL 6 %	1	QL(4 ML per fill retail)
OPZELURA	NP	PA	<i>podofilox SOLN</i>	1	QL(40 GM per fill retail)
Emollient/Keratolytic Agents			<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
GORDONS UREA CREA 40 %	2	QL(85.05 GM per fill retail); RX/OTC	Local Anesthetics - Topical		
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC	<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)	<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
Emollients			<i>capsaicin CREA 0.035 %</i>	1	QL(120 ML per fill retail; 120 per fill mail)
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC	CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC	COLLAVERA GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
Hair Growth Agents			DERMACINRX	2	QL(85 GM per fill retail); RX/OTC
LEQSELVI TABS PO 8 MG	NP	SP; PA	LIDOCAINE CREA 3 %		
LITFULO	NP	SP; PA			
Immunomodulating Agents - Systemic					
NEMLUVIO	NP	SP; PA			
Immunomodulating Agents - Topical					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)	BEDDING SPRAY LICE TREATMENT AERO 0.5 %	2	
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail); RX/OTC	CVS LICE-BEDBUG-MITE AERO 0.5 %	2	
<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 ML per fill retail)	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 50 %</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>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)			
<i>metronidazole (topical) LOTN</i>	1				
Scabicides & Pediculicides					

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

Drug Name	Drug Tier	Requirements/ Limits
IHEALTH COVID-19 RAPID TEST KIT	0	
INDICAID COVID-19 RAPID TEST KIT	0	
INTELISWAB COVID-19 RAPID TEST KIT	0	
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	
ON/GO ONE COVID-19 HOME TEST KIT	0	
PILOT COVID-19 AT-HOME TEST KIT	0	
QUICKVUE AT-HOME COVID-19 TEST KIT	0	
QUICKVUE SARS ANTIGEN TEST	0	
RAPID RESPONSE COVID-19	0	
RELION KETONE TEST STRP	2	
SOFIA SARS ANTIGEN FIA	0	
SOFIA2 SARS ANTIGEN FIA	0	
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
XPERT XPRESS SARS-COV-2	0	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

Drug Name	Drug Tier	Requirements/ Limits
Digestive Enzymes		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torseamide TABS 20 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP	<i>ibandronate sodium TABS</i>	1	PA
Potassium Sparing Diuretics			NATPARA	2	PA
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
<i>spironolactone TABS</i>	1	MP	PAMIDRONATE DISODIUM SOLN	2	SP; PA
Thiazides and Thiazide-Like Diuretics			PROLIA SOSY	2	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>risedronate sodium TABS 35 MG</i>	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>risedronate sodium TBEC</i>	NP	
<i>metolazone</i>	1	MP	<i>teriparatide SOPN</i>	1	PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			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) NA</i>	1	QL(4 ML per 30 day(s) retail)	NOVAREL IM 5000 UNIT	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 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
			Growth Hormone Receptor Antagonists		
			SOMAVERT	2	SP; PA
			Growth Hormones		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate POWD</i>	NP	SP; PA	<i>estradiol & norethindrone acetate TABS</i>	1	
<i>sodium phenylbutyrate TABS</i>	NP	SP; PA	MYFEMBREE	2	
STRENSIQ	2	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	0	
VIMIZIM	2	SP; PA	ORIAHNN	2	PA
XPHOZAH	NP	SP	PREMPHASE	2	QL(1 EA daily)
Posterior Pituitary Hormones			PREMPRO	2	QL(1 EA daily)
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)	Estrogens		
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA	<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA	<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)	<i>estradiol TABS</i>	1	MP
Somatostatic Agents			<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	QL(1 EA daily)
<i>lanreotide acetate</i>	1	SP; PA	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
LANREOTIDE ACETATE	2	SP; PA	Fluoroquinolones		
<i>octreotide acetate KIT</i>	1	SP; PA	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>octreotide acetate SOLN</i>	1	SP; PA	CIPRO SUSR	2	
<i>octreotide acetate SOSY</i>	1	SP; PA	<i>levofloxacin SOLN PO</i>	1	
SIGNIFOR	2	SP; PA	<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
SIGNIFOR LAR	2	SP; PA	<i>moxifloxacin hcl TABS</i>	1	
SOMATULINE DEPOT	2	SP; PA	<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)
Vasopressin Receptor Antagonists			GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
<i>tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG</i>	1	SP; PA	Antiflatulents		
<i>tolvaptan TABS</i>	1	SP; PA	GAS RELIEF LIQD PO 40 MG/0.6ML	2	QL(30 ML per fill retail)
<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)			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	1	
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA
OMVOH (300 MG DOSE) SOSY	NP	SP; PA
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SELARSDI SOLN IV 130 MG/26ML	NP	SP
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STARJEMZA SOLN IV 130 MG/26ML	2	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA SOLN IV	NP	SP; PA
TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
VELSIPITY	NP	SP; PA
ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	PA
IBSRELA	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
LINZESS	2	PA
LOTIRONEX (<i>alosetron hcl</i>)	NP	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	2	RX/OTC
<i>ferric citrate</i>	1	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	2	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	2	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	NP	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 EA daily); MP
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
RAPAFLO 4 MG (<i>silodosin</i>)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
<i>tiopronin TABS</i>	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III 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 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/ Limits
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 Sick Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTGLO	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

Drug Name	Drug Tier	Requirements/Limits
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
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYPOZI	NP	SP
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RELEUKO SOSY	NP	SP
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
RYZNEUTA SOSY SC 20 MG/ML	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		

Drug Name	Drug Tier	Requirements/Limits
FERRETT'S TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate TABS</i>	1	MP
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALEVE PM 25 MG-220 MG	2		<i>midazolam hcl SOLN IJ</i>	1	
<i>diphenhydramine hcl (sleep) CAPS</i>	1		MIDAZOLAM HCL SOLN IJ	2	
<i>diphenhydramine hcl (sleep) LIQD</i>	1		RESTORIL 22.5 MG (<i>temazepam</i>)	NP	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1		<i>temazepam 22.5 MG</i>	NP	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)	<i>temazepam 7.5 MG</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1		<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxylamine succinate (sleep)</i>	1		<i>triazolam</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine citrate</i>	1		<i>zaleplon</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine hcl</i>	1		ZOLPIDEM TARTRATE CAPS	NP	
UNISOM SLEEPMELTS TBDP 25 MG	2		<i>zolpidem tartrate SUBL</i>	NP	
WAL-SLEEP Z TBDP 25 MG	2		<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
WAL-SOM TBDP 25 MG	2		<i>zolpidem tartrate TBCR</i>	1	
Barbiturate Hypnotics			Orexin Receptor Antagonists		
<i>phenobarbital ELIX</i>	1		QUVIVIQ	NP	
<i>phenobarbital TABS</i>	1		Selective Melatonin Receptor Agonists		
PHENOBARBITAL TABS	2		<i>ramelteon</i>	1	
Hypnotics - Tricyclic Agents			<i>tasimelteon CAPS</i>	1	SP; PA
<i>doxepin hcl (sleep)</i>	1		LAXATIVES - Bowel Treatment Drugs		
Non-Barbiturate Hypnotics			Bulk Laxatives		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>psyllium CAPS 0.36 GM, 0.52 GM</i>	1	
<i>estazolam</i>	1		<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	1	
<i>eszopiclone</i>	1		SB FIB LAX ORANGE POWD 33 %	2	
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	Electrolyte-based Osmotic Laxatives		
IGALMI FILM	NP		<i>magnesium citrate 1.745 GM/30ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<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		DOCUSATE SODIUM SYRP	2	
Laxative Combinations			<i>docusate sodium TABS</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)	Azithromycin		
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)	<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(15 ML per fill retail)
Laxatives - Miscellaneous			<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(30 ML per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	1		<i>azithromycin TABS 600 MG</i>	1	QL(8 EA per 28 day(s) retail)
<i>lactulose SOLN</i>	1		<i>azithromycin TABS 500 MG</i>	1	QL(4 EA daily)
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)	<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)	Clarithromycin		
SORBITOL PO 70 %	2		<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
Stimulant Laxatives			<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)	<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)	Erythromycins		
<i>sennosides TABS 8.6 MG</i>	1		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
Surfactant Laxatives			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium CAPS 50 MG</i>	1		<i>erythromycin base CPEP</i>	NP	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)	<i>erythromycin base TABS</i>	1	
			<i>erythromycin base TBEC</i>	1	
			<i>erythromycin ethylsuccinate SUSR</i>	1	
			<i>erythromycin ethylsuccinate TABS</i>	NP	
			MEDICAL DEVICES AND SUPPLIES		
			Bandages-Dressings-Tape		

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
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
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
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2	
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC
ADVANTAGE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE LANCET 17G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE LANCET 23G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE LANCET 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ERGOLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ERGOLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ERGOLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE HAEMOLANCE LANCET 1.5	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE HAEMOLANCE LANCET 18G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC			
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE HAEMOLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDISAFE LANCET 23G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDISAFE LANCET 29G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 0.8MM	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY 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	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FONDCIRCLE SINGLE USE LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	FORA LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
			FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SENSILANCE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC	SENSILANCE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC	SENSILANCE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC	SMARTTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
			SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	NP	
SYMBRAVO TABS PO	NP	
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NP	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	
<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN	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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>artificial saliva SOLN</i>	1	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	2	QL(1 EA daily); RX/OTC
LUNAVIRA CAPS	2	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid		
ACTIVITE TABS 1 MG	2	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG</i>	1	QL(1 EA daily); RX/OTC	FLORAVITA MINI TABS	2	QL(1 EA daily); RX/OTC
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	2	QL(1 EA daily); RX/OTC	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
METAVAX TABS 1 MG	2	QL(1 EA daily); RX/OTC	MIREXA TABS	2	QL(1 EA daily); RX/OTC
MI-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	2	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
NUTRIBOOST CAPS 1 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
NUTRIVIO CAPS 1 MG	2	QL(1 EA daily); RX/OTC	MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
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			
TRUEBOOST 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			
DUOVANCE TABS	2	QL(1 EA daily); RX/OTC			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nasal Steroids			ELEVIDYS 17.5-18.4 KG	2	SP; PA
<i>flunisolide (nasal)</i>	NP	QL(25 ML per fill retail)	ELEVIDYS 18.5-19.4 KG	2	SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 GM per fill retail); RX/OTC	ELEVIDYS 19.5-20.4 KG	2	SP; PA
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 20.5-21.4 KG	2	SP; PA
Sympathomimetic Decongestants			ELEVIDYS 21.5-22.4 KG	2	SP; PA
ADRENALIN 0.1 %	2		ELEVIDYS 22.5-23.4 KG	2	SP; PA
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 23.5-24.4 KG	2	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)	ELEVIDYS 24.5-25.4 KG	2	SP; PA
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 25.5-26.4 KG	2	SP; PA
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)	ELEVIDYS 26.5-27.4 KG	2	SP; PA
SUDAFED CHILDRENS LIQD	2		ELEVIDYS 27.5-28.4 KG	2	SP; PA
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)	ELEVIDYS 28.5-29.4 KG	2	SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ELEVIDYS 29.5-30.4 KG	2	SP; PA
ALS Agents			ELEVIDYS 30.5-31.4 KG	2	SP; PA
<i>riluzole TABS</i>	1	PA	ELEVIDYS 31.5-32.4 KG	2	SP; PA
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 32.5-33.4 KG	2	SP; PA
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 33.5-34.4 KG	2	SP; PA
Muscular Dystrophy Agents			ELEVIDYS 34.5-35.4 KG	2	SP; PA
AMONDYS 45	2	SP; PA	ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA	ELEVIDYS 36.5-37.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA	ELEVIDYS 37.5-38.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA	ELEVIDYS 38.5-39.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA	ELEVIDYS 39.5-40.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA	ELEVIDYS 40.5-41.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA	ELEVIDYS 41.5-42.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA	ELEVIDYS 42.5-43.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA	ELEVIDYS 43.5-44.4 KG	2	SP; PA
			ELEVIDYS 44.5-45.4 KG	2	SP; PA
			ELEVIDYS 45.5-46.4 KG	2	SP; PA
			ELEVIDYS 46.5-47.4 KG	2	SP; PA
			ELEVIDYS 47.5-48.4 KG	2	SP; PA
			ELEVIDYS 48.5-49.4 KG	2	SP; PA
			ELEVIDYS 49.5-50.4 KG	2	SP; PA
			ELEVIDYS 50.5-51.4 KG	2	SP; PA
			ELEVIDYS 51.5-52.4 KG	2	SP; PA
			ELEVIDYS 52.5-53.4 KG	2	SP; PA
			ELEVIDYS 53.5-54.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 63.5-64.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 64.5-65.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 65.5-66.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 66.5-67.4 KG	2	SP; PA	ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ELEVIDYS 67.5-68.4 KG	2	SP; PA	ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ELEVIDYS 68.5-69.4 KG	2	SP; PA	ZOLGENSMA 18.1-18.5 KG	2	SP; PA
ELEVIDYS 69.5 KG PLUS	2	SP; PA	ZOLGENSMA 18.6-19.0 KG	2	SP; PA
EXONDYS 51	2	SP; PA	ZOLGENSMA 19.1-19.5 KG	2	SP; PA
VILTEPSO	2	SP; PA	ZOLGENSMA 19.6-20.0 KG	2	SP; PA
VYONDYS 53	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	2	SP; PA
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 20.1-20.5 KG	2	SP; PA
BOTOX IJ	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
DYSPOORT	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
MYOBLOC	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
XEOMIN	2	SP; PA			
Spinal Muscular Atrophy Agents (SMA)					
EVRYSDI PO 5 MG	2	SP			
EVRYSDI	2	SP; PA			
ITVISMASUSP IT	NP	SP; PA			
SPINRAZA	2	SP; PA			
SPINRAZA	2	SP; PA			
ZOLGENSMA 20.6-21.0 KG	2	SP; PA			
ZOLGENSMA 10.1-10.5 KG	2	SP; PA			
ZOLGENSMA 10.6-11.0 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 4.6-5.0 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 9.6-10.0 KG	2	SP; PA	<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
Artificial Tears and Lubricants			<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)	Miotics		
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Beta-blockers - Ophthalmic			Ophthalmic - Angiogenesis Inhibitors		
<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA
<i>brimonidine tartrate-timolol maleate</i>	NP		BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail	EYLEA SOLN	2	SP; PA
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2		LUCENTIS SOSY	2	SP; PA
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)	Ophthalmic Adrenergic Agents		
<i>dorzolamide hcl-timolol maleate</i>	1		ALPHAGAN P (<i>brimonidine tartrate</i>)	2	
<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 0.5 %</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>apraclonidine hcl</i>	NP		<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP		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)	Ophthalmic Integrin Antagonists		
<i>gatifloxacin (ophth)</i>	NP		XIIDRA	2	PA
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Kinase Inhibitors		
<i>levofloxacin (ophth) 0.5 %</i>	1		ROCKLATAN	2	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ML per fill retail)	Ophthalmic Local Anesthetics		
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		TETRACAIN HCL 0.5 %	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)	<i>tetracaine hcl (ophth)</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)	Ophthalmic Nerve Growth Factors		
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	OXERVATE	2	SP; PA
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)	Ophthalmic Photodynamic Therapy Agents		
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)	VISUDYNE	2	SP; PA
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Steroids		
TOBREX OINT	2	QL(4 GM per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)	DEXTENZA INST	2	SP; PA
Ophthalmic Decongestants			EYSUVIS SUSP	NP	
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail	<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
			ILUVIEN	2	SP; PA
			<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)	ILEVRO	NP	
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	NP	QL(5 ML per fill retail)
OZURDEX IMPL	2	SP; PA	<i>ketorolac tromethamine (ophth) 0.4 %</i>	NP	1 max fill(s) per 30 day(s) retail
PRED MILD	2	QL(10 ML per fill retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)	MIEBO	NP	
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)	<i>olopatadine hcl</i>	1	RX/OTC
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)	TRYPTYR SOLN OP 0.003 %	NP	
RETISERT	2	SP; PA	Prostaglandins - Ophthalmic		
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)	<i>bimatoprost SOLN</i>	NP	
TOBRADEX OINT	2	QL(4 GM per fill retail)	IYUZEH SOLN	NP	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	TRAVATAN Z SOLN (<i>travoprost</i>)	2	
YUTIQ	2	SP	<i>travoprost SOLN</i>	NP	
Ophthalmics - Misc.			OTIC AGENTS - Drugs to Treat the Ear		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per fill retail)	Otic Agents - Miscellaneous		
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	1 max fill(s) per 30 day(s) retail	<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)	<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1		Otic Anti-infectives		
<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)	CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
CYSTARAN	2	SP; PA	<i>ciprofloxacin hcl (otic)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)	<i>ofloxacin (otic)</i>	1	QL(10 ML per fill retail; 10 per fill mail)
<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)	Otic Combinations		
DORZOLAMIDE HCL	2	QL(10 ML per fill retail)	<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>epinastine hcl (ophth)</i>	NP		<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)
<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)	<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)
			Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN 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

Drug Name	Drug Tier	Requirements/ Limits
HYPERRHO SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</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)
AMOXICILLIN-POT CLAVULANATE CHEW	2	QL(20 EA per fill retail)
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	

Drug Name	Drug Tier	Requirements/ Limits
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 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 23 MG</i>	1	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 EA daily)
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl CP24</i>	1	
<i>memantine hcl SOLN</i>	NP	QL(10 ML daily)
<i>memantine hcl TABS</i>	NP	QL(1 EA per 28 day(s) retail)
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP
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)
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 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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i>fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS ZUNOVO	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
TYRUKO CONC IV 300 MG/15ML	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	1	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	1	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
JASCAYD TABS PO 9 MG, 18 MG	NP	SP
<i>nintedanib esylate 100 MG, 150 MG</i>	1	SP; PA
OFEV 100 MG, 150 MG (<i>nintedanib esylate</i>)	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>propylthiouracil</i>	1	MP	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL(At least 19 yrs old)
Thyroid Hormones			BOOSTRIX SUSP	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	BOOSTRIX SUSY	0	AL(At least 19 yrs old)
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	MP	DAPTACEL	0	AL(At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	INFANRIX	0	AL(At least 19 yrs old)
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP	KINRIX SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1		PEDIARIX SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	PENTACEL	0	AL(At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	QUADRACEL SUSP	0	AL(At least 19 yrs old)
NIVA THYROID TABS	2	MP	QUADRACEL SUSY	0	AL(At least 19 yrs old)
NP THYROID TABS	2	MP	TDVAX SUSP	0	AL(At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	TENIVAC SUSP 2 LFU-5 LFU	0	AL(At least 19 yrs old)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	MP	TETANUS-DIPHThERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	VAXELIS SUSP	0	AL(At least 19 yrs old)
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	2		VAXELIS SUSY	0	AL(At least 19 yrs old)
TOXOIDS			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Toxoid Combinations			Antispasmodics		
ADACEL SUSP	0	AL(At least 19 yrs old)	DERMACINRX DIGENYX TABS 0.125 MG	2	
			<i>dicyclomine hcl CAPS</i>	1	
			<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)
			<i>dicyclomine hcl TABS</i>	1	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)
			<i>hyoscyamine sulfate ELIX</i>	1	
			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1		<i>omeprazole</i> CPDR	1	QL(2 EA daily)
<i>hyoscyamine sulfate</i> TABS 0.125 MG	1		<i>omeprazole</i> TBEC	1	QL(1 EA daily)
<i>hyoscyamine sulfate</i> TB12 0.375 MG	1		<i>pantoprazole sodium</i> PACK	NP	
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1		<i>pantoprazole sodium</i> TBEC 20 MG	1	QL(1 EA daily)
H-2 Antagonists			<i>pantoprazole sodium</i> TBEC 40 MG	1	QL(2 EA daily)
<i>cimetidine</i> TABS 800 MG	1	QL(500 EA per fill retail)	PROTONIX PACK (<i>pantoprazole sodium</i>)	2	
<i>cimetidine</i> TABS 200 MG	1	MP; RX/OTC	<i>rabeprazole sodium</i> TBEC	1	
<i>cimetidine</i> TABS 300 MG, 400 MG	1		Ulcer Drugs - Prostaglandins		
<i>famotidine</i> TABS 10 MG	1		<i>misoprostol</i>	1	
<i>famotidine</i> TABS 20 MG, 40 MG	1	MP; RX/OTC	Ulcer Therapy Combinations		
<i>ranitidine hcl</i> TABS 150 MG, 300 MG	1	QL(2 EA daily); MP	KONVOMEPE SUSR	NP	
Misc. Anti-Ulcer			<i>omeprazole-sodium bicarbonate</i> CAPS	NP	RX/OTC
<i>sucralfate</i> SUSP	1	QL(420 ML per fill retail)	<i>omeprazole-sodium bicarbonate</i> PACK	NP	
<i>sucralfate</i> TABS	1	QL(4 EA daily); MP	ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
Proton Pump Inhibitors			ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	
<i>esomeprazole magnesium</i> CPDR	1	RX/OTC	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
<i>esomeprazole magnesium</i> PACK	1		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>lansoprazole</i> CPDR	1		<i>darifenacin hydrobromide</i>	NP	
<i>lansoprazole</i> TBDD	1	PA; RX/OTC	DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NP	RX/OTC	<i>fesoterodine fumarate</i>	1	
NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride</i> SOLN	1	
NEXIUM PACK 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NP		<i>oxybutynin chloride</i> TABS 2.5 MG	NP	
			<i>oxybutynin chloride</i> TABS 5 MG	1	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP	PENBRAYA	0	AL(At least 19 yrs old)
<i>solifenacin succinate TABS</i>	1		PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)	PREVNAR 20	0	AL(At least 19 yrs old)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP		TYPHIM VI SOLN	0	AL(At least 19 yrs old)
<i>tropium chloride CP24</i>	NP		TYPHIM VI SOSY	0	AL(At least 19 yrs old)
<i>tropium chloride TABS</i>	1	QL(2 EA daily)	VAXCHORA	0	AL(At least 19 yrs old)
VESICARE LS SUSP	NP		VAXNEUVANCE	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			VIVOTIF	0	AL(At least 19 yrs old)
GEMTESA	NP		Viral Vaccines		
<i>mirabegron TB24</i>	NP		ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
MYRBETRIQ TB24 (<i>mirabegron</i>)	2		ACAM2000 SOLR IJ	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
<i>bethanechol chloride</i>	1	MP	AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
<i>flavoxate hcl</i>	NP		AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)
VACCINES			COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
Bacterial Vaccines			COMIRNATY SUSP	0	
ACTHIB SOLR IM	0	AL(At least 19 yrs old)	COMIRNATY SUSY	0	
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)			

Drug Name	Drug Tier	Requirements/ Limits
DENGVAIXA	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)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
IPOL IJ	0	AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)
IXIARO	0	AL(At least 19 yrs old)
JYNNEOS	0	AL(At least 19 yrs old)
MFLUSIVA SUSY IM 0.38 ML	0	
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 SUSY	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)
PRIORIX SUSR	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PROQUAD SUSR	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	0	AL(At least 19 yrs old)
ROTATEQ SOLN	0	AL(At least 19 yrs old)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
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)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
STAMARIL SUSR	0	AL(At least 19 yrs old)
TICOVAC	0	AL(At least 19 yrs old)
TWINRIX SUSY	0	AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)
VAQTA	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
YF-VAX SUSR	0	AL(At least 19 yrs old)	NUVESSA	2	
VAGINAL AND RELATED PRODUCTS			<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
Spermicides			<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)	<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)	<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)	VANDAZOLE	NP	QL(70 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2		XACIATO GEL	2	
Vaginal Anti-infectives			Vaginal Anti-inflammatory Agents		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	QL(40 GM per fill retail)	<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
<i>clindamycin phosphate vaginal CREA</i>	NP	QL(40 GM per fill retail)	MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)
CLINDESSE	NP		Vaginal Estrogens		
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)	<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)	<i>estradiol vaginal TABS</i>	1	
GYNAZOLE-1	2		PREMARIN	2	QL(43 GM per 30 day(s) retail)
<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)	Vaginal Progestins		
<i>metronidazole vaginal</i>	1		CRINONE GEL	2	AL(At least 15 yrs old)
MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)	FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 GM daily)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)	Anaphylaxis Therapy Agents		
<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)	AUVI-Q SOAJ 0.15 MG/0.15ML	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)	AUVI-Q SOAJ 0.3 MG/0.3ML	2	QL(6 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)	NIACIN ER CPCR	2	
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)	NIACIN ER TBCR	2	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)	<i>niacin CPCR 250 MG</i>	1	
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)	<i>niacin TABS 500 MG</i>	1	
NEFFY SOLN NA	2		<i>niacin TBCR</i>	1	
Neurogenic Orthostatic Hypotension (NOH) - Agents			<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>droxidopa</i>	1	SP; PA	<i>riboflavin TABS</i>	1	QL(2.94 EA daily)
Vasopressors			<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
<i>midodrine hcl</i>	1		<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)
VITAMINS					
Oil Soluble Vitamins					
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<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	1	QL(2 EA daily)			
<i>cholecalciferol LIQD PO</i>	1				
<i>ergocalciferol CAPS</i>	1				
KEY-E CHEW	2	QL(2 EA daily)			
<i>phytonadione TABS 5 MG</i>	1				
VITAMIN D3 LIQD PO 125 MCG/ML	2				
VITAMIN E/D-ALPHA CAPS 200 UNIT	2	QL(2 EA daily)			
<i>vitamin e CAPS</i>	1	QL(2 EA daily)			
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BIOCORE DAILY CAPS	19	VITE/FE SOLN	80	brompheniramine & phenyleph ELIX .	41
BIOCORE IMMUNE+ CAPS	19	BRAFTOVI 75 MG	28	brompheniramine & pseudoeph ELIX	41
BIOCORE RESTORE CAPS	19	BREATHE COMFORT		brompheniramine & pseudoeph LIQD	
BIOMEXA CAPS	19	CHAMBER/ADULT DEVI	71	15 MG/5ML-1 MG/5ML	41
BIONARA ULTRA CPDR	19	BREATHE COMFORT		BRYNOVIN SOLN PO 25 MG/ML .	17
BIOSTORA CAPS	19	CHAMBER/CHILD DEVI	71	BUBBLES THE FISH II PEDI MASK	
BIOTHRAX	93	BREATHE EASE LARGE DEVI ...	71	MISC	72
bisacodyl SUPP	61	BREATHE EASE MEDIUM DEVI ..	72	BUCAPSOL PO 7.5 MG, 10 MG, 15	
bisacodyl TBEC	61	BREATHE EASE NEB MASK/CHILD		MG	10
bismuth subsalicylate CHEW 262 MG		MISC	72	budesonide (inhalation) SUSP	11
.....	19	BREATHE EASE NEB		budesonide TB24	40
bismuth subsalicylate SUSP 262		MASK/INFANT MISC	72	budesonide-formoterol fumarate	
MG/15ML, 525 MG/15ML, 525		BREATHE EASE SMALL DEVI ...	72	dihydrate	12
MG/30ML, 527 MG/30ML, 1050		BREATHERITE VALVED MDI		bumetanide TABS	51
MG/30ML	19	CHAMBER DEVI	72	BUPHENYL POWD (sodium	
bisoprolol & hydrochlorothiazide ..	24	BREO ELLIPTA	11	phenylbutyrate)	53
bisoprolol fumarate	35	BREZTRI AEROSPHERE	12	BUPHENYL TABS (sodium	
bisoprolol fumarate 2.5 MG	35	BRILINTA 60 MG, 90 MG (ticagrelor)		phenylbutyrate)	53
BIVIGAM SOLN	87	58		buprenorphine hcl SUBL	8
BLINCYTO	27	brimonidine tartrate 0.1 %, 0.15 %	85	buprenorphine hcl-naloxone hcl	
BONJESTA TBCR	21	brimonidine tartrate 0.2 %	85	dihydrate FILM SL 0.5 MG-2 MG ...	7
BONSITY SOPN 560 MCG/2.24ML		brimonidine tartrate-timolol maleate .		buprenorphine hcl-naloxone hcl	
52		84		dihydrate FILM SL 1 MG-4 MG	7
BOOSTRIX SUSP	91	BRIUMVI	89	buprenorphine hcl-naloxone hcl	
BOOSTRIX SUSY	91	brivaracetam SOLN IV 50 MG/5ML		dihydrate FILM SL 2 MG-8 MG	8
bortezomib SOLR IJ	28	13		buprenorphine hcl-naloxone hcl	
bosentan TABS	37	BRIXADI (WEEKLY) SOSY	7	dihydrate FILM SL 3 MG-12 MG	7
bosutinib TABS 100 MG, 500 MG .	28	BRIXADI SOSY 64 MG/0.18ML, 96		buprenorphine hcl-naloxone hcl	
BOTOX IJ	83	MG/0.27ML, 128 MG/0.36ML	7	dihydrate SUBL 0.5 MG-2 MG	8
BPROTECTED PEDIA POLY-VITE		bromfenac sodium (ophth) 0.09 %	86	buprenorphine hcl-naloxone hcl	
SOLN PO	80	bromocriptine mesylate CAPS	30	dihydrate SUBL 2 MG-8 MG	8
BPROTECTED PEDIA POLY-		bromocriptine mesylate TABS 2.5		buprenorphine PTWK	8
		MG	30	bupropion hcl (smoking deterrent)	90

bupropion hcl TABS	14	calcipotriene OINT	44	capsaicin CREA 0.035 %	48
bupropion hcl TB12 100 MG	15	calcipotriene SOLN	44	capsaicin CREA 0.1 %	48
bupropion hcl TB12 150 MG	15	calcipotriene-betamethasone dipropionate OINT	45	captopril & hydrochlorothiazide ...	24
bupropion hcl TB12 200 MG	15	calcipotriene-betamethasone dipropionate SUSP	45	captopril	23
bupropion hcl TB24 150 MG	15	calcitonin (salmon) IJ	52	CARAC CREA (fluorouracil (topical)) 44	
bupropion hcl TB24 300 MG	15	calcitonin (salmon) NA	52	CARBAGLU (carglumic acid)	53
bupropion hcl TB24 450 MG	15	calcitriol CAPS	53	carbamazepine CHEW 100 MG ...	13
buspirone hcl	10	calcium acetate (phosphate binder) CAPS	56	carbamazepine CHEW 200 MG ...	13
butalbital-acetaminophen TABS 50 MG-325 MG	6	calcium acetate (phosphate binder) TABS	56	carbamazepine CP12	13
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	CALCIUM ACETATE	75	carbamazepine SUSP	13
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcium carbonate (antacid) CHEW 500 MG	9	carbamazepine TABS	13
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	75	carbamazepine TB12	13
butalbital-aspirin-caffeine CAPS	6	calcium polycarbophil TABS	60	carbamide peroxide (otic) 6.5 % ...	86
butalbital-aspirin-caffeine w/cod	7	CAMCEVI	27	CARBATROL CP12 (carbamazepine)	13
BUTRANS PTWK (buprenorphine) .	8	camphor & menthol LOTN	44	carbidopa	30
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	17	CANASA SUPP (mesalamine)	55	carbidopa-levodopa TABS	30
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)	17	candesartan cilexetil	24	carbidopa-levodopa TBCR	30
CABOMETYX TABS	28	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	capecitabine	26	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	36
caffeine citrate SOLN PO 60 MG/3ML	1	CAPHOSOL SOLN	77	CAREONE LANCET SUPER THIN 30G	62
calcipotriene CREA	44	CAPLYTA	30	CAREONE LANCET THIN 23G ...	62
CALCIPOTRIENE FOAM	44	CAPRELSA	28	CARESENS LANCETS	63
		capsaicin CREA 0.025 %, 0.075 % 48		CARESENS LANCETS 30G	63
				CARESTART COVID-19 HOME TEST KIT	50
				CARETOUCH ALCOHOL PREP ..	69

CARETOUCH SAFETY LANCETS 63	cefixime SUSR38	chenodiol55
CARETOUCH SAFETY LANCETS 26G63	cefpodoxime proxetil SUSR38	chlordiazepoxide hcl CAPS10
CARETOUCH TWIST LANCETS 28G63	cefpodoxime proxetil TABS38	chlorhexidine gluconate (mouth- throat)77
CARETOUCH TWIST LANCETS 30G63	cefprozil SUSR37	chloroquine phosphate TABS 250 MG25
CARETOUCH TWIST LANCETS 33G63	cefprozil TABS38	chloroquine phosphate TABS 500 MG25
CARETOUCH TWIST MC LANCETS 30G63	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG38	chlorpheniramine maleate SYRP ..22
carglumic acid53	cefuroxime axetil TABS38	chlorpheniramine maleate TABS ..22
carisoprodol TABS 250 MG80	celecoxib5	chlorpromazine hcl TABS31
carisoprodol TABS 350 MG80	CELONTIN (methsuximide)14	chlorthalidone 25 MG, 50 MG52
carteolol hcl (ophth)84	cephalexin CAPS 250 MG, 500 MG 37	chlorzoxazone TABS 250 MG, 375 MG, 750 MG80
carvedilol 25 MG35	cephalexin SUSR37	chlorzoxazone TABS 500 MG80
carvedilol 3.125 MG, 6.25 MG, 12.5 MG35	CEPROTIN58	CHOLBAM55
carvedilol phosphate35	CEQUA SOLN85	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG97
CASGEVY58	CERDELGA58	cholecalciferol CAPS97
CASTIVA WARMING LOTN48	CEREZYME 400 UNIT58	cholecalciferol LIQD PO97
CAYSTON25	cetirizine hcl CAPS22	cholestyramine light PACK22
cefaclor CAPS37	cetirizine hcl CHEW22	cholestyramine light POWD22
CEFACLOR ER TB1237	cetirizine hcl SOLN PO22	cholestyramine PACK22
cefaclor SUSR 250 MG/5ML37	cetirizine hcl SYRP PO 1 MG/ML ..22	cholestyramine POWD23
cefadroxil CAPS37	cetirizine hcl TABS22	CHORIONIC GONADOTROPIN IM 52
cefadroxil SUSR37	CETRAXAL (ciprofloxacin hcl (otic)) . 86	CHOSEN LANCETS 30G63
cefadroxil TABS37	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ...90	CHOSEN SAFETY LANCETS 28G 63
cefdinir CAPS38	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)90	CIBINQO48
cefdinir SUSR38	CHANTIX TABS (varenicline tartrate)90	ciclopirox SOLN43
cefixime CAPS38	CHEMET20	cilostazol58
	CHEMSTRIP K STRP50	

cimetidine TABS 200 MG92	CLEVER CHOICE COMFORT EZ 63	0.05 %45
cimetidine TABS 300 MG, 400 MG 92	CLEVER CHOICE HOLDING CHAMBER DEVI72	clobetasol propionate emulsion ...46
cimetidine TABS 800 MG92	CLEVER CHOICE LANCETS 21G 63	clobetasol propionate FOAM 46
cinacalcet hcl53	CLEVER CHOICE LANCETS 23G 63	clobetasol propionate GEL 0.05 % 46
CINQAIR10	CLEVER CHOICE LANCETS 28G 63	clobetasol propionate LIQD46
CINRYZE SOLR IV58	CLEVER CHOICE LANCETS 28G 63	clobetasol propionate LOTN46
CIPRO SUSR54	clindamycin hcl 150 MG, 300 MG . 25	clobetasol propionate OINT 0.05 % 46
ciprofloxacin hcl (ophth) SOLN 85	clindamycin palmitate hydrochloride . 25	clobetasol propionate SHAM 46
ciprofloxacin hcl (otic)86	clindamycin phosphate (topical) GEL 42	clobetasol propionate SOLN 0.05 % . 46
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG54	clindamycin phosphate (topical) LOTN42	clocortolone pivalate 46
ciprofloxacin-dexamethasone86	clindamycin phosphate (topical) LOTN42	CLODERM (clocortolone pivalate) 46
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML26	clindamycin phosphate vaginal CREA96	clomipramine hcl 16
CISPLATIN SOLR26	clindamycin phosphate-benzoyl peroxide (refrigerate)42	clonazepam TABS13
CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide)15	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 42	clonazepam TBDP13
citalopram hydrobromide CAPS 30 MG15	clindamycin phosphate-tretinoin .. 42	clonidine hcl (adhd) TB122
citalopram hydrobromide SOLN ... 15	CLINDESSE96	clonidine hcl TABS24
citalopram hydrobromide TABS ... 15	CLINITEST RAPID COVID-19 TEST KIT50	clopidogrel bisulfate 300 MG 58
cladribine 10 MG/10ML26	clobazam SUSP13	clopidogrel bisulfate 75 MG58
clarithromycin SUSR61	clobazam TABS13	clorazepate dipotassium TABS10
clarithromycin TABS61	clobetasol propionate CREA 0.05 % . 46	clotrimazole (topical) CREA 43
clarithromycin TB2461	clobetasol propionate emollient base	clotrimazole (topical) SOLN 43
CLEANLET LANCETS 28G63		clotrimazole vaginal CREA 1 % ... 96
CLEARDETECT COVID-19 AG HOME KIT50		clotrimazole vaginal CREA 2 % ... 96
CLEOCIN CREA (clindamycin phosphate vaginal)96		clotrimazole w/ betamethasone CREA 43
CLEVER CHEK LANCETS63		clotrimazole w/ betamethasone LOTN43
		clozapine TABS31
		clozapine TBDP31

CO MONITOR REPLACEMENT PIECES MISC	72	33G	63	CORTISONE ACETATE TABS	40
COAGADEX	57	COMFORT TOUCH ALCOHOL PREP	69	CORTROPHIN GEL	52
COAGUCHEK LANCETS	63	COMFORT TOUCH LANCETS 31G . 63	44	COSENTYX (300 MG DOSE) SOSY . 44	
coal tar extract SHAM 0.5 %	50	COMFORT TOUCH PLUS LANCETS 28G	63	COSENTYX SENSOREADY (300 MG) SOAJ	44
COARTEM	25	COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SENSOREADY PEN SOAJ	44
COBAS LIAT SARS-COV-2 ASSAY . 50		COMFORT TOUCH TWIST LANCET 30G	63	COSENTYX SOLN	44
COBAS LIAT SARS-COV-2 CONTROL	50	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	93	COSENTYX SOSY	44
COBENFY CAPS	31	COMIRNATY SUSP	93	COSENTYX UNOREADY SOAJ ..	44
COBENFY STARTER PACK CPPK 31		COMIRNATY SUSY	93	cosyntropin SOLR	50
codeine sulfate TABS 30 MG	6	COMPACT SPACE CHAMBER DEVI	72	COTELLIC	28
CODEINE SULFATE TABS	6	COMPACT SPACE CHAMBER/LG MASK DEVI	72	COVID-19 AT HOME ANTIGEN TEST KIT	50
colchicine TABS	57	COMPACT SPACE CHAMBER/MED MASK DEVI	72	COVID-19 AT-HOME TEST KIT ...	50
colchicine w/ probenecid	56	COMPACT SPACE CHAMBER/SM MASK DEVI	72	COVID-19 OTC ANTIGEN 1-PACK KIT	50
colestipol hcl GRAN	23	COMPLERA 200 MG-300 MG-25 MG (emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	32	COVID-19 OTC ANTIGEN 2-PACK KIT	50
colestipol hcl TABS	23	CONCERTA TBCR (methylphenidate hcl)	2	CREON CPEP	51
COLLAVERA GEL 2 %	48	CONDOMS-MISC	62	CRINONE GEL	96
COMBIGAN (brimonidine tartrate- timolol maleate)	84	CONJUPRI (levamlodipine maleate) 36		cromolyn sodium (nasal) 5.2 MG/ACT	81
COMBIPATCH PTTW	54	CONZIP CP24 (tramadol hcl)	6	cromolyn sodium (ophth)	86
COMBIVENT RESPIMAT AERS ..	12	COREG CR (carvedilol phosphate) 35		cromolyn sodium NEBU	10
COMETRIQ (100 MG DAILY DOSE) KIT	28	CORIFACT	57	CRYSVITA	53
COMETRIQ (140 MG DAILY DOSE) KIT	28			CTEXLI TABS PO 250 MG	55
COMETRIQ (60 MG DAILY DOSE) KIT	28			CULTURELLE KIDS CHEW	19
COMFORT ASSURED LANCETS 28G	63			CULTURELLE KIDS PURELY CHEW	19
COMFORT ASSURED LANCETS				CURITY ALCOHOL PREPS	69
				CUVITRU SOLN	87

CVS ALCOHOL PREP PADS69	CYMBALTA CPEP 60 MG (duloxetine hcl)16	28
CVS COVID-19 AT HOME TEST KIT KIT50	cyproheptadine hcl SYRP22	DAURISMO 27
CVS LANCETS ORIGINAL 63	cyproheptadine hcl TABS22	DAYHIST ALLERGY 12 HOUR RELIEF TABS22
CVS LANCETS THIN 26G63	CYRAMZA27	decitabine 26
CVS LICE-BEDBUG-MITE AERO 0.5 %49	CYSTAGON CAPS 56	deferasirox PACK20
CVS PREP 69	CYSTARAN 86	deferasirox TABS20
CVS ULTRA THIN LANCETS63	cytarabine SOLN26	deferasirox TBSO20
cyanocobalamin SOLN IJ 1000 MCG/ML58	CYTOGAM SOLN87	deferiprone TABS20
cyclobenzaprine hcl CP2480	CYTRA K CRYSTALS PACK 1002 MG-3300 MG56	deferoxamine mesylate 20
cyclobenzaprine hcl TABS 5 MG, 10 MG 81	dabigatran etexilate mesylate CAPS . 13	DEFITELIO58
cyclobenzaprine hcl TABS 7.5 MG 81	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 MG78	deflazacort SUSP40
CYCLOGYL 0.5 %84	dalfampridine89	deflazacort TABS 40
cyclopentolate hcl 1 %84	DANTRIUM CAPS 25 MG (dantrolene sodium)81	DEFLUX56
cyclophosphamide CAPS 50 MG ..26	dantrolene sodium CAPS81	DELSTRIGO32
CYCLOPHOSPHAMIDE TABS26	dapagliflozin TABS PO 5 MG, 10 MG19	DENAVIR (penciclovir)45
cyclosporine (ophth) EMUL85	dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG .16	DENGAXIA 94
cyclosporine CAPS 76	dapsone25	DEPAKOTE SPRINKLES CSDR (divalproex sodium)14
cyclosporine modified (for microemulsion) CAPS 76	DAPTACEL91	DEPO-SUBQ PROVERA 104 SUSY SC40
cyclosporine modified (for microemulsion) SOLN 76	DARAPRIM (pyrimethamine)26	DERMACINRX BOOSTERVITE TABS78
CYLTEZO (2 PEN) AJKT 4	darifenacin hydrobromide92	DERMACINRX DERMAZENE SPOT GEL 6 %48
CYLTEZO (2 SYRINGE) PSKT4	darunavir TABS32	DERMACINRX DIGENYX TABS 0.125 MG91
CYLTEZO-CD/UC/HS STARTER AJKT4	DARZALEX27	DERMACINRX LIDOCAINE CREA 3 %48
CYLTEZO-PSORIASIS/UV STARTER AJKT4	dasatinib28	DERMACINRX PROBISOL CAPS .19
CYMBALTA CPEP 20 MG, 30 MG (duloxetine hcl)16	daunorubicin hcl SOLN 50 MG/10ML	DERMACINRX PROBITRAN CAPS 19
		DERMACINRX SALICYLIC ACID

GEL 6 %	48	DETROL LA CP24 (tolterodine tartrate)	92	MG, 10 MG	1
DESCOVY 120 MG-15 MG	32	dexamethasone ELIX	41	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 MG	32	DEXAMETHASONE INTENSOL CONC	40	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	41
desipramine hcl TABS	16	dexamethasone sodium phosphate (ophth)	85	dextrose (diabetic use) CHEW 4 GM . 17	
DES Loratadine SOLN PO 0.5 MG/ML	22	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	40	DHIVY TABS	30
desloratadine TBP	22	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	41	DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	78
desmopressin acetate SOLN IJ ...	54	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	41	DIATHRIVE LANCET ULTRA THIN 30	63
DESMOPRESSIN ACETATE SOLN NA	54	dexamethasone SOLN	41	DIATHRIVE LANCETS	63
desmopressin acetate spray	54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	41	DIATRUST COVID-19 HOME TEST KIT	50
desmopressin acetate spray refrigerated 0.01 %	54	dexchlorpheniramine maleate SOLN . 22		diazepam CONC	10
desmopressin acetate TABS	54	dexmedetomidine hcl in sodium chloride SOLN	60	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10
desogestrel & ethinyl estradiol	38	dexmedetomidine hcl SOLN 200 MCG/2ML	60	diazepam SOLN IJ 5 MG/ML	10
desogestrel-ethinyl estradiol (biphasic)	38	dexmethylphenidate hcl CP24	2	DIAZEPAM SOLN IJ 5 MG/ML	10
desogestrel-ethinyl estradiol (triphasic)	38	dexmethylphenidate hcl TABS	2	diazepam SOLN PO 5 MG/5ML ...	10
desonide CREA	46	dextrazoxane hcl	29	diazepam TABS	10
desonide LOTN	46	DEXTENZA INST	85	diazoxide	17
desonide OINT	46	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dibucaine	49
desoximetasone CREA 0.05 %	46	dextroamphetamine sulfate CP24 5 MG	1	DICLEGIS TBEC (doxylamine-pyridoxine)	21
desoximetasone CREA 0.25 %	46	dextroamphetamine sulfate SOLN ..	1	diclofenac potassium TABS 50 MG .	5
desoximetasone GEL	46	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	diclofenac sodium (ophth)	86
desoximetasone LIQD	46	dextroamphetamine sulfate TABS 5		diclofenac sodium (topical) GEL EX 44	
desoximetasone OINT	46				
DESTRESS-IRON TABS	78				
DESVENLAFAXINE ER	16				
desvenlafaxine succinate 100 MG .	16				
desvenlafaxine succinate 25 MG, 50 MG	16				

diclofenac sodium TB245	36	docetaxel CONC 160 MG/8ML 29
diclofenac sodium TBEC5	diltiazem hcl TABS36	DOCETAXEL CONC 160 MG/8ML 29
dicloxacillin sodium88	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG36	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 29
dicyclomine hcl CAPS 91	dimethyl fumarate CDPK 89	docetaxel SOLN 29
dicyclomine hcl SOLN PO 91	dimethyl fumarate CPDR 89	DOCIVYX SOLN 29
dicyclomine hcl TABS91	diphenhydramine hcl (sleep) CAPS 60	docusate sodium CAPS 100 MG, 250 MG 61
DIFFERIN CREA (adapalene)42	diphenhydramine hcl (sleep) LIQD 60	docusate sodium CAPS 50 MG ...61
DIFFERIN GEL 0.3 % (adapalene) 42	diphenhydramine hcl (sleep) TABS 25 MG60	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML61
DIFFERIN LOTN 42	diphenhydramine hcl (sleep) TABS 50 MG60	DOCUSATE SODIUM SYRP61
diflorasone diacetate CREA 46	diphenhydramine hcl CAPS 22	docusate sodium TABS61
diflorasone diacetate OINT 46	diphenhydramine hcl ELIX 12.5 MG/5ML22	dofetilide10
diflunisal TABS6	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML22	donepezil hydrochloride TABS 23 MG 88
digoxin SOLN PO 0.05 MG/ML36	diphenhydramine hcl TABS 25 MG 22	donepezil hydrochloride TABS 5 MG, 10 MG88
digoxin TABS 125 MCG, 250 MCG 36	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG 60	donepezil hydrochloride TBDP 88
dihydroergotamine mesylate SOLN NA 4 MG/ML 75	diphenoxylate w/ atropine LIQD ... 20	DOPTELET58
DILANTIN (phenytoin sodium extended) 14	diphenoxylate w/ atropine TABS ...20	dorzolamide hcl86
DILANTIN INFATABS CHEW (phenytoin) 14	DIPROLENE OINT (betamethasone dipropionate augmented) 46	DORZOLAMIDE HCL 86
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 36	dipyridamole58	DORZOLAMIDE HCL-TIMOLOL MAL84
diltiazem hcl coated beads CP24 240 MG 36	disopyramide phosphate CAPS ... 10	dorzolamide hcl-timolol maleate .. 84
diltiazem hcl coated beads CP24 360 MG 36	disulfiram 250 MG88	DOVATO 32
diltiazem hcl CP12 36	divalproex sodium CSDR 14	doxazosin mesylate 24
diltiazem hcl CP24 120 MG, 240 MG 36	divalproex sodium TB24 14	doxepin hcl (sleep)60
diltiazem hcl CP24 180 MG36	divalproex sodium TBEC14	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG16
diltiazem hcl extended release beads		doxepin hcl CAPS 150 MG 16
		doxepin hcl CONC 16

doxycycline (monohydrate) CAPS 50 MG, 100 MG	90	LANCET 21G	64	DULERA 50 MCG/ACT-5 MCG/ACT .	12
doxycycline (monohydrate) TABS 50 MG, 100 MG	90	DROPSAFE HAEMOLANCE		duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	16
doxycycline hyclate CAPS	90	LANCET 25G	64	duloxetine hcl CPEP 60 MG	16
doxycycline hyclate TABS 100 MG 90		DROPSAFE HAEMOLANCE		DUOVANCE TABS	78
doxylamine succinate (sleep)	60	LANCET 28G	64	DUPIXENT SOAJ	48
doxylamine-pyridoxine TBEC	21	DROPSAFE MEDISAFE LANCET 23G	64	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	48
droperidol SOLN 2.5 MG/ML	10	DROPSAFE MEDISAFE LANCET 29G	64	DUPIXENT SOSY 300 MG/2ML ...	48
DROPLET LANCETS ULTRA THIN 30G	63	DROPSAFE MEDLANCE LANCET 0.8MM	64	dutasteride	56
DROPLET MEDLANCE LANCET 30G	63	DROPSAFE MEDLANCE LANCET 21G	64	dutasteride-tamsulosin hcl	56
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DROPSAFE ACTI-LANCE LANCET 23G	63	drospirenone-ethinyl estradiol- levomefolate calcium	38	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	61
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EASY TOUCH LANCETS 32G/TWIST64	ELEVIDYS 11.5-12.4 KG82	ELEVIDYS 41.5-42.4 KG82
EASY TOUCH LANCETS 33G/TWIST64	ELEVIDYS 12.5-13.4 KG82	ELEVIDYS 42.5-43.4 KG82
EASY TOUCH SAFETY LANCETS 21G64	ELEVIDYS 13.5-14.4 KG82	ELEVIDYS 43.5-44.4 KG82
EASY TOUCH SAFETY LANCETS 23G64	ELEVIDYS 14.5-15.4 KG82	ELEVIDYS 44.5-45.4 KG82
EASY TOUCH SAFETY LANCETS 26G64	ELEVIDYS 15.5-16.4 KG82	ELEVIDYS 45.5-46.4 KG82
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efavirenz CAPS 50 MG32	ELEVIDYS 24.5-25.4 KG82	ELEVIDYS 54.5-55.4 KG83
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	ELEVIDYS 30.5-31.4 KG82	ELEVIDYS 60.5-61.4 KG83
	ELEVIDYS 31.5-32.4 KG82	ELEVIDYS 61.5-62.4 KG83
	ELEVIDYS 32.5-33.4 KG82	ELEVIDYS 62.5-63.4 KG83
	ELEVIDYS 33.5-34.4 KG82	ELEVIDYS 63.5-64.4 KG83
	ELEVIDYS 34.5-35.4 KG82	ELEVIDYS 64.5-65.4 KG83
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epoprostenol sodium37	erythromycin ethylsuccinate TABS 61	etodolac TB245
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EYLEA SOLN	84	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	FINGERSTIX LANCETS	64
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famciclovir	35	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	59	FIRST-PROGESTERONE VGS SUPP	96
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FANAPT TITRATION PACK C	31	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	59	FLEQSUVY SUSP (baclofen)	81
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NAMENDA TITRATION PAK TABS (memantine hcl) 89	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 86	NIACIN ER TBCR 97
naphazoline w/ pheniramine 0.3 %-0.025 % 85	neomycin-polymyxin w/ pramoxine 43	niacin TABS 500 MG 97
naphazoline w/ pheniramine 0.315 %-0.027 % 85	neomycin-polymyxin-gramicidin .. 85	niacin TBCR 97
naproxen sodium TABS 220 MG ... 5	neomycin-polymyxin-hc (ophth) ... 86	nicardipine hcl CAPS 36
naproxen sodium TABS 275 MG, 550 MG 5	neomycin-polymyxin-hc (otic) SOLN . 86	NICOTINE KIT 90
naproxen SUSP 5	neomycin-polymyxin-hc (otic) SUSP . 86	nicotine polacrilex GUM 90
naproxen TABS 5	NEULASTA ONPRO SOSY 6 MG/0.6ML 59	nicotine polacrilex LOZG 90
naproxen TBEC 5	NEULASTA SOLN SC 4 MG/0.4ML 59	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 90
naproxen-esomeprazole magnesium 5	NEULASTA SOSY 59	NICOTROL INHA 90
naratriptan hcl 75	NEUPOGEN SOLN 59	NICOTROL NS SOLN 90
NARCAN LIQD (naloxone hcl) 21	NEUPOGEN SOSY 59	nifedipine CAPS 36
NATAZIA 38	nevirapine SUSP 33	nifedipine TB24 30 MG, 90 MG ... 36
nateglinide 18	nevirapine TABS 33	nifedipine TB24 60 MG 36
NATPARA 52	nevirapine TB24 400 MG 33	nilotinib hcl 50 MG, 150 MG, 200 MG 29
NATROBA (spinosad) 49	NEXIUM 24HR CPDR (esomeprazole magnesium) 92	nimodipine CAPS 36
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 79	NEXIUM CPDR 20 MG (esomeprazole magnesium) 92	NINLARO 29
NEBULIZER AIR TUBE/PLUGS MISC 73	NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium) .. 92	nintedanib esylate 100 MG, 150 MG . 90
nefazodone hcl 15	NEXIVA CAPS 19	nisoldipine 8.5 MG, 17 MG, 34 MG 36
NEFFY SOLN NA 97	NEXPLANON 40	nitisinone CAPS 53
NEMLUVIO 48	NGENLA 53	nitrofurantoin 25
neomycin sulfate TABS 3		nitrofurantoin macrocrystal 50 MG, 100 MG 25
		nitrofurantoin monohyd macro 25
		nitroglycerin OINT 9
		nitroglycerin PT24 9

nitroglycerin SUBL	9	norethindrone-eth estradiol (triphasic)	39	NOVOSEVEN RT	57
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	9	norgestimate-ethinyl estradiol (triphasic)	39	NP THYROID TABS	91
NIVA THYROID TABS	91	norgestimate-ethinyl estradiol	39	NPLATE 250 MCG, 500 MCG	59
NIVESTYM SOLN	59	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	39	NUCALA SOAJ	10
NIVESTYM SOSY	59	NORLIQVA SOLN	36	NUCALA SOLR	10
NIX LICE KILLING SPRAY LIQD XX . 49		NORPACE CAPS (disopyramide phosphate)	10	NUCALA SOSY	10
NIZORAL A-D 2-IN-1 SHAM 1 % ..	43	nortriptyline hcl CAPS	16	NULOJIX	76
NIZORAL ANTI-DANDRUFF SHAM 1 %	43	nortriptyline hcl SOLN	16	NUMOISYN LIQD	77
NORDITROPIN FLEXPON SOPN .	53	NORVIR PACK	33	NUPLAZID CAPS	30
norelgestromin-ethinyl estradiol ...	39	NORVIR TABS (ritonavir)	33	NUPLAZID TABS 10 MG	30
norethin acet & estrad-fe CAPS ...	39	NOSE CLIP MISC	73	NURTEC	74
norethin acet & estrad-fe CHEW ...	39	NOVA SAFETY LANCETS 23G ..	66	NUTRIBOOST CAPS 1 MG	78
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	39	NOVA SAFETY LANCETS 28G ..	66	NUTRIVIO CAPS 1 MG	78
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	39	NOVA SUREFLEX LANCETS	66	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	95
norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...	39	NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	80	NUVESSA	96
norethindrone & eth estradiol 35 MCG-1 MG	39	NOVAREL IM 5000 UNIT	52	NUWIQ KIT	57
norethindrone & ethinyl estradiol-fe 39		NOVAVAX COVID-19 VACCINE SUSY	95	NUWIQ SOLR	57
norethindrone (contraceptive)	40	NOVIRA CAPS	19	NYPOZI	59
norethindrone acet & eth estra TABS 39		NOVOEIGHT	57	nystatin (mouth-throat)	77
norethindrone acetate TABS	88	NOVOLOG 70/30 FLEXPEN RELION SUPN	18	nystatin (topical) CREA	43
norethindrone acetate-ethinyl estradiol	54	NOVOLOG MIX 70/30 FLEXPEN SUPN	18	nystatin (topical) OINT	43
norethindrone acetate-ethinyl estradiol-fe	39	NOVOLOG MIX 70/30 RELION SUSP	18	nystatin (topical) POWD EX	43
		NOVOLOG MIX 70/30 SUSP	18	nystatin TABS	21
		NOVORA CAPS	19	nystatin-triamcinolone CREA	43
				nystatin-triamcinolone OINT	43
				NYVEPRIA	59
				OBIZUR	57
				OCALIVA	55
				OCREVUS ZUNOVO	89

OCTAGAM SOLN	87	omega-3-acid ethyl esters	22	1 MG-2.5 MG-18 MG-5000 UNIT ..	79
octreotide acetate KIT	54	omeprazole CPDR	92	ONETOUCH DELICA PLUS	
octreotide acetate SOLN	54	omeprazole TBEC	92	LANCET30G	66
octreotide acetate SOSY	54	omeprazole-sodium bicarbonate		ONETOUCH DELICA PLUS	
ODEFSEY	33	CAPS	92	LANCET33G	66
ODOMZO	27	omeprazole-sodium bicarbonate		ONETOUCH DELICA SAFETY	
OFEV 100 MG, 150 MG (nintedanib		PACK	92	LANCING	66
esylate)	90	OMNITROPE SOCT	53	ONETOUCH ULTRASOFT 2	
ofloxacin (ophth)	85	OMVOH (300 MG DOSE) SOAJ ..	55	LANCETS	66
ofloxacin (otic)	86	OMVOH (300 MG DOSE) SOSY ..	55	ONGLYZA 5 MG (saxagliptin hcl) .	17
ofloxacin 300 MG, 400 MG	54	OMVOH SOAJ	55	ONPATTRO	90
OHC COVID-19 ANTIGEN SELF		OMVOH SOLN	55	ONYDA XR SUER	2
TEST KIT	51	OMVOH SOSY	55	OPDIVO 40 MG/4ML, 100 MG/10ML,	
OHTUVAYRE	11	ON/GO COVID-19 ANTIGEN TEST		240 MG/24ML	27
olanzapine SOLR	31	KIT	51	OPIPZA FILM	32
olanzapine TABS	31	ON/GO ONE COVID-19 HOME		OPSYNVI	37
olanzapine TBDP	31	TEST KIT	51	OPTICHAMBER DIAMOND DEVI .	73
olmesartan medoxomil	24	ONCASPAR	29	OPTICHAMBER DIAMOND MISC .	73
olmesartan medoxomil-amlodipine-		ondansetron hcl SOLN PO 4		OPTICHAMBER DIAMOND-LG	
hydrochlorothiazide	24	MG/5ML	21	MASK DEVI	73
olmesartan medoxomil-		ondansetron hcl TABS 4 MG, 8 MG		OPTICHAMBER DIAMOND-MD	
hydrochlorothiazide	24	21	21	MASK MISC	73
olopatadine hcl (nasal)	81	ondansetron TBDP 16 MG	21	OPTICHAMBER DIAMOND-SM	
olopatadine hcl	86	ondansetron TBDP 4 MG, 8 MG ..	21	MASK MISC	73
OLPRUVA (2 GM DOSE) THPK ..	53	ONE DAILY MULTIVITAMIN/IRON		OPTIONS GYNOL II	
OLPRUVA (3 GM DOSE) THPK ..	53	TABS 60 MG-2 MG-400 MCG-400		CONTRACEPTIVE GEL	96
OLPRUVA (4 GM DOSE) THPK ..	53	UNIT-6 MCG-1.7 MG-20 MG-5000		OPVEE NA	21
OLPRUVA (5 GM DOSE) THPK ..	53	UNIT-10 MG-18 MG-1.5 MG-30 UNIT		OPZELURA	48
OLPRUVA (6 GM DOSE) THPK ..	53		79	ORALAIR SUBL	2
OLPRUVA (6.67 GM DOSE) THPK		ONE-DAILY MULTI-VITAMIN/IRON		ORENITRAM MONTH 1 TEPK	37
53		TABS 50 MG-1 MG-20 MG-2 MG-10		ORENITRAM MONTH 2 TEPK	37
OLUMIANT	3	MCG-1 MCG-2.5 MG-1500 MCG-1		ORENITRAM MONTH 3 TEPK	37
		MG-18 MG	79	ORFADIN SUSP	53
		ONE-DAILY/IRON TABS 50 MG-2			
		MG-20 MG-1 MG-400 UNIT-1 MCG-			

ORIAHNN	54	oxybutynin chloride TABS 2.5 MG .92	pantoprazole sodium TBEC 40 MG 92		
ORILISSA	52	oxybutynin chloride TABS 5 MG ...92	PANZYGA	87	
ORKAMBI PACK	90	oxybutynin chloride TB24	93	PARAGARD INTRAUTERINE COPPER	40
ORKAMBI TABS	90	oxycodone hcl CAPS	7	PARI ALTERA NEBULIZER HANDSET MISC	73
orphenadrine citrate TB12	81	oxycodone hcl CONC 100 MG/5ML 7		PARI BABY CONVERSION KIT MISC	73
orphenadrine w/ aspirin & caff	81	oxycodone hcl SOLN	7	PARI ERAPID NEBULIZER HANDSET MISC	73
ORTHOVISC	81	oxycodone hcl TABS	7	PARI EXPIRATORY FILTER SET DEVI	73
ORUDIS CAPS 75 MG	5	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI MASK SET MISC	73
oseltamivir phosphate CAPS 30 MG .35		oxymorphone hcl TB12 15 MG	7	PARI SOFT PLASTIC ADULT MASK MISC	73
oseltamivir phosphate CAPS 45 MG, 75 MG	35	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7		PARI SOFT PLASTIC PED MASK MISC	73
oseltamivir phosphate SUSR	35	oyster shell	75	PARI VORTEX ADULT MASK	73
OTEZLA TABS	5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	17	paricalcitol SOLN	53
OTEZLA TBPk	5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	18	paroxetine hcl TABS	15
OTEZLA XR TB24 PO 75 MG	5	OZEMPIC (2 MG/DOSE) SOPN ...	18	paroxetine hcl TB24	15
OTEZLA/OTEZLA XR INITIATION PK TBPk	5	OZOBAX DS SOLN PO (baclofen) 81		paroxetine mesylate (vasomotor) .90	
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	OZURDEX IMPL	86	PARSABIV	53
OTULFI SOLN SC 45 MG/0.5ML ..	44	PACLITAXEL PROTEIN-BOUND PART	30	PAXLOVID (150/100)	34
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	44	paclitaxel protein-bound particles .30		PAXLOVID (300/100 & 150/100) .34	
oxaprozin TABS	5	paliperidone	31	PAXLOVID (300/100)	34
oxazepam CAPS	10	PALYNZIQ	53	pazopanib hcl	29
oxcarbazepine SUSP	13	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	52	PC PEDIATRIC POLY-VITA/FE DROP SOLN	80
oxcarbazepine TABS	13	PAMIDRONATE DISODIUM SOLN 52		PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	80
OXERVATE	85	pantoprazole sodium PACK	92	ped multivitamins w/fl & iron SOLN 79	
oxiconazole nitrate CREA	43	pantoprazole sodium TBEC 20 MG 92			
oxybutynin chloride SOLN	92				

PEDIARIX SUSY	91	PERFECT POINT SAFETY LANCETS	66	phenylephrine hcl (oral) TABS	82
PEDIATRIC MOUTHPIECE MISC	73	perindopril erbumine	23	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	41
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	79	PERIOMED CONC 0.63 %	77	phenylephrine-dm SOLN	41
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	79	PERJETA	27	phenytoin CHEW	14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	79	permethrin AERO	49	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	80	PERMETHRIN CREA 5 % (permethrin)	49	phenytoin sodium extended 200 MG, 300 MG	14
pediatric vitamins acd w/ fluoride SOLN	80	permethrin CREA	49	phenytoin SUSP	14
PEDVAXHIB SUSP 7.5 MCG/0.5ML .	93	permethrin LIQD EX	49	PHOSPHA 250 NEUTRAL	75
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	61	perphenazine TABS	31	PHOTOFRIN	29
peg 3350-potassium chloride-sod bicarbonate-sod chloride	61	perphenazine-amitriptyline	89	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	29
PEGASYS SOLN	34	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	95	phytonadione TABS 5 MG	97
PEGASYS SOSY	34	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	95	PIFELTRO	33
PELLIX SOLN 0.005 % (calcipotriene)	44	PFLEX MISC	73	PILLOW MASK/ADULT MISC	73
pemetrexed disodium SOLR 100 MG, 500 MG	26	PHARMACIST CHOICE ALCOHOL .	70	PILLOW MASK/CHILD MISC	73
PENBRAYA	93	PHARMACIST CHOICE LANCETS .	66	PILLOW MASK/PEDIATRIC MISC	73
penciclovir	45	PHARMACIST CHOICE MASK WIPES MISC	73	pilocarpine hcl (oral) 5 MG	77
penicillamine TABS	76	PHEBURANE PLLT	53	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	84
penicillin v potassium SOLR	87	phenazopyridine hcl TABS 100 MG, 200 MG	56	PILOT COVID-19 AT-HOME TEST KIT	51
penicillin v potassium TABS	87	phenelzine sulfate	15	pimecrolimus	48
PENTACEL	91	phenobarbital ELIX	60	PIN RID CHEW	9
pentoxifylline	58	phenobarbital TABS	60	pindolol TABS	35
PERFECT LANCETS 28G	66	PHENOBARBITAL TABS	60	pioglitazone hcl	18
PERFECT LANCETS 30G	66	phentermine hcl-topiramate	1	pioglitazone hcl-glimepiride	16
		phenylephrine hcl (mydriatic) SOLN 2.5 %	84	pioglitazone hcl-metformin hcl TABS .	16
				PIP LANCETS 28G	66

PIP LANCETS 30G66	potassium chloride CPCR 10 MEQ 76	PREDNISOLONE SODIUM PHOSPHATE86
pirfenidone CAPS90	potassium chloride CPCR 8 MEQ .76	prednisolone sodium phosphate SOLN 15 MG/5ML41
pirfenidone TABS 534 MG90	potassium chloride microencapsulated crystals er76	prednisolone sodium phosphate SOLN 20 MG/5ML41
piroxicam CAPS5	potassium chloride PACK PO 20 MEQ76	prednisolone sodium phosphate SOLN 5 MG/5ML41
PLEGRIDY SOSY IM89	potassium chloride SOLN PO 10 %, 20 %, 10 %76	prednisolone SOLN41
plerixafor59	potassium chloride TBCR 8 MEQ, 10 MEQ76	PREDNISONE INTENSOL CONC .41
PNEUMOVAX 23 SOSY93	potassium citrate (alkalinizer) TBCR .56	prednisone SOLN41
POCKET CHAMBER DEVI73	POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML 42	prednisone TABS41
POCKET SPACER DEVI73	potassium iodide (expectorant) SOLN42	prednisone TBPK41
podofilox SOLN48	POTELIGEO27	pregabalin CAPS13
POLIVY 140 MG27	PRADAXA CAPS (dabigatran etexilate mesylate)13	pregabalin SOLN13
polyethylene glycol 3350 PACK ...61	PRADAXA PACK13	PREGNYL IM52
polyethylene glycol 3350 POWD ..61	pralatrexate26	PREHEVBRIO95
polymyxin b-trimethoprim85	PRALUENT SOAJ23	PREMARIN96
polysaccharide iron complex CAPS 59	pramipexole dihydrochloride TABS 30	PREMPHASE54
polyvinyl alcohol 1.4 %84	pramipexole dihydrochloride TB24 30	PREMPRO54
POLY-VI-SOL SOLN PO80	pramoxine hcl (rectal) FOAM EX9	PRENATAL VITAMINS-ASSORTED BRAND80
POLY-VITA SOLN PO80	prasugrel hcl58	PRENATAL VITAMINS-ASSORTED GENERIC80
POLY-VITA/IRON SOLN80	pravastatin sodium23	PREPARATION H EX 1 %9
POLY-VITE PEDIATRIC SOLN PO 80	prazosin hcl CAPS24	PREPARATION H SOOTHING RELIEF EX 1 %9
POLY-VITE/IRON SOLN80	PRED MILD86	PREVNAR 2093
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG28	prednisolone acetate (ophth)86	PREVYMIS SOLN34
PONVORY STARTER PACK TBPK 89	PREDNISOLONE ACETATE P-F .86	PREVYMIS TABS34
PONVORY TABS89		PREZCOBIX33
PORTRAZZA27		PREZISTA SUSP33
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..76		
potassium bicarbonate TBEF76		

PREZISTA TABS (darunavir)	33	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	20	promethazine & phenylephrine SYRP	41
PREZISTA TABS 150 MG	33			promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	22
PREZISTA TABS 75 MG, 600 MG, 800 MG	33			promethazine hcl SUPP	22
PRIALT	6	probiotic product CPDR 50 MG	20	promethazine hcl TABS	22
primidone 125 MG	14	PROCARE SPACER/ADULT MASK DEVI	73	promethazine w/codeine SOLN ...	42
primidone 50 MG, 250 MG	14	PROCARE SPACER/CHILD MASK DEVI	73	promethazine w/codeine SYRP ...	42
PRIORIX SUSR	95	PROCHAMBER VHC DEVI	73	PRONEB ULTRA FILTER SET MISC	74
PRIVIGEN SOLN	87	prochlorperazine	31	propafenone hcl TABS	10
PRO COMFORT ALCOHOL	70	prochlorperazine edisylate 10 MG/2ML	31	propranolol hcl CP24	35
PRO COMFORT LANCETS 30G ..	66	prochlorperazine maleate TABS ...	32	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	35
PRO COMFORT LANCETS 31G ..	67	PROCRIT	59	propranolol hcl TABS	35
PRO COMFORT SAFETY LANCETS 30G	67	PROCTOFOAM FOAM EX 1 %	9	propylthiouracil	91
PRO COMFORT SPACER ADULT MISC	73	PROCYSBI CPDR	56	PROQUAD SUSR	95
PRO COMFORT SPACER CHILD MISC	73	PROCYSBI PACK	56	PRORIVA CAPS	20
PRO COMFORT SPACER INFANT DEVI	73	PRODIGY LANCETS 28G	67	PROTONIX PACK (pantoprazole sodium)	92
probenecid	57	PRODIGY SAFETY LANCETS 26G ..	67	protiptyline hcl	16
PROBENTRA CPDR	19	PRODIGY TWIST TOP LANCETS 28G	67	PROVENGE	27
PROBINATE CAPS	19	PROFILNINE	57	PROXIVOL GEL 2 %	49
probiotic product CAPS 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57		progesterone CAPS 100 MG	88	pseudoephedrine hcl TABS	82
		progesterone CAPS 200 MG	88	pseudoephedrine hcl TB12	82
		PROGLYCEM (diazoxide)	17	pseudoephedrine-ibuprofen TABS	42
		PROGRAF PACK	76	psyllium CAPS 0.36 GM, 0.52 GM	60
		PROLEUKIN	29	psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	60
		PROLIA SOSY	52	PULMICORT FLEXHALER AEPB	.11
		PROMELLA IN PREBIOTIC CAPS	20	PULMOZYME	90
				PURE COMFORT ALCOHOL PREP	

.....70	QC UNILET LANCETS 28G67	ranitidine hcl TABS 150 MG, 300 MG92
PURE COMFORT LANCETS 30G 67	QC UNILET LANCETS MICRO THIN67	ranolazine TB129
PURE COMFORT SAFETY LANCET 30G67	QDOLO SOLN (tramadol hcl)7	RAPAFLO 4 MG (silodosin)56
PURE COMFORT SPACER CHAMBER DEVI74	QELBREE2	RAPID RESPONSE COVID-19 ...51
PX LANCETS MICROTHIN 33G .67	QSYMIA 11.25 MG-69 MG, 15 MG- 92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...1	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML3
PX LANCETS ULTRA THIN 28G .67	QUADRACEL SUSP91	READYLANCE SAFETY LANCETS . 67
pyrantel pamoate SUSP9	QUADRACEL SUSY91	REALITY LANCETS67
pyrazinamide26	quetiapine fumarate TABS31	REALITY SWABS70
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %49	quetiapine fumarate TB2431	REALITY TRIGGER LANCETS ...67
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %49	QUICKVUE AT-HOME COVID-19 TEST KIT51	REBINYN57
pyridostigmine bromide TABS 60 MG26	QUICKVUE SARS ANTIGEN TEST . 51	RECOMBINATE SOLR57
pyridostigmine bromide TBCR26	quinapril hcl24	RECOMBIVAX HB SUSP95
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG97	quinapril-hydrochlorothiazide 12.5 MG-10 MG24	RECOMBIVAX HB SUSY95
pyrimethamine26	quinapril-hydrochlorothiazide 12.5 MG-20 MG24	RELEUKO SOSY59
PYZCHIVA 45 MG/0.5ML, 90 MG/ML44	quinapril-hydrochlorothiazide 25 MG- 20 MG24	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG2
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML44	quinapril-hydrochlorothiazide 25 MG- 20 MG24	RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)2
PYZCHIVA SC 45 MG/0.5ML44	quinidine gluconate TBCR10	RELBIOTIC CAPS20
QC ALCOHOL SWABS70	quinidine sulfate TABS10	RELION ALCOHOL SWABS70
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 UNIT79	QULIPTA74	RELION KETONE TEST STRP ...51
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QC LANCETS ULTRA THIN67	RABAVERT95	RELION LANCETS67
	rabeprazole sodium TBEC92	RELION LANCETS MICRO-THIN 33G67
	RALDESY SOLN PO 10 MG/ML ...15	RELION LANCETS THIN 26G67
	raloxifene hcl53	RELION LANCETS ULTRA-THIN
	ramelteon60	
	ramipril CAPS24	

30G67	REVCIVI53	risperidone TBDP31
RELION ULTRA THIN LANCETS	REXTOVY LIQD21	RITEFLO DEVI74
30G67	REYATAZ CAPS 200 MG, 300 MG	ritonavir TABS34
REMODULIN SOLN IJ37	(atazanavir sulfate)34	RITUXAN27
RENAL CAPS 1 MG78	REYATAZ PACK34	rivaroxaban SUSR 1 MG/ML12
RENO CAPS CAPS 1 MG78	REZVOGLAR KWIKPEN18	rivaroxaban TABS 2.5 MG12
RENTHYROID TABS 15 MG, 30 MG,	RHAPSIDO TABS PO 25 MG76	rivastigmine 13.3 MG/24HR89
60 MG, 90 MG, 120 MG91	RHOGAM ULTRA-FILTERED PLUS	rivastigmine 4.6 MG/24HR, 9.5
REVELA TABS (sevelamer	SOSY IM87	MG/24HR89
carbonate)56	RHOPHYLAC SOSY IJ87	rivastigmine tartrate CAPS89
repaglinide18	RIASTAP 1 GM57	RIXUBIS SOLR57
REPATHA PUSHTRONEX SYSTEM	ribavirin (hepatitis c) CAPS34	rizatriptan benzoate TABS75
SOCT23	ribavirin (hepatitis c) TABS 200 MG	rizatriptan benzoate TBDP75
REPATHA SOSY23	34	ROCKLATAN85
REPATHA SURECLICK SOAJ23	riboflavin TABS97	ROCTAVIAN57
REPLACEMENT AIR FILTER MISC .	rifampin CAPS26	ROLVEDON59
74	RIGHTEST GL300 LANCETS67	romidepsin SOLR29
REPLACEMENT FILTERS MISC .74	rilpivirine hcl 25 MG34	ropinirole hydrochloride TABS 0.25
RESTASIS EMUL (cyclosporine	riluzole TABS82	MG, 3 MG, 4 MG30
(ophth))85	rimantadine hydrochloride TABS ...35	ropinirole hydrochloride TABS 0.5
RESTASIS MULTIDOSE EMUL ...85	RINVOQ LQ SOLN3	MG, 1 MG, 2 MG, 5 MG30
RESTORIL 22.5 MG (temazepam) 60	RINVOQ TB243	ropinirole hydrochloride TB2430
RETACRIT59	risedronate sodium TABS 150 MG 52	rosuvastatin calcium TABS23
RETACRIT 2000 UNIT/ML, 3000	risedronate sodium TABS 35 MG .52	ROTARIX SUSP95
UNIT/ML, 4000 UNIT/ML, 10000	risedronate sodium TABS 5 MG, 30	ROTATEQ SOLN95
UNIT/ML, 20000 UNIT/ML59	MG52	RUBRACA29
RETIN-A MICRO (tretinoin	risedronate sodium TBEC52	RUCONEST58
microsphere)42	RISPERDAL CONSTA (risperidone	rufinamide SUSP14
RETIN-A MICRO PUMP (tretinoin	microspheres)31	RUKOBIA34
microsphere)43	risperidone microspheres31	RYALTRIS81
RETISERT86	risperidone SOLN31	RYBELSUS TABS18
RETROVIR CAPS (zidovudine) ...33	risperidone TABS31	
RETROVIR SYRP (zidovudine) ...33		

RYKINDO SRER	31	saxagliptin-metformin hcl	16	28G	67
RYZNEUTA SOSY SC 20 MG/ML	59	SB ALCOHOL PREP	70	SEREVENT DISKUS	12
sacubitril-valsartan TABS	37	SB FIB LAX ORANGE POWD 33 % .	60	SERTRALINE HCL CAPS 150 MG,	
SAFETY LANCET 30G/PRESSURE				200 MG (sertraline hcl)	15
ACT	67	SB HEMORRHOID 0.25 %-71.9 %-		sertraline hcl CAPS 150 MG, 200 MG	
SAFETY LANCETS	67	14 %-3 %	8		15
SAFETY LANCETS 21G	67	SB LANCETS THIN	67	sertraline hcl CONC	15
SAFETY LANCETS 23G	67	SB LANCETS ULTRA THIN	67	sertraline hcl TABS	15
SAFETY LANCETS 28G	67	SB LICE TREATMENT LIQD 3 %-2.4		sevelamer carbonate PACK	56
salicylic acid GEL 6 %	48	%-0.3 %-1.2 %	49	sevelamer carbonate TABS	56
saline SOLN 0.65 %	81	SCHOOLTIME SHAMPOO SHAM	49	sevelamer hcl	56
salsalate	6	SELARSDI SOLN IV 130 MG/26ML		SEVENFACT	57
SAMI THE SEAL FILTERS MISC .	74	55		SHINGRIX	95
SANADERMRX SKIN REPAIR 0.1		SELARSDI SOLN SC 45 MG/0.5ML .	44	SHINGRIX IM 50 MCG/0.5ML	95
%-5 %	47	SELARSDI SOSY SC 45 MG/0.5ML,		SIDESTREAM ADULT FACE MASK	
SANDIMMUNE CAPS (cyclosporine)		90 MG/ML	44	MISC	74
76		selegiline hcl CAPS	30	SIDESTREAM PEDIATRIC FACE	
SANDIMMUNE SOLN IV 50 MG/ML .		selegiline hcl TABS	30	MASK MISC	74
76		selenium sulfide LOTN 1 %	45	SIDESTREAM PLS ADULT FACE	
sapropterin dihydrochloride PACK .	53	selenium sulfide LOTN 2.5 %	45	MASK MISC	74
sapropterin dihydrochloride TABS .	53	selenium sulfide SHAM 1 %	45	SIGNIFOR	54
SAPS CARE ALCOHOL PREP ...	70	SELZENTRY SOLN	34	SIGNIFOR LAR	54
SAPS HEALTH ALCOHOL PREP	70	SEMGLEE (YFGN) SOLN	18	SIKLOS TABS	58
SAPS HEALTH CARE ALCOHOL		SEMGLEE (YFGN) SOPN	18	sildenafil citrate (pulmonary	
PREP	70	sennosides TABS 8.6 MG	61	hypertension) SOLN	37
SAPS HEALTH PLUS LANCETS .	67	sennosides-docusate sodium TABS		sildenafil citrate (pulmonary	
SAPS HEALTH TWIST TOP		61		hypertension) SUSR	37
LANCETS	67	SENSILANCE SAFETY LANCETS		sildenafil citrate (pulmonary	
SAPS TWIST TOP LANCETS	67	21G	67	hypertension) TABS	37
SAPSCARE TWIST TOP LANCETS		SENSILANCE SAFETY LANCETS		SILICONE MASK/ADULT MISC ...	74
67		26G	67	SILICONE MASK/INFANT MISC ..	74
saxagliptin hcl	17	SENSILANCE SAFETY LANCETS		SILICONE MASK/PEDIATRIC MISC .	
				74	

silodosin	56	SIVEXTRO TABS	25	sodium phosphate monobasic-	
silver sulfadiazine	45	SKYLA	40	sodium phosphate dibasic PR 19	
SIMBRINZA	85	SKYRIZI PEN SOAJ	44	GM/118ML-7 GM/118ML, 19	
simethicone CHEW 80 MG	55	SKYRIZI SOCT	55	GM/197ML-7 GM/197ML, 6	
simethicone LIQD PO	55	SKYRIZI SOLN	55	GM/133ML-16 GM/133ML, 7	
simethicone SUSP	55	SKYRIZI SOSY	44	GM/118ML-19 GM/118ML, 9.5	
SIMLANDI (1 PEN) AJKT	4	SKYSONA	89	GM/59ML-3.5 GM/59ML	61
SIMLANDI (1 SYRINGE) PSKT	4	SKYTROFA	53	sodium polystyrene sulfonate POWD	77
SIMLANDI (2 PEN) AJKT	4	SM ADVANCED PROBIOTIC CAPS .	20	sodium polystyrene sulfonate SUSP	
SIMLANDI (2 SYRINGE) PSKT	4	SM ALCOHOL PREP	70	CO 15 GM/60ML	77
SIMPLYTHICK EASY MIX	88	SM IPECAC SYRUP	20	SOFIA SARS ANTIGEN FIA	51
SIMPLYTHICK EASYMIX LEVEL 1 .	88	SMARTEST LANCETS 28G	67	SOFIA2 SARS ANTIGEN FIA	51
SIMPLYTHICK EASYMIX LEVEL 2 .	88	SOAANZ TABS 20 MG	51	SOFOSBUVIR-VELPATASVIR TABS	
SIMPLYTHICK EASYMIX LEVEL 3 .	88	sodium bicarbonate (antacid) TABS			34
simvastatin TABS 5 MG, 10 MG, 20		325 MG, 650 MG	9	SOGROYA	53
MG, 40 MG	23	sodium chloride (gu irrigant) 0.9 %	56	SOLESTA	76
simvastatin TABS 80 MG	23	sodium chloride (inhalant) AERS .	42	solifenacin succinate TABS	93
SINGLE-LET	67	sodium chloride (inhalant) NEBU 0.9		SOLIRIS	58
sirolimus SOLN	76	%, 7 %	42	SOLUS V2 LANCETS 28G	67
sirolimus TABS	76	sodium citrate & citric acid	56	SOLUS V2 TWIST LANCETS 30G	67
sitagliptin 25 MG, 50 MG, 100 MG	17	sodium fluoride (dental) CREA	77	SOLUVITA ACD WITH FLUORIDE	
sitagliptin free base-metformin hcl		sodium fluoride (dental) GEL	77	SOLN	80
TABS 1000 MG-50 MG, 500 MG-50		sodium fluoride (dental) SOLN 0.2 %	77	SOMA TABS 250 MG (carisoprodol) .	81
MG	16	77		SOMATULINE DEPOT	54
sitagliptin phosphate 25 MG, 50 MG,		sodium fluoride CHEW	75	SOMAVERT	52
100 MG	17	sodium fluoride SOLN 0.5 MG/ML .	75	SOOTHENEB NBL 100 ADULT	
sitagliptin phosphate-metformin hcl		SODIUM FLUORIDE SOLN 0.5		MASK MISC	74
TABS	16	MG/ML	75	SOOTHENEB NBL 100 CHILD	
sitagliptin phosphate-metformin hcl		sodium oxybate SOLN	88	MASK MISC	74
TB24	16	sodium phenylbutyrate POWD	54	SOOTHENEB NBL 100 MED CUP	
		sodium phenylbutyrate TABS	54	MISC	74
				SOOTHENEB NBL 100 MESH CAP	

MISC	74	STEQEYMA	44	SUCRAID	51
sorafenib tosylate	29	STEQEYMA SC	44	sucralfate SUSP	92
SORBITOL PO 70 %	61	STERILANCE TL	67	sucralfate TABS	92
SORILUX FOAM	44	STERILE DILUENT FLOLAN PH 12 . 88		SUDAFED CHILDRENS LIQD	82
sotalol hcl (afib/afl)	36	STIMUFEND	59	SUDAFED PE CHILDRENS SOLN	82
sotalol hcl TABS 240 MG	36	STIOLTO RESPIMAT	12	sugammadex sodium SOLN 200 MG/2ML, 500 MG/5ML	20
sotalol hcl TABS 80 MG, 120 MG, 160 MG	36	STIVARGA	29	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	36
SOTYKTU	44	STOP LICE AERO 0.5 %	50	sulfacetamide sodium (acne)	43
SOVALDI PACK	34	STOP LICE STEP 3 AERO 0.5 % .	50	sulfacetamide sodium (ophth) SOLN .	85
SOVALDI TABS	34	STRENSIQ	54	sulfacetamide sodium LIQD	45
SPEEDY SWAB COVID-19 ANTIGEN KIT	51	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	79	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	43
SPEVIGO SOLN	44	STRESS FORMULA/IRON TABS .	79	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	43
SPEVIGO SOSY	44	STRIBILD	34	sulfacetamide sod-prednisolone SOLN	86
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	95	STROMECTOL (ivermectin)	9	sulfamethoxazole-trimethoprim SUSP	25
SPIKEVAX SUSP	95	SUBLOCADE SOSY	8	sulfamethoxazole-trimethoprim TABS	25
SPIKEVAX SUSY	95	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sulfasalazine TABS	55
spinosad	50	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sulfasalazine TBEC	55
SPINRAZA	83	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sulindac TABS	5
SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	11	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan	75
spironolactone & hydrochlorothiazide	51	SUBVENITE SUSP PO 10 MG/ML 14		sumatriptan succinate SOAJ 4 MG/0.5ML	75
spironolactone TABS	52			sumatriptan succinate SOAJ 6 MG/0.5ML	75
STAMARIL SUSR	95			sumatriptan succinate SOCT 4 MG/0.5ML	75
stannous fluoride CONC	77				
STARJEMZA SOLN IV 130 MG/26ML	55				
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	44				

sumatriptan succinate SOCT 6 MG/0.5ML75	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)34	TABS37
sumatriptan succinate SOLN 6 MG/0.5ML75	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)34	TADLIQ SUSP37
sumatriptan succinate TABS75	SYMTUZA34	TAFINLAR CAPS29
sumatriptan-naproxen sodium75	SYNAGIS SOLN87	TAGRISSE27
sunitinib malate29	SYNALAR CREA (fluocinolone acetone)47	TAKHZYRO SOLN58
SUNLENCA SOLN34	SYNALAR OINT (fluocinolone acetone)47	TALTZ SOSY44
SUNLENCA TABS PO 300 MG ...34	SYNAREL53	TALZENNA 0.25 MG, 1 MG29
SUNLENCA TBP 300 MG34	SYNBIARA CAPS20	tamoxifen citrate TABS28
SUPARTZ FX SOSY81	SYNOJOYNT SOSY81	tamsulosin hcl56
SUPER THIN LANCETS67	SYNOVEXA CAPS20	TASCENSO ODT89
SUPPRELIN LA53	SYNTHROID TABS (levothyroxine sodium)91	tasimelteon CAPS60
SURE COMFORT ALCOHOL PREP70	SYNVISC ONE SOSY81	TAVALISSE58
SURE COMFORT LANCETS 18G 68	SYNVISC SOSY81	tazarotene CREA45
SURE COMFORT LANCETS 21G 68	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 MG79	TDVAX SUSP91
SURE COMFORT LANCETS 23G 68	TAB-A-VITE/IRON/BETA CAROTENE TABS79	TECENTRIQ27
SURE COMFORT LANCETS 28G 68	TABLOID26	TECHLITE AST LANCETS68
SURE COMFORT LANCETS 30G 68	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)47	TECHLITE LANCETS68
SUREBIOTIC PROBIOTIC SUPPORT CAPS20	tacrolimus (topical) OINT 0.03 % ..48	TECHLITE LANCETS 26G68
SURELITE LANCETS68	tacrolimus (topical) OINT 0.1 % ...48	TEGLUTIK SUSP82
SYLVANT77	tacrolimus CAPS76	TEGRETOL-XR TB12 (carbamazepine)14
SYMBICORT (budesonide- formoterol fumarate dihydrate)12	tacrolimus CP24 0.5 MG, 1 MG, 5 MG76	TEGSEDI90
SYMBRAVO TABS PO75	tacrolimus SOLN 5 MG/ML76	telmisartan24
SYMDEKO90	tadalafil (pulmonary hypertension)	telmisartan-amlodipine24
		telmisartan-hydrochlorothiazide ...25
		temazepam 15 MG, 30 MG60
		temazepam 22.5 MG60
		temazepam 7.5 MG60
		TEMODAR SOLR26
		temozolomide CAPS26

temsirolimus	29	TEZSPIRE SOAJ	10	timolol maleate (ophth) SOLN 0.5 % .	84
TENIVAC SUSP 2 LFU-5 LFU	91	TEZSPIRE SOSY	10	timolol maleate (ophth) SOLN	84
tenofovir disoproxil fumarate TABS	34	THALOMID 50 MG, 100 MG, 200 MG	76	timolol maleate TABS	36
terazosin hcl	24	THEO-24 CP24 100 MG	12	TIMOLOL-BRIMONIDINE-	
terbinafine hcl (topical) CREA	43	THEO-24 CP24 200 MG, 300 MG,		DORZOLAMID 0.5 %-0.15 %-2 % .	84
terbinafine hcl TABS	21	400 MG	12	TIMOPTIC OCUDOSE SOLN (timolol	
terbutaline sulfate TABS	12	theophylline ELIX	12	maleate (ophth))	84
terconazole vaginal CREA 0.4 % ..	96	theophylline SOLN	12	tioconazole vaginal 6.5 %	96
terconazole vaginal CREA 0.8 % ..	96	theophylline TB12 100 MG, 200 MG,		tiopronin TABS	56
terconazole vaginal SUPP	96	300 MG	12	tiotropium bromide CAPS IN 18 MCG	
teriparatide SOPN	52	theophylline TB12 450 MG	12		11
TERIPARATIDE SOPN	52	theophylline TB24	12	TIROSINT CAPS 13 MCG, 25 MCG,	
TESTOPEL PLLT	8	thiamine hcl TABS	97	50 MCG, 75 MCG, 88 MCG, 100	
testosterone cypionate SOLN IM 200		thiamine mononitrate TABS 100 MG .	97	MCG, 112 MCG, 125 MCG, 137	
MG/ML	8	thioridazine hcl	32	MCG, 150 MCG (levothyroxine	
TESTOSTERONE CYPIONATE		thiothixene	32	sodium)	91
SOLN IM 200 MG/ML	8	THRESHOLD IMT MISC	74	TIVICAY PD TBSO	34
testosterone GEL TD 1 %, 25		THROMBATE III 500 UNIT	58	TIVICAY TABS 50 MG	34
MG/2.5GM, 50 MG/5GM	8	THYMOGLOBULIN	76	tizanidine hcl CAPS 8 MG	81
testosterone GEL TD 1 %	8	THYROGEN 0.9 MG	50	tizanidine hcl CAPS	81
testosterone GEL TD 1.62 %, 20.25		THYROID TABS 15 MG, 30 MG, 60		tizanidine hcl TABS	81
MG/1.25GM, 40.5 MG/2.5GM	8	MG, 90 MG, 120 MG	91	TM-VITE RX TABS 1 MG	78
testosterone GEL TD 10 MG/ACT ..	8	tiagabine hcl 12 MG, 16 MG	14	TOBI NEBU (tobramycin)	3
testosterone SOLN	8	tiagabine hcl 2 MG, 4 MG	14	TOBRADEX OINT	86
TETANUS-DIPHTHERIA TOXOIDS		TIBSOVO	29	tobramycin (ophth) SOLN	85
TD SUSP	91	ticagrelor 60 MG, 90 MG	58	tobramycin NEBU	3
tetrabenazine	89	TICOVAC	95	tobramycin sulfate SOLN IJ 1.2	
tetracaine hcl (ophth)	85	TIGLUTIK SUSP	82	GM/30ML, 2 GM/50ML, 10 MG/ML,	
TETRACAINE HCL 0.5 %	85	timolol maleate (ophth) SOLG 0.25 %		80 MG/2ML	3
tetrahydrozoline hcl (ophth) 0.05 %	85		84	tobramycin sulfate SOLR	3
				tobramycin-dexamethasone SUSP	
				86	
				TOBREX OINT	85

TODAYS HEALTH THIN LANCETS 28G	68	toremifene citrate	28	TRELSTAR MIXJECT 3.75 MG ...	28
TODAYS HEALTH THIN LANCETS 30G	68	torsemide TABS 20 MG	51	TREMFYA PEN SOAJ SC 200 MG/2ML	55
tofacitinib citrate SOLN 1 MG/ML ...	3	torsemide TABS 5 MG, 10 MG, 100 MG	52	TREMFYA SOLN IV	55
TOFIDENCE	5	TOVIAZ (fesoterodine fumarate) ..	93	TREMFYA SOSY SC 200 MG/2ML 55	
tolmetin sodium CAPS	5	TPOXX CAPS	35	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	55
tolmetin sodium TABS	5	TRACLEER TABS (bosentan)	37	treprostinil SOLN IJ	37
tolnaftate CREA	44	TRADJENTA	17	tretinoin (chemotherapy)	29
tolterodine tartrate CP24	93	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin CREA 0.025 %	43
tolterodine tartrate TABS	93	TRAMADOL HCL SOLN (tramadol hcl)	7	tretinoin CREA 0.05 %, 0.1 %	43
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	54	tramadol hcl SOLN	7	tretinoin GEL 0.01 %, 0.025 %	43
tolvaptan TABS	54	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin GEL 0.05 %	43
tolvaptan TBPK	54	tramadol hcl TABS 50 MG	7	tretinoin microsphere	43
TOPAMAX SPRINKLE CPSP (topiramate)	14	tramadol hcl TB24	7	TRETTEN	57
TOPICORT CREA 0.05 % (desoximetasone)	47	tramadol-acetaminophen	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	26
TOPICORT CREA 0.25 % (desoximetasone)	47	trandolapril 1 MG, 2 MG	24	TREXIMET (sumatriptan-naproxen sodium)	75
TOPICORT GEL (desoximetasone) 47		trandolapril 4 MG	24	triamcinolone acetonide (mouth) ..	77
TOPICORT SPRAY LIQD (desoximetasone)	47	trandolapril-verapamil hcl	25	triamcinolone acetonide (topical) AERS	47
topiramate CPSP 15 MG, 25 MG ..	14	tranexamic acid TABS	59	triamcinolone acetonide (topical) CREA 0.025 %	47
topiramate CPSP 50 MG	14	tranylcypromine sulfate	15	triamcinolone acetonide (topical) CREA 0.1 %	47
topiramate SOLN 25 MG/ML	14	TRAVATAN Z SOLN (travoprost) ..	86	triamcinolone acetonide (topical) CREA 0.5 %	47
topiramate TABS 25 MG	14	TRAVEL LANCETS ADVANCED 28G	68	triamcinolone acetonide (topical) LOTN	47
topiramate TABS 50 MG, 100 MG, 200 MG	14	travoprost SOLN	86	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	47
topotecan hcl SOLN	30	trazodone hcl TABS 300 MG	15	triamcinolone acetonide (topical)	
topotecan hcl SOLR	30	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15		
		TRELSTAR MIXJECT 11.25 MG, 22.5 MG	28		

OINT 0.05 %47	TRUE COMFORT PRO ALCOHOL PREP70	TYPHIM VI SOSY93
triamcinolone acetonide (topical)		TYRUKO CONC IV 300 MG/15ML 89
OINT 0.5 %47	TRUE COMFORT SAFETY LANCETS68	UBRELVY74
triamcinolone acetonide-dimethicone-silicone47	TRUE COMFORT TWIST TOP LANCETS68	UCERIS TB24 (budesonide)41
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG51	TRUEBALANCE CAPS20	UDENYCA ONBODY SOSY59
triamterene & hydrochlorothiazide TABS51	TRUEBOOST TABS 1 MG78	UDENYCA SOAJ59
triazolam60	TRUEFLORA CAPS20	UDENYCA SOSY59
trientine hcl 250 MG76	TRUEPLUS GLUCOSE CHEW17	ULTICARE ALCOHOL SWABS ...70
trifluoperazine hcl TABS32	TRUEPLUS GLUCOSE ON THE GO CHEW17	ULTILET ALCOHOL SWABS70
trihexyphenidyl hcl SOLN30	TRUEPLUS LANCETS 26G68	ULTILET CLASSIC LANCETS68
trihexyphenidyl hcl TABS30	TRUEPLUS LANCETS 28G68	ULTILET LANCETS68
TRIKAFTA TBP 100 MG-50 MG .90	TRUEPLUS LANCETS 30G68	ULTILET SAFETY LANCETS68
TRILEPTAL SUSP (oxcarbazepine) 14	TRUEPLUS LANCETS 33G68	ULTILET SAFETY LANCETS 23G 68
TRILURON SOSY81	TRUEPLUS SAFETY LANCETS 28G68	ULTRA THIN LANCETS 31G68
trimethoprim TABS25	TRULICITY18	ULTRA-CARE ALCOHOL PREP PADS70
trimipramine maleate CAPS16	TRUMENBA 0.5 ML93	ULTRA-CARE LANCETS 30G68
TRIPHROCAPS CAPS 1 MG78	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)34	ULTRA-CARE SAFETY LANCETS 30G68
TRIUMEQ PD TBSO34	TRYPTYR SOLN OP 0.003 %86	ULTRA-THIN II AUTO LANCET ..68
TRIUMEQ TABS34	TUBING/WING TIP MISC74	ULTRA-THIN II LANCETS68
TRIVISC SOSY81	TWINRIX SUSY95	UNILET COMFORTOUCH LANCET 68
TRIVIX 0.1 %-5 %48	TWIST TOP LANCETS 30G68	UNILET EXCELITE68
TRONVITE TABS 1 MG78	TYBLUME CHEW39	UNILET EXCELITE II68
tropicamide SOLN 0.5 %84	TYBOST34	UNILET G.P. LANCET68
tropicamide SOLN 1 %84	TYENNE SOAJ5	UNILET G.P. SUPERLITE LANCET . 68
tropium chloride CP2493	TYENNE SOLN5	UNILET GP 28 ULTRA THIN68
tropium chloride TABS93	TYENNE SOSY5	UNILET LANCET68
TRUE COMFORT ALCOHOL PREP PADS70	TYPHIM VI SOLN93	UNILET MICRO-THIN 33G68

UNILET SUPERLITE LANCET ... 68	UNISTIK TOUCH SAFETY LANC 30G 69	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 13
UNILET SUPER-THIN 30G 68	UNITUXIN 27	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 13
UNILET ULTRA-THIN 28G 68	urea CREA 40 % 48	VALTOCO 5 MG DOSE LIQD 13
UNISOM SLEEPMELTS TBDP 25 MG 60	urea LOTN 40 % 48	vancomycin hcl CAPS 125 MG 25
UNISTIK 1 68	URETRON D/S TABS 81.6 MG ... 25	vancomycin hcl CAPS 250 MG 25
UNISTIK 2 68	ursodiol CAPS 55	vancomycin hcl SOLR IV 1 GM 25
UNISTIK 2 COMFORT 68	ursodiol TABS 250 MG 55	VANCOMYCIN HCL SOLR IV 1 GM . 25
UNISTIK 2 EXTRA 68	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML 45	vancomycin hcl SOLR IV 500 MG . 25
UNISTIK 2 NEONATAL 69	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML 45	VANCOMYCIN HCL SOLR IV 500 MG 25
UNISTIK 2 NORMAL 69	USTEKINUMAB-TTWE 45	vancomycin hcl SOLR PO 25 MG/ML 25
UNISTIK 2 SUPER 69	USTEKINUMAB-TTWE SC 45	VANDAZOLE 96
UNISTIK 3 69	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML 31	VAQTA 95
UNISTIK 3 COMFORT 69	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML 31	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 95
UNISTIK 3 EXTRA 69	VABRINTY KIT SC 7.5 MG 28	varenicline tartrate TABS 90
UNISTIK 3 GENTLE 69	VABRINTY SC 22.5 MG, 30 MG, 45 MG 28	varenicline tartrate TBPK 90
UNISTIK 3 NEONATAL 69	valacyclovir hcl 1 GM 35	VARIVAX SUSR 96
UNISTIK 3 NORMAL 69	valacyclovir hcl 500 MG 35	VAXCHORA 93
UNISTIK CZT COMFORT 69	valganciclovir hcl TABS 34	VAXELIS SUSP 91
UNISTIK CZT NORMAL 69	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 14	VAXELIS SUSY 91
UNISTIK NORMAL 69	valproic acid CAPS 14	VAXNEUVANCE 93
UNISTIK PRO SAFETY LANCET . 69	valrubicin 28	VCF VAGINAL CONTRACEPTIVE FILM 96
UNISTIK SAFETY LANCETS 28G 69	valsartan SOLN 24	VCF VAGINAL CONTRACEPTIVE GEL 96
UNISTIK SAFETY LANCETS 30G 69	valsartan TABS 24	VECAMEYL 25
UNISTIK TOUCH SAFETY LANC 21G 69	valsartan-hydrochlorothiazide 25	VECTIBIX 100 MG/5ML, 400 MG/20ML 27
UNISTIK TOUCH SAFETY LANC 23G 69	VALTOCO 10 MG DOSE LIQD 13	
UNISTIK TOUCH SAFETY LANC 28G 69		

VELENTA CAPS	20		69	VISUDYNE	85
VELSIPITY	55	VERIFINE SAFE LANCET MINI 28G	69	VITAMIN D3 LIQD PO 125 MCG/ML .	97
VELTASSA	77	VERIFINE SAFE LANCET MINI 30G	69	vitamin e CAPS	97
VENCLEXTA STARTING PACK		VERIFINE UNIVERSAL LANCETS		VITAMIN E CAPS	97
TBPK	27	28G	69	VITAMIN E CHEW	97
VENCLEXTA TABS	27	VERIFINE UNIVERSAL LANCETS		VITAMIN E/D-ALPHA CAPS 200	
VENLAFAXINE BESYLATE ER ...	16	30G	69	UNIT	97
venlafaxine hcl CP24 150 MG	16	VERIFINE UNIVERSAL LANCETS		VITAMINS ACD-FLUORIDE SOLN	
venlafaxine hcl CP24 37.5 MG	16	33G	69	80	
venlafaxine hcl CP24 75 MG	16	VESICARE LS SUSP	93	vitamins w/ lipotropics CAPS	80
venlafaxine hcl TABS	16	VEVYE SOLN	85	VITASURE TABS 1 MG	78
venlafaxine hcl TB24	16	VICTOZA (liraglutide)	18	VITRAKVI CAPS	29
VENTOLIN HFA AERS (albuterol		vigabatrin PACK	14	VITRAKVI SOLN	29
sulfate)	12	vigabatrin TABS	14	VIVAGUARD LANCETS	69
verapamil hcl CP24 100 MG, 120		VIGAFYDE SOLN	14	VIVAGUARD LANCETS 30G	69
MG, 180 MG, 200 MG, 240 MG ...	36	VIGAMOX SOLN OP (moxifloxacin		VIVAGUARD SAFETY LANCETS	
verapamil hcl CP24 300 MG	36	hcl (ophth))	85	28G	69
verapamil hcl CP24 360 MG	36	VIJOICE TBPK	77	VIVIMUSTA SOLN	26
VERAPAMIL HCL ER CP24		VILTEPSO	83	VIVITROL	21
(verapamil hcl)	36	VIMIZIM	54	VIVOTIF	93
verapamil hcl TABS	36	VIMOVO (naproxen-esomeprazole		VIZIMPRO	27
verapamil hcl TBCR	36	magnesium)	5	VOGELXO PUMP GEL TD	
VERELAN CP24 120 MG, 180 MG,		vincristine sulfate	30	(testosterone)	8
240 MG (verapamil hcl)	36	VIRACEPT TABS 250 MG	34	VONVENDI	57
VERELAN CP24 360 MG (verapamil		VIRACEPT TABS 625 MG	34	VORAXAZE	29
hcl)	36	VIREAD POWD	34	VORTEX HOLD	
VERELAN PM CP24 100 MG, 200		VIREAD TABS (tenofovir disoproxil		CHMBR/MASK/CHILD DEVI	74
MG (verapamil hcl)	36	fumarate)	34	VORTEX HOLD	
VERELAN PM CP24 300 MG		VIREAD TABS	34	CHMBR/MASK/TODDLER DEVI ..	74
(verapamil hcl)	36	VISCO-3 SOSY	81	VORTEX VALVE CHAMBER-PEDI	
VERIFINE SAFE LANCET MINI 21G		VISTOGARD	20	MASK DEVI	74
.....	69			VORTEX VALVED HOLDING	
VERIFINE SAFE LANCET MINI 23G					

CHAMBER DEVI	74	XALKORI CAPS	29	XTANDI CAPS	28
VOSEVI	34	XARELTO STARTER PACK TBPK 12		XYBIOTIC CAPS	20
VPRIV	58	XARELTO SUSR 1 MG/ML (rivaroxaban)	12	XYNTHA	57
VRAYLAR CAPS	31	XARELTO TABS 10 MG, 20 MG ..	12	XYNTHA SOLOFUSE	57
VTAMA	45	XARELTO TABS 15 MG	12	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..	22
VYNDAMAX	37	XARELTO TABS 2.5 MG (rivaroxaban)	12	YERVOY	27
VYNDAQEL	37	XCOPRI (250 MG DAILY DOSE) TBPK	14	YESCARTA	27
VYONDYS 53	83	XCOPRI TABS	14	YESINTEK SOLN 45 MG/0.5ML ..	45
VYSCOXIA PO 10 MG/ML	5	XELJANZ SOLN 1 MG/ML (tofacitinib citrate)	3	YESINTEK SOSY	45
VYVANSE CAPS (lisdexamfetamine dimesylate)	1	XELSTRYM	1	YEZTUGO SOLN 463.5 MG/1.5ML 34	
VYVANSE CHEW (lisdexamfetamine dimesylate)	1	XENAZINE (tetrabenazine)	89	YEZTUGO TABS PO 300 MG	34
WAL-SLEEP Z TBDP 25 MG	60	XEOMIN	83	YF-VAX SUSR	96
WAL-SOM TBDP 25 MG	60	XGEVA SOLN	52	YONDELIS	26
WAL-ZYR CHILDRENS CHEW 5 MG	22	XIAFLEX	76	YOSPRALA 81 MG-40 MG	58
warfarin sodium TABS	12	XIGDUO XR TB24 PO (dapagliflozin- metformin hcl)	16	YUFLYMA (1 PEN) AJKT	4
WEBCOL ALCOHOL PREP LARGE 70		XIIDRA	85	YUFLYMA (2 PEN) AJKT	4
WEBCOL ALCOHOL PREP MEDIUM	70	XOFLUZA (40 MG DOSE) 40 MG ..	35	YUFLYMA (2 SYRINGE) PSKT	4
WEGOVY	1	XOFLUZA (80 MG DOSE) 80 MG ..	35	YUFLYMA-CD/UC/HS STARTER AJKT	4
WELLPRO 31 CAPS	20	XOLAIR SOAJ	10	YUSIMRY	4
WES-PHOS 250 NEUTRAL 852 MG- 155 MG-130 MG	76	XOLAIR SOLR	10	YUTIQ	86
white petrolatum-mineral oil	84	XOLAIR SOSY	10	zafirlukast	11
WILATE KIT	57	XOPENEX HFA (levalbuterol tartrate)	12	zaleplon	60
WINDMILL TRAINER MISC	74	XOSPATA	29	ZALTRAP	27
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	87	XPART XPRESS SARS-COV-2 ..	51	ZANAFLEX CAPS 8 MG (tizanidine hcl)	81
XACIATO GEL	96	XPHOZAH	54	ZARXIO	59
				ZAVZPRET	74
				ZEGALOGUE SOAJ	17

ZEGALOGUE SOSY17	ZIMHI SOSY21	ZOLGENSMA 16.6-17.0 KG83
ZEGERID CAPS (omeprazole-sodium bicarbonate)92	zinc oxide (topical) OINT 20 %49	ZOLGENSMA 17.1-17.5 KG83
ZEGERID PACK (omeprazole-sodium bicarbonate)92	zinc sulfate CAPS76	ZOLGENSMA 17.6-18.0 KG83
ZELAC CAPS20	ZINPLAVA87	ZOLGENSMA 18.1-18.5 KG83
ZELBORAF29	ziprasidone hcl31	ZOLGENSMA 18.6-19.0 KG83
ZEMAIRA SOLR 1000 MG90	ziprasidone mesylate31	ZOLGENSMA 19.1-19.5 KG83
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 UNIT51	ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-metformin hcl)17	ZOLGENSMA 19.6-20.0 KG83
ZEPATIER34	ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin)17	ZOLGENSMA 2.6-3.0 KG83
ZEPBOUND SOLN1	ZOLADEX 10.8 MG28	ZOLGENSMA 20.1-20.5 KG83
ZEPOSIA STARTER KIT CPPK ...89	ZOLADEX 3.6 MG28	ZOLGENSMA 3.1-3.5 KG83
ZEVALIN Y-9027	zoledronic acid CONC52	ZOLGENSMA 3.6-4.0 KG83
ZEVRX STERILE ALCOHOL PREP PAD70	zoledronic acid SOLN 5 MG/100ML 52	ZOLGENSMA 4.1-4.5 KG83
ZEVRX TWIST TOP LANCETS 30G 69	ZOLEDRONIC ACID SOLN52	ZOLGENSMA 4.6-5.0 KG84
ZIAGEN SOLN (abacavir sulfate) .34	ZOLGENSMA 20.6-21.0 KG83	ZOLGENSMA 5.1-5.5 KG84
ZIANA (clindamycin phosphate-tretinoin)43	ZOLGENSMA 10.1-10.5 KG83	ZOLGENSMA 5.6-6.0 KG84
zidovudine CAPS34	ZOLGENSMA 10.6-11.0 KG83	ZOLGENSMA 6.1-6.5 KG84
zidovudine SYRP34	ZOLGENSMA 11.1-11.5 KG83	ZOLGENSMA 6.6-7.0 KG84
zidovudine TABS34	ZOLGENSMA 11.6-12.0 KG83	ZOLGENSMA 7.1-7.5 KG84
ZIEXTENZO59	ZOLGENSMA 12.1-12.5 KG83	ZOLGENSMA 7.6-8.0 KG84
zileuton TB1211	ZOLGENSMA 12.6-13.0 KG83	ZOLGENSMA 8.1-8.5 KG84
ZILRETTA SRER41	ZOLGENSMA 13.1-13.5 KG83	ZOLGENSMA 8.6-9.0 KG84
	ZOLGENSMA 13.6-14.0 KG83	ZOLGENSMA 9.1-9.5 KG84
	ZOLGENSMA 14.1-14.5 KG83	ZOLGENSMA 9.6-10.0 KG84
	ZOLGENSMA 14.6-15.0 KG83	ZOLINZA29
	ZOLGENSMA 15.1-15.5 KG83	zolmitriptan SOLN 2.5 MG75
	ZOLGENSMA 15.6-16.0 KG83	zolmitriptan TABS75
	ZOLGENSMA 16.1-16.5 KG83	zolmitriptan TBDP75
		ZOLOFT CONC (sertraline hcl)15
		ZOLPIDEM TARTRATE CAPS60
		zolpidem tartrate SUBL60

zolpidem tartrate TABS	60
zolpidem tartrate TBCR	60
ZOMIG SOLN	75
ZONISADE SUSP	14
zonisamide CAPS	14
ZORYVE CREA EX	49
ZORYVE FOAM EX	49
ZOVIRAX CREA (acyclovir topical) 45	
ZOVIRAX OINT (acyclovir topical) .45	
ZTALMY	14
ZUBSOLV SUBL 0.18 MG-0.7 MG . 8	
ZUBSOLV SUBL 0.36 MG-1.4 MG . 8	
ZUBSOLV SUBL 0.71 MG-2.9 MG . 8	
ZUBSOLV SUBL 1.4 MG-5.7 MG ...8	
ZUBSOLV SUBL 2.1 MG-8.6 MG ...8	
ZUBSOLV SUBL 2.9 MG-11.4 MG . 8	
ZULRESSO	15
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	89
ZURNAI IJ 1.5 MG/0.5ML	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