

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP
DYANAVEL XR TBCR	NP	
<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 EA daily); MP; PA
<i>lisdexamfetamine dimesylate CHEW</i>	1	MP; PA
<i>methamphetamine hcl</i>	1	Generic for Desoxyx; MP; PA
MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	MP
VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	2	QL(1 EA daily); MP; PA
VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	NP	MP; PA
XELSTRYM	NP	
Analeptics		
<i>caffeine citrate SOLN PO 60 MG/3ML</i>	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anorexiants Non-Amphetamine		
<i>phentermine hcl-topiramate</i>	NP	PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	NP	PA
Anti-Obesity Agents		
WEGOVY	NP	PA
ZEPBOUND SOLN	NP	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	2	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP	ADALIMUMAB-ADBM (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-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA	CYLTEZO (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA	CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 40 MG/0.8ML	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	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	Antirheumatic - Enzyme Inhibitors		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	OLUMIANT	NP	SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA	RINVOQ LQ SOLN	2	SP; PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA	RINVOQ TB24	2	SP; PA
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA	<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP; PA
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA	XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP; PA
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA	Antirheumatic Antimetabolites		
HYRIMOZ SOAJ	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
HYRIMOZ SOSY	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
IDACIO (2 PEN) AJKT	NP	SP; PA	Interleukin-6 Receptor Inhibitors		
IDACIO (2 SYRINGE) PSKT	NP	SP; PA	AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP; PA
IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA			
IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA			
SIMLANDI (1 PEN) AJKT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP; PA	<i>nabumetone</i>	1	MP
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP; PA	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
TOFIDENCE	NP	SP; PA	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
TYENNE SOAJ	2	SP; PA	<i>naproxen-esomeprazole magnesium</i>	NP	PA
TYENNE SOLN	2	SP; PA	<i>naproxen SUSP</i>	1	MP
TYENNE SOSY	2	SP; PA	<i>naproxen TABS</i>	1	MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
<i>celecoxib</i>	1	QL(2 EA daily); PA	ORUDIS CAPS 75 MG	2	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>oxaprozin TABS</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP	<i>piroxicam CAPS</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>etodolac CAPS</i>	1	MP	<i>tolmetin sodium CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP	<i>tolmetin sodium TABS</i>	1	
<i>etodolac TB24</i>	1	MP	VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
<i>flurbiprofen TABS</i>	1	MP	VYSCOXIA PO 10 MG/ML	NP	
<i>ibuprofen CHEW</i>	0	MP	ZYBIC SUSP 7.5 MG/5ML (<i>meloxicam</i>)	NP	MP
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	0	MP; RX/OTC	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP	OTEZLA XR TB24 PO 75 MG	NP	SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP; PA
<i>indomethacin CPCR</i>	1	MP	OTEZLA TABS	2	SP; PA
<i>ketoprofen CAPS 50 MG, 75 MG</i>	1	MP	OTEZLA TBPK	2	SP; PA
<i>ketoprofen CP24</i>	1	MP	Pyrimidine Synthesis Inhibitors		
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP	<i>leflunomide</i>	1	QL(1 EA daily); MP
<i>meloxicam SUSP</i>	NP	MP	Soluble Tumor Necrosis Factor Receptor Agents		
MELOXICAM SUSP (<i>meloxicam</i>)	NP	MP	ENBREL MINI SOCT	NP	SP; PA
<i>meloxicam TABS</i>	1	MP	ENBREL SURECLICK SOAJ	NP	SP; PA
			ENBREL SOLN	NP	SP; PA
			ENBREL SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<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

Drug Name	Drug Tier	Requirements/ Limits
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>aspirin CHEW</i>	0	
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
<i>aspirin TABS 325 MG</i>	0	
<i>aspirin TBEC 81 MG, 325 MG</i>	0	
<i>diflunisal TABS</i>	1	MP
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA	<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)
<i>morphine sulfate beads</i>	NP	PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA	<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 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)	<i>butalbital-aspirin-caffeine w/cod</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>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 SUPP</i>	1	QL(24 EA per fill retail)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA 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>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 CONC 100 MG/5ML</i>	1	QL(6 ML daily)	<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
<i>oxycodone hcl SOLN</i>	1		Opioid Partial Agonists		
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)	BRIXADI (MONTHLY) SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	SP
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	BRIXADI (WEEKLY) SOSY	2	SP
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
QDOLO SOLN (<i>tramadol hcl</i>)	NP				
TAPENTADOL HCL SOLN PO 20 MG/ML	NP				
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	PA			
<i>tramadol hcl SOLN</i>	NP				
TRAMADOL HCL SOLN (<i>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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)	ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)	ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)	ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 EA daily)	Androgens		
<i>buprenorphine hcl SUBL</i>	1	PA	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	PA
<i>buprenorphine PTWK</i>	1	PA	ANDROGEL GEL TD 25 MG/2.5GM (<i>testosterone</i>)	NP	
<i>BUTRANS PTWK (buprenorphine)</i>	2	PA	AVEED SOLN	2	SP; PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP	FORTESTA GEL TD (<i>testosterone</i>)	NP	PA
SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 EA daily)	<i>methyltestosterone TABS</i>	1	
SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)	TESTOPEL PLLT	2	SP; PA
SUBOXONE FILM SL 0.5 MG-2 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ML per 30 day(s) retail)
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily)	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(4 ML per 30 day(s) retail)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)	<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)	<i>testosterone GEL TD 1 %</i>	NP	
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)	<i>testosterone GEL TD 10 MG/ACT</i>	NP	PA
			<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		

Drug Name	Drug Tier	Requirements/ Limits
HEMORRHOIDAL 0.25 %-85.5 %-3 %	2	QL(48 EA per fill retail)
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	2	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)
PROCTOFOAM FOAM EX 1 %	2	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
<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		

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
<i>ivermectin</i>	1	
PIN RID CHEW	2	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
STROMECTOL (<i>ivermectin</i>)	2	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		

Drug Name	Drug Tier	Requirements/ Limits
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		

Drug Name	Drug Tier	Requirements/ Limits
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
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	2	MP
<i>nitroglycerin OINT</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
<i>buspirone hcl 2.5 MG, 12.5 MG</i>	1	
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	NP	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	NP	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>diazepam SOLN IJ 5 MG/ML</i>	NP	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
<i>DIAZEPAM SOLN IJ 5 MG/ML</i>	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)
<i>LOREEV XR CS24</i>	NP	
<i>oxazepam CAPS</i>	NP	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
<i>NORPACE CAPS (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

Drug Name	Drug Tier	Requirements/ Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
Antiasthmatic - Monoclonal Antibodies		
<i>CINQAIR</i>	NP	SP; PA
<i>EXDENSUR SOSY SC 100 MG/ML</i>	NP	SP; PA
<i>FASENRA PEN SOAJ</i>	2	SP; PA
<i>FASENRA SOSY 10 MG/0.5ML</i>	2	SP; PA
<i>NUCALA SOAJ</i>	2	SP; PA
<i>NUCALA SOLR</i>	2	SP; PA
<i>NUCALA SOSY</i>	2	SP; PA
<i>TEZSPIRE SOAJ</i>	2	SP; PA
<i>TEZSPIRE SOSY</i>	2	SP; PA
<i>XOLAIR SOAJ</i>	2	SP; PA
<i>XOLAIR SOLR</i>	2	SP; PA
<i>XOLAIR SOSY</i>	2	SP; PA
Bronchodilators - Anticholinergics		
<i>ATROVENT HFA 17 MCG/ACT (ipratropium bromide hfa)</i>	2	QL(0.867 GM daily)
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	QL(0.867 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
<i>SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)</i>	2	
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP	<i>albuterol sulfate AERS</i>	0	QL(0.57 GM daily)
<i>zafirlukast</i>	1		<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
<i>zileuton TB12</i>	NP		<i>albuterol sulfate AERS</i>	0	QL(1.2 GM daily)
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
OHTUVAYRE	NP	SP	<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	1	QL(375 ML per 30 day(s) retail)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 25 day(s) retail)
ASMANEX (14 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(2 EA daily)
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	
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	BREO ELLIPTA	2	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	BREZTRI AEROSPHERE	NP	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)	COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
Sympathomimetics			DULERA 50 MCG/ACT-5 MCG/ACT	2	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)	<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2				
AIRSUPRA	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily)
<i>fluticasone-salmeterol</i> AERO	NP	
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ML daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol hcl</i> 1.25 MG/0.5ML	NP	
<i>levalbuterol tartrate</i>	1	
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT (budesonide-formoterol fumarate dihydrate)	2	QL(11 GM per 30 day(s) retail)
<i>terbutaline sulfate</i> TABS	1	MP
VENTOLIN HFA AERS (albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.54 GM daily)
VENTOLIN HFA AERS (albuterol sulfate)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
XOPENEX HFA (levalbuterol tartrate)	2	
Xanthines		
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
THEO-24 CP24 100 MG	2	MP
<i>theophylline</i> ELIX	1	
<i>theophylline</i> SOLN	1	QL(475 ML per fill retail); MP
<i>theophylline</i> TB12 450 MG	1	
<i>theophylline</i> TB12 100 MG, 200 MG, 300 MG	1	MP
<i>theophylline</i> TB24	1	MP
ANTICOAGULANTS - Blood Thinners		

Drug Name	Drug Tier	Requirements/ Limits
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	2	
ELIQUIS (2 MG PACK) TBSO PO	2	
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
ELIQUIS CPSP PO 0.15 MG	2	
ELIQUIS TABS	2	QL(4 EA daily)
ELIQUIS TBSO PO 0.5 MG	2	
<i>rivaroxaban</i> SUSR 1 MG/ML	NP	
<i>rivaroxaban</i> TABS 2.5 MG	NP	
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 15 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	2	
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
<i>fondaparinux sodium</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	CARBATROL CP12 (<i>carbamazepine</i>)	NP	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		ELEPSIA XR TB24	NP	
Thrombin Inhibitors			EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
<i>dabigatran etexilate mesylate CAPS</i>	1		<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP		<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
PRADAXA PACK	NP	SP	<i>gabapentin SOLN</i>	1	MP
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
Anticonvulsants - Benzodiazepines			LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
<i>clobazam SUSP</i>	1		LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
<i>clobazam TABS</i>	1		<i>lamotrigine CHEW</i>	1	MP
<i>clonazepam TABS</i>	1	QL(4 EA daily)	<i>lamotrigine KIT 25 MG</i>	NP	
<i>clonazepam TBDP</i>	1		<i>lamotrigine TABS</i>	1	MP
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>lamotrigine TB24</i>	1	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>lamotrigine TBDP</i>	1	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TABS</i>	1	MP
Anticonvulsants - Misc.			<i>levetiracetam TB24</i>	1	MP
<i>brivaracetam SOLN IV 50 MG/5ML</i>	1	SP; PA	MOTPOLY XR CP24	NP	
<i>carbamazepine CHEW 200 MG</i>	NP		<i>oxcarbazepine SUSP</i>	1	MP
<i>carbamazepine CHEW 100 MG</i>	1	MP	<i>oxcarbazepine TABS</i>	1	MP
<i>carbamazepine CP12</i>	1	MP	<i>pregabalin CAPS</i>	1	PA
<i>carbamazepine SUSP</i>	1	MP	<i>pregabalin SOLN</i>	1	PA
<i>carbamazepine TABS</i>	1	MP	<i>primidone 125 MG</i>	1	
<i>carbamazepine TB12</i>	1	MP	<i>primidone 50 MG, 250 MG</i>	1	MP
			<i>rufinamide SUSP</i>	1	SP
			SUBVENITE SUSP PO 10 MG/ML	NP	
			TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	MP
			TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>topiramate CPSP 50 MG</i>	NP	
<i>topiramate SOLN 25 MG/ML</i>	1	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	MP
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPk	NP	
XCOPRI TABS	NP	
GABA Modulators		
SABRIL PACK (<i>vigabatrin</i>)	NP	SP; PA
SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA
<i>tiagabine hcl 2 MG, 4 MG</i>	NP	MP
<i>tiagabine hcl 12 MG, 16 MG</i>	NP	
<i>vigabatrin PACK</i>	NP	SP; PA
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
<i>vigabatrin TABS</i>	NP	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (<i>methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	NP	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	NP	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	NP	
AUVELITY TITRATION PACK PO	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP	<i>fluoxetine hcl TABS 60 MG</i>	1	
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
<i>bupropion hcl TB24 450 MG</i>	2		<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		CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl SOLN</i>	1		CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)	DESVENLAFAXINE ER	2	
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>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 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>miglitol</i>	1	
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	Antidiabetic Combinations		
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	2		<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
VENLAFAXINE BESYLATE ER	NP		<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 37.5 MG</i>	1	QL(4 EA daily); MP	DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	<i>glipizide-metformin hcl</i>	1	MP
<i>venlafaxine hcl TABS</i>	1	MP	<i>glyburide-metformin</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	GLYXAMBI	2	
Tricyclic Agents			JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	2	
<i>amitriptyline hcl TABS</i>	1	MP	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	2	
<i>amoxapine</i>	1		JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>clomipramine hcl</i>	1		<i>pioglitazone hcl-glimepiride</i>	NP	
<i>desipramine hcl TABS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>doxepin hcl CAPS 150 MG</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 CONC</i>	1		<i>sitagliptin phosphate-metformin hcl TABS</i>	1	
<i>imipramine hcl TABS</i>	1		<i>sitagliptin phosphate-metformin hcl TB24</i>	1	
<i>imipramine pamoate</i>	1				
<i>nortriptyline hcl CAPS</i>	1				
<i>nortriptyline hcl SOLN</i>	1				
<i>protriptyline hcl</i>	1				
<i>trimipramine maleate CAPS</i>	1				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TB24 PO (dapagliflozin-metformin hcl)	2	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-metformin hcl)	NP	
Biguanides		
GLUMETZA TB24 (metformin hcl)	NP	
metformin hcl SOLN	1	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP
metformin hcl TABS 625 MG, 750 MG	NP	
metformin hcl TB24 500 MG, 1000 MG	NP	
metformin hcl TB24 500 MG, 750 MG	1	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
dextrose (diabetic use) CHEW 4 GM	1	QL(1.67 EA daily); MP
diazoxide	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG (glucagon)	2	QL(1 EA per fill retail); MP
glucagon SOLR IJ 1 MG	1	QL(1 EA per fill retail); MP
GVOKE KIT SOLN	NP	
mifepristone (hyperglycemia)	1	SP; PA
PROGLYCEM (diazoxide)	2	
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
ZEGALOGUE SOAJ	2	
ZEGALOGUE SOSY	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 EA daily); MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG (sitagliptin phosphate)	2	
ONGLYZA 5 MG (saxagliptin hcl)	NP	
saxagliptin hcl	1	
sitagliptin 25 MG, 50 MG, 100 MG	NP	
sitagliptin phosphate 25 MG, 50 MG, 100 MG	1	
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin)	NP	
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	NP	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)	NP	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
exenatide SOPN 5 MCG/0.02ML	1	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
exenatide SOPN 10 MCG/0.04ML	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>liraglutide</i>	NP	QL(0.3 ML daily); PA	INSULIN GLARGINE-YFGN SOPN	2	
MOUNJARO	NP	PA	INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE SOLN	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA	INSULIN 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-YFGN SOLN	2	Generic for Semglee	Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP	<i>bismuth subsalicylate CHEW 262 MG</i>	1	
Meglitinide Analogues			<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	1	
<i>nateglinide</i>	1	QL(3 EA daily); MP	CULTURELLE KIDS PURELY CHEW	2	RX/OTC
<i>repaglinide</i>	1		CULTURELLE KIDS CHEW	2	RX/OTC
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			DERMACINRX PROBISOL CAPS	2	RX/OTC
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1		DERMACINRX PROBITRAN CAPS	2	RX/OTC
INVOKANA	NP	MP	FLORACHEW CHEW	2	RX/OTC
JARDIANCE	2	QL(1 EA daily)	FLORAMELT CHEW	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 1 MG, 2 MG</i>	1	QL(4 EA daily); MP	FLORRAXIS CAPS	2	RX/OTC
<i>glimepiride 3 MG</i>	1		LACTEROL CAPS	2	RX/OTC
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP	LACTIVITE CAPS	2	RX/OTC
<i>glipizide TABS 2.5 MG</i>	1		<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	NOVEXA CAPS	2	RX/OTC
BIOCORE IMMUNE+ CAPS	2	RX/OTC	NOVIRA CAPS	2	RX/OTC
BIOCORE RESTORE CAPS	2	RX/OTC	NOVORA CAPS	2	RX/OTC
BIOMEXA CAPS	2	RX/OTC	PROBENTRA CPDR	2	RX/OTC
BIONARA ULTRA CPDR	2	RX/OTC	PROBINATE CAPS	2	RX/OTC
BIOSTORA CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>probiotic product CAPS</i> 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57 MG, 6 MG, 60 MG-10 MCG-10 MG-250 MG, 67 MG, 8 MG-5 MG-240 MG-70 MG, 90 MG-1.7 MG-30 MCG-4 MCG, 10 MG, 25 MG, 170 MG, 400 MG	1	RX/OTC	<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 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP	<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP	Antiemetics - Miscellaneous		
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1		BONJESTA TBCR	2	
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP	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 100 MG</i>	1	QL(1 EA daily)
			<i>fluconazole TABS 200 MG</i>	1	
			<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
			<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA	<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>itraconazole SOLN</i>	1	PA	<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
ANTIHISTAMINES - Drugs to Treat Allergies			<i>loratadine CAPS</i>	1	
Antihistamines - Alkylamines			<i>loratadine CHEW</i>	1	
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)	<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)	<i>loratadine TABS</i>	1	
<i>dexchlorpheniramine maleate SOLN</i>	1		<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Ethanolamines			WAL-ZYR CHILDRENS CHEW 5 MG	2	QL(1 EA daily)
BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	RX/OTC
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)	Antihistamines - Phenothiazines		
<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)	<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>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)	<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)	Antihistamines - Piperidines		
Antihistamines - Non-Sedating			<i>ciproheptadine hcl SYRP</i>	1	
<i>cetirizine hcl CAPS</i>	1		<i>ciproheptadine hcl TABS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC	Antihyperlipidemics - Combinations		
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	1	QL(240 ML per fill retail); RX/OTC	<i>ezetimibe-simvastatin</i>	1	
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)	Antihyperlipidemics - Misc.		
DES Loratadine SOLN PO 0.5 MG/ML	NP		<i>omega-3-acid ethyl esters</i>	1	
<i>desloratadine TBDP</i>	NP		Bile Acid Sequestrants		
<i>fexofenadine hcl SUSP</i>	1		<i>cholestyramine light PACK</i>	1	MP
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)	<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 30 MG, 43 MG, 130 MG</i>	1	
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate CAPS</i>	NP	MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibric acid</i>	NP	
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 40 MG</i>	1	QL(2 EA daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; PA
PRALUENT SOAJ	2	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<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 (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>candesartan cilexetil</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily); MP
<i>irbesartan</i>	1	QL(1 EA daily); MP	<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>olmesartan medoxomil</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>telmisartan</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	NP	QL(2 EA daily); MP
<i>valsartan SOLN</i>	NP		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>clonidine hcl TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>doxazosin mesylate</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 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
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
DARAPRIM (<i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA IV	2	SP; PA
LEUKERAN	2	
<i>melfalan hcl IV</i>	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	1	SP; PA
<i>capecitabine</i>	1	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gefitinib</i>	1	SP; PA	LUPRON DEPOT (6-MONTH) IM	2	SP; PA
GILOTRIF	2	SP; PA	LUTRATE DEPOT INJ 22.5 MG	2	
PORTRAZZA	2	SP; PA	LYSODREN	2	SP; PA
TAGRISSE	2	SP; PA	<i>megestrol acetate SUSP</i>	1	
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA	<i>megestrol acetate TABS</i>	1	
VIZIMPRO	2	SP; PA	<i>tamoxifen citrate TABS</i>	1	MP
Antineoplastic - Hedgehog Pathway Inhibitors			<i>toremifene citrate</i>	1	PA
DAURISMO	2	SP; PA	TRELSTAR MIXJECT 3.75 MG	2	SP; PA
ERIVEDGE	2	SP; PA	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
ODOMZO	2	SP; PA	VABRINTY SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
Antineoplastic - Hormonal and Related Agents			VABRINTY KIT SC 7.5 MG	2	SP; PA
<i>abiraterone acetate</i>	1	SP; PA	XTANDI CAPS	2	SP; PA
<i>anastrozole</i>	1	MP	ZOLADEX 3.6 MG	2	SP; PA
<i>bicalutamide</i>	1	QL(1 EA daily)	ZOLADEX 10.8 MG	2	SP; PA
CAMCEVI	2	SP	Antineoplastic - Immunomodulators		
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	1	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA	Antineoplastic Antibiotics		
ERLEADA 60 MG	2	SP; PA	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
EULEXIN	2		ELLECE SOLN	2	SP; PA
<i>exemestane</i>	1		<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA
FIRMAGON 80 MG	2	SP; PA	<i>valrubicin</i>	1	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA	Antineoplastic Combinations		
<i>letrozole</i>	1	QL(1 EA daily); MP	HERCEPTIN HYLECTA	2	SP; PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1		LONSURF	2	SP; PA
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA	Antineoplastic Enzyme Inhibitors		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	ALECENSA	2	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	BELEODAQ	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bosutinib TABS 100 MG, 500 MG</i>	1	SP; PA	<i>sorafenib tosylate</i>	1	SP; PA
BRAFTOVI 75 MG	2	SP; PA	STIVARGA	2	SP; PA
CABOMETYX TABS	2	SP; PA	<i>sunitinib malate</i>	1	SP; PA
CAPRELSA	2	SP; PA	TAFINLAR CAPS	2	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA	TALZENNA 0.25 MG, 1 MG	2	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA	<i>temsirolimus</i>	1	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA	TIBSOVO	2	SP; PA
COTELLIC	2	SP; PA	VITRAKVI CAPS	2	SP; PA
<i>dasatinib</i>	1	SP; PA	VITRAKVI SOLN	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	XALKORI CAPS	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	XOSPATA	2	SP; PA
IBRANCE CAPS 100 MG, 125 MG	2	SP; PA	ZELBORAF	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA	ZOLINZA	2	SP; PA
<i>imatinib mesylate TABS</i>	1	SP; PA	ZYDELIG	2	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA	ZYKADIA TABS	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA	Antineoplastic Enzymes		
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA	ONCASPAR	2	SP; PA
JAKAFI	2	SP; PA	Antineoplastic Radiopharmaceuticals		
KYPROLIS	2	SP; PA	BEXLUTRY 370 MBQ/ML	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	LUTATHERA	2	SP; PA
LORBRENA	2	SP; PA	Antineoplastics Misc.		
MEKINIST TABS	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
MEKTOVI	2	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA	<i>bexarotene</i>	1	SP; PA
NINLARO	2	SP; PA	<i>hydroxyurea</i>	1	MP
<i>pazopanib hcl</i>	1	SP; PA	MATULANE	2	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA	PHOTOFRIN	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	PROLEUKIN	2	SP; PA
RUBRACA	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
			Chemotherapy Rescue/Antidote/Protective Agents		
			<i>dexrazoxane hcl</i>	1	SP; PA
			KHAPZORY 175 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	2	SP; PA
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>topotecan hcl SOLN</i>	1	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	1	
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine TBDP</i>	0		ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>loxapine succinate</i>	1				
<i>olanzapine SOLR</i>	1		ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)			
<i>olanzapine TBDP</i>	1		ABILIFY MYCITE MAINTENANCE KIT	NP	SP
<i>quetiapine fumarate TABS</i>	1		ABILIFY MYCITE STARTER KIT	NP	SP
<i>quetiapine fumarate TB24</i>	1		<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
ZYPREXA RELPREVV	NP	SP	<i>aripiprazole TABS</i>	1	QL(1 EA daily)
Muscarinic Agents			<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
COBENFY STARTER PACK CPPK	NP		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
COBENFY CAPS	NP				
Phenothiazines			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>chlorpromazine hcl TABS</i>	1				
<i>fluphenazine decanoate</i>	1		ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP
<i>fluphenazine hcl TABS</i>	1				
<i>perphenazine TABS</i>	1		OPIPZA FILM	NP	
<i>prochlorperazine</i>	1		Thioxanthenes		
<i>prochlorperazine edisylate 10 MG/2ML</i>	1		<i>thiothixene</i>	1	
<i>prochlorperazine maleate TABS</i>	1		ANTIVIRALS - Drugs to Treat Viral Infections		
<i>thioridazine hcl</i>	1		Antiretrovirals		
<i>trifluoperazine hcl TABS</i>	1		<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)
Quinolinone Derivatives			<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)
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>abacavir sulfate TABS</i>	0	QL(2 EA daily)
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	0		EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)
APTIVUS CAPS	0	QL(4 EA daily)	EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EPIVIR TABS 150 MG (<i>lamivudine</i>)	0	QL(2 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	0		<i>etravirine 100 MG</i>	0	QL(4 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	EVOTAZ	0	QL(1 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
DELSTRIGO	0	QL(1 EA daily)	GENVOYA	0	QL(1 EA daily)
DESCOVY 120 MG-15 MG	0		IDVYNZO TABS PO	0	
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	INTELENCE	0	QL(4 EA daily)
DOVATO	0		INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)
EDURANT 25 MG (<i>rilpivirine hcl</i>)	0	QL(1 EA daily)	INTELENCE (<i>etravirine</i>)	0	QL(4 EA daily)
EDURANT PED PO 2.5 MG	0		ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	ISENTRESS PACK	0	QL(2 EA daily)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)	ISENTRESS TABS	0	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)	KALETRA SOLN	0	QL(160 ML per fill retail)
<i>efavirenz TABS</i>	0	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)
<i>emtricitabine-rilpivirine-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>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)
<i>emtricitabine CAPS</i>	0	QL(1 EA daily)	<i>lamivudine SOLN</i>	0	QL(30 ML daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	0	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)
EMTRIVA SOLN	0	QL(24 ML daily)	<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)
			<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)
			<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)
			<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)
<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)
<i>nevirapine SUSP</i>	0	QL(40 ML daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)
<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)
NORVIR PACK	0	
NORVIR TABS (<i>ritonavir</i>)	0	QL(12 EA daily)
ODEFSEY	0	
PIFELTRO	0	QL(1 EA daily)
PREZCOBIX	0	QL(1 EA daily)
PREZCOBIX	0	
PREZISTA SUSP	0	QL(12 ML daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)
PREZISTA TABS (<i>darunavir</i>)	0	QL(2 EA daily)
RETROVIR CAPS (<i>zidovudine</i>)	0	QL(6 EA daily)
RETROVIR SYRP (<i>zidovudine</i>)	0	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	0	QL(2 EA daily)
REYATAZ PACK	0	QL(6 EA daily)
<i>rilpivirine hcl 25 MG</i>	0	QL(1 EA daily)
<i>ritonavir TABS</i>	0	QL(12 EA daily)
RUKOBIA	0	
SELZENTRY SOLN	0	QL(35 ML daily)
STRIBILD	0	
SUNLENCA SOLN	0	SP
SUNLENCA TABS PO 300 MG	0	SP
SUNLENCA TBPk 300 MG	0	SP

Drug Name	Drug Tier	Requirements/ Limits
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
SYMTUZA	0	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)
TIVICAY PD TBSO	0	
TIVICAY TABS 50 MG	0	
TRIUMEQ PD TBSO	0	
TRIUMEQ TABS	0	
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
TYBOST	0	QL(1 EA daily)
VIRACEPT TABS 250 MG	0	QL(9 EA daily)
VIRACEPT TABS 625 MG	0	QL(4 EA daily)
VIREAD POWD	0	
VIREAD TABS	0	QL(1 EA daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	0	SP
YEZTUGO TABS PO 300 MG	0	SP
ZIAGEN SOLN (<i>abacavir sulfate</i>)	0	QL(30 ML daily)
<i>zidovudine CAPS</i>	0	QL(6 EA daily)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)
<i>zidovudine TABS</i>	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100 & 150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(120 ML per fill retail)
<i>rimantadine hydrochloride TABS</i>	NP	PA
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP
COREG CR (<i>carvedilol phosphate</i>)	NP	QL(1 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	1	
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate 2.5 MG</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR SOLN PO 10 MG/ML	NP		<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP		<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	1		<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
Beta Blockers Non-Selective			<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
<i>pindolol TABS</i>	NP	MP	<i>felodipine</i>	1	QL(1 EA daily); MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>isradipine CAPS</i>	NP	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nicardipine hcl CAPS</i>	NP	MP
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>sotalol hcl (afib/afl)</i>	1	QL(2 EA daily); MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nimodipine CAPS</i>	NP	
<i>timolol maleate TABS</i>	NP	MP	<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			NORLIQVA SOLN	NP	
Calcium Channel Blockers			SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	
<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
CARDAMYST SOLN NA	NP		VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NP	MP	<i>verapamil hcl CP24 300 MG</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 EA daily); MP	OPSYNVI	NP	SP; PA
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP	<i>sacubitril-valsartan TABS</i>	1	
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP	Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP	INPEFA	NP	
VERELAN PM CP24 100 MG, 200 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP	Prostaglandin Vasodilators		
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP	<i>epoprostenol sodium</i>	1	SP; PA
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP	ORENITRAM MONTH 1 TEPK	NP	SP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			ORENITRAM MONTH 2 TEPK	NP	SP
Cardiac Glycosides			ORENITRAM MONTH 3 TEPK	NP	SP
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP	REMODULIN SOLN IJ	NP	SP; PA
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP	<i>treprostinil SOLN IJ</i>	1	SP; PA
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	2	MP	Pulmonary Hypertension - Endothelin Receptor Antagonists		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>ambrisentan</i>	1	SP
Cardiovascular Agents Misc. - Combinations			<i>bosentan TABS</i>	1	SP
<i>amlodipine besylate-atorvastatin calcium</i>	NP		LETAIRIS (<i>ambrisentan</i>)	NP	SP
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		TRACLEER TABS (<i>bosentan</i>)	NP	SP
ENTRESTO CPSP	NP		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

Drug Name	Drug Tier	Requirements/ Limits
TADLIQ SUSP	NP	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	NP	SP
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)
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ML per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0	
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
			<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Implants		
Combination Contraceptives - Transdermal			NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Vaginal			DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Copper Contraceptives - IUD			<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
MIUDELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	Progestin Contraceptives - IUD		
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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)
MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone ELIX</i>	1	
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone SOLN</i>	1	
Progestin Contraceptives - Oral			<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>hydrocortisone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
Glucocorticosteroids			<i>methylprednisolone TBPK</i>	1	
<i>budesonide TB24</i>	NP		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
CORTISONE ACETATE TABS	2		<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	1	
<i>deflazacort SUSP</i>	1	SP; PA	<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>deflazacort TABS</i>	1	SP; PA	<i>prednisolone SOLN</i>	1	
DEXAMETHASONE INTENSOL CONC	2		PREDNISONE 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)	<i>prednisone SOLN</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)	<i>prednisone TABS</i>	1	
			<i>prednisone TBPK</i>	1	
			UCERIS TB24 (<i>budesonide</i>)	NP	
			ZILRETTA SRER	2	SP; PA
			Mineralocorticoids		
			<i>fludrocortisone acetate TABS</i>	1	
			COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
			Antitussives		
			<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)	<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>pseudoephedrine-ibuprofen TABS</i>	1	
Cough/Cold/Allergy Combinations			Expectorants		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>potassium iodide (expectorant) SOLN</i>	1	
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)	POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML	2	
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)	Misc. Respiratory Inhalants		
<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>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	Mucolytics		
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>acetylcysteine SOLN</i>	1	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)	Acne Products		
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)
<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>adapalene-benzoyl peroxide GEL</i>	1	
			<i>adapalene CREA</i>	1	
			<i>adapalene GEL</i>	1	
			<i>adapalene GEL</i>	1	RX/OTC
			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
			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	RX/OTC	<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
BENZOYL PEROXIDE LOTN 5 %, 10 %	2		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)	<i>tretinoin microsphere</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin CREA 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin GEL 0.05 %</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP		TWYNEO	NP	
DIFFERIN CREA (<i>adapalene</i>)	NP		ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NP		Anti-inflammatory Agents - Topical		
DIFFERIN LOTN	NP		<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP		Antibiotics - Topical		
<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)	<i>bacitracin (topical) OINT</i>	1	QL(453.9 EA per fill retail)
<i>erythromycin (acne aid) SOLN</i>	1		<i>bacitracin zinc OINT</i>	1	QL(453.6 EA per fill retail)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)	<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>mupirocin calcium (topical)</i>	1	
			<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
COSENTYX SOLN	NP	SP; PA	USTEKINUMAB-TTWE SC	NP	SP; PA
COSENTYX SOSY	NP	SP; PA	USTEKINUMAB-TTWE	NP	SP; PA
ICOTYDE TABS PO 200 MG	NP	SP; PA	VTAMA	NP	PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA
OTULFI SOLN SC 45 MG/0.5ML	NP	SP; PA	YESINTEK SOSY	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	Antiseborrheic Products		
PELLIX SOLN 0.005 % (<i>calcipotriene</i>)	NP	QL(60 ML per fill retail)	<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
PYZCHIVA SC 45 MG/0.5ML	2	SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	2	SP; PA	<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	Antivirals - Topical		
SKYRIZI PEN SOAJ	NP	SP; PA	<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
SKYRIZI SOSY	NP	SP; PA	<i>acyclovir topical OINT</i>	1	
SKYRIZI SOSY	NP	SP; PA	DENAVIR (<i>penciclovir</i>)	2	
SORILUX FOAM	NP		<i>penciclovir</i>	NP	
SOTYKTU	NP	SP; PA	ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	QL(1 GM daily)
SPEVIGO SOLN	NP	SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	2	
SPEVIGO SOSY	NP	SP; PA	Burn Products		
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP; PA	<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
STEQEYMA	NP	SP; PA	Corticosteroids - Topical		
STEQEYMA SC	NP	SP; PA	<i>alclometasone dipropionate CREA</i>	1	
TALTZ SOSY	2	SP; PA	<i>alclometasone dipropionate OINT</i>	1	
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amcinonide CREA</i>	NP		<i>clobetasol propionate FOAM</i>	1	
<i>amcinonide OINT</i>	NP		<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per 30 day(s) retail	<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(50 GM per fill retail)	<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clocortolone pivalate</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>CLODERM (clocortolone pivalate)</i>	NP	
<i>betamethasone valerate CREA</i>	NP	QL(45 GM per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate FOAM</i>	NP		<i>desonide LOTN</i>	1	
<i>betamethasone valerate LOTN</i>	NP	QL(60 ML per fill retail)	<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>betamethasone valerate OINT</i>	NP	QL(45 GM per fill retail)	<i>desoximetasone CREA 0.25 %</i>	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desoximetasone CREA 0.05 %</i>	NP	QL(60 GM per fill retail)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desoximetasone GEL</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate emulsion</i>	1		<i>desoximetasone OINT</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)
			<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)
			<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	NP	
			<i>EPIFOAM FOAM</i>	2	
			<i>fluocinolone acetonide CREA</i>	NP	
			<i>fluocinolone acetonide OIL</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
SANADERMRX SKIN REPAIR 0.1 %-5 %	2	
SYNALAR CREA (fluocinolone acetonide)	NP	
SYNALAR OINT (fluocinolone acetonide)	NP	
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP	
TOPICORT SPRAY LIQD (desoximetasone)	NP	
TOPICORT CREA 0.05 % (desoximetasone)	NP	QL(60 GM per fill retail)
TOPICORT CREA 0.25 % (desoximetasone)	NP	
TOPICORT GEL (desoximetasone)	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 GM per fill retail)
triamcinolone acetonide (topical) LOTN	NP	QL(60 ML per fill retail)
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.05 %	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)
triamcinolone acetonide- dimethicone-silicone	1	
TRIVIX 0.1 %-5 %	2	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA	<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA	<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA	<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)
Keratolytic/Antimitotic/Vesicant Agents			<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
DERMACINRX DERMAZENE SPOT GEL 6 %	2	QL(40 GM per fill retail)	<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)
DERMACINRX SALICYLIC ACID GEL 6 %	2	QL(40 GM per fill retail)	LIDOCAINE CREA	2	QL(85 GM per fill retail)
<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)	LIDOMAX GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)	PROXIVOL GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
Local Anesthetics - Topical			Misc. Topical		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)	<i>lanolin (topical) CREA 50 %</i>	1	
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)	<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)
<i>capsaicin CREA 0.035 %</i>	1	QL(120 ML per fill retail; 120 per fill mail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)	ZORYVE CREA EX	NP	PA
COLLAVERA GEL 2 %	2	QL(85 GM per fill retail); RX/OTC	ZORYVE FOAM EX	NP	
DERMACINRX LIDOCAINE CREA 3 %	2	QL(85 GM per fill retail); RX/OTC	Rosacea Agents		
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)	<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail); RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
			<i>metronidazole (topical) LOTN</i>	1	
			Scabicides & Pediculicides		
			BEDDING SPRAY LICE TREATMENT AERO 0.5 %	2	
			CVS LICE-BEDBUG-MITE AERO 0.5 %	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIMITE CREA (permethrin)	NP	QL(60 GM per fill retail)	STOP LICE STEP 3 AERO 0.5 %	2	
FT LICE-BEDBUG-MITE AERO 0.5 %	2		STOP LICE AERO 0.5 %	2	
GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	2		Tar Products		
ivermectin (pediculicide)	NP		coal tar extract SHAM 0.5 %	1	
malathion	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail	Wound Care Products		
NATROBA (spinosad)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	APLIGRAF DISK	2	PA
NIX LICE KILLING SPRAY LIQD XX	2		DIAGNOSTIC PRODUCTS		
permethrin AERO	1		Diagnostic Drugs		
permethrin CREA	1	QL(60 GM per fill retail)	cosyntropin SOLR	1	SP; PA
PERMETHRIN CREA 5 % (permethrin)	NP	QL(60 GM per fill retail)	THYROGEN 0.9 MG	2	SP; PA
permethrin LIQD EX	1		Diagnostic Tests		
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	1		2SAN COVID-19 RAPID SELF TEST KIT	0	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1		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
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	2		ACCUA SARS-COV-2	0	
SCHOOLTIME SHAMPOO SHAM	2		ADVIN COVID-19 ANTIGEN TEST KIT	0	
spinosad	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	BD VERITOR SYSTEM SARS-COV-2	0	
			BINAXNOW COVID-19 AG CARD	0	
			BINAXNOW COVID-19 AG HOME TEST KIT	0	
			BINAXNOW COVID-19 ANTIGEN SELF KIT	0	
			CARESTART COVID-19 HOME TEST KIT	0	
			CHEMSTRIP K STRP	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>spironolactone TABS</i>	1	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Carbonic Anhydrase Inhibitors			Thiazides and Thiazide-Like Diuretics		
<i>acetazolamide CP12</i>	1	MP	<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>acetazolamide TABS</i>	1	MP	<i>hydrochlorothiazide CAPS</i>	1	MP
<i>methazolamide TABS</i>	1	MP	<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
Diuretic Combinations			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)	<i>metolazone</i>	1	MP
<i>spironolactone & hydrochlorothiazide</i>	1	MP	Bone Density Regulators		
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP	ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP	ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	
Loop Diuretics			<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP
<i>bumetanide TABS</i>	1	MP	<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP	<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
<i>furosemide TABS</i>	1	MP	ATELVIA TBEC (<i>risedronate sodium</i>)	NP	
SOAANZ TABS 20 MG	2	MP	BONSITY SOPN 560 MCG/2.24ML	2	PA
<i>torsemide TABS 20 MG</i>	1	MP	<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP	<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
Potassium Sparing Diuretics			EVENITY	2	SP; PA
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)	<i>ibandronate sodium SOLN</i>	1	SP; PA
			<i>ibandronate sodium TABS</i>	1	PA
			<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>estradiol TABS</i>	1	MP
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS RELIEF LIQD PO 40 MG/0.6ML	2	QL(30 ML per fill retail)
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 EA daily); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SELARSDI SOLN IV 130 MG/26ML	NP	SP; PA
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
LINZESS	2	PA
LOTRONEX (<i>alosetron hcl</i>)	NP	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/Limits
<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
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
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	

Drug Name	Drug Tier	Requirements/ Limits
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</i> TABS 100 MG, 200 MG	1	
Urinary Stone Agents		
<i>tiopronin</i> TABS	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		
<i>allopurinol</i> 100 MG, 300 MG	1	MP
<i>colchicine</i> TABS	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA
Uricosurics		
<i>probenecid</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	2	SP; PA
ADYNOVATE	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA
ALPHANATE SOLR	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ALPROLIX	2	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	2	SP; PA
CORIFACT	2	SP; PA
ELOCTATE	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
FEIBA	2	SP; PA
FIBRYGA 1 GM	2	PA
HEMGENIX	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
HUMATE-P SOLR	2	SP; PA
IDELVION	2	SP; PA
IXINITY SOLR	2	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
KCENTRA	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III 500 UNIT	2	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	1	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NP	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1		NYVEPRIA	NP	SP; PA
Folic Acid/Folates			PROCRIT	NP	SP; PA
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC	PROCRIT	NP	SP; PA
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)	RELEUKO SOSY	NP	SP
Hematopoietic Gene Therapy			RETACRIT	2	SP; PA
ZYNTEGLO	2	SP; PA	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
Hematopoietic Growth Factors			ROLVEDON	NP	SP
DOPTLET	2	SP; PA	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA	STIMUFEND	NP	SP
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA	UDENYCA ONBODY SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	UDENYCA SOAJ	NP	SP
FULPHILA	2	SP; PA	UDENYCA SOSY	NP	SP; PA
FYLNETRA	NP	SP	ZARXIO	NP	SP; PA
GRANIX SOLN 300 MCG/ML	NP	SP; PA	ZIEXTENZO	NP	SP
GRANIX SOSY	NP	SP; PA	Hematopoietic Mixtures		
LEUKINE SOLR IJ	NP	SP; PA	HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
MIRCERA	NP	SP; PA	Iron		
MULPLETA	2	SP; PA	FERRETTES TABS	2	QL(2 EA daily)
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA	<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
NEULASTA SOLN SC 4 MG/0.4ML	NP	SP; PA	<i>ferrous gluconate TABS</i>	1	
NEULASTA SOSY	NP	SP; PA	<i>ferrous sulfate dried TBCR</i>	1	
NEUPOGEN SOLN	2	SP; PA	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
NEUPOGEN SOSY	2	SP; PA	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
NIVESTYM SOLN	NP	SP; PA	<i>ferrous sulfate TABS</i>	1	MP
NIVESTYM SOSY	NP	SP; PA	<i>ferrous sulfate TBEC</i>	1	
NPLATE 250 MCG, 500 MCG	2	SP; PA	<i>ferrous sulfate TBEC 325 MG</i>	1	MP
NYPOZI	NP	SP	IRON CHEWS PEDIATRIC CHEW	2	
			IRON TABS 28 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>ALEVE PM 25 MG-220 MG</i>	2	
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
SORBITOL PO 70 %	2	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(30 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(15 ML per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(4 EA daily)
<i>azithromycin TABS 600 MG</i>	1	QL(8 EA per 28 day(s) retail)
Clarithromycin		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)	ACCU-CHEK GUIDE KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)	ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
Erythromycins			ACCUTREND PLUS	2	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base CPEP</i>	NP		ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base TABS</i>	1		ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base TBEC</i>	1		ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1		ADVANTAGE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	NP		ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICAL DEVICES AND SUPPLIES			ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
Bandages-Dressings-Tape			ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS-MISC	2	OTC	ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
Contraceptives			ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
CONDOMS-MISC	2	QL(36 ea per fill retail)	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
Diabetic Supplies			ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	AGAMATRIX ULTRA-THIN 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)	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE ME KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE LANCET 17G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE LANCET 23G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE LANCET 28G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ERGOLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ERGOLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ERGOLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 1.5	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 18G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE HAEMOLANCE LANCET 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDISAFE LANCET 23G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDISAFE LANCET 29G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 0.8MM	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 21G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 25G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
			EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
			EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
			EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	MICROLET NEXT LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC	MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MOBI CONNECT TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC	MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
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			
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC	RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS PREP	2	QL(6.67 EA daily); RX/OTC	SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC
GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC	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		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER 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	EASIVENT MASK 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	EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK SMALL 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	EASIVENT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FULL KIT NEBULIZER SET 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
INNOSPIRE REPLACEMENT FILTER 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
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE 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
LITETOUCH MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER 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
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-LG MASK 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-MD MASK MISC	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-SM 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
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		

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

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM ACETATE	2	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 EA daily)
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	1	
Phosphate		
PHOSPHA 250 NEUTRAL	2	QL(8 EA daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	2	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	2	
KLOR-CON TBCR 8 MEQ (<i>potassium chloride</i>)	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
SANDIMMUNE CAPS (<i>cyclosporine</i>)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	1	PA
<i>tacrolimus SOLN 5 MG/ML</i>	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	2	SP; PA
Potassium Removing Agents		
LOKELMA	NP	
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
FLUORIDEX DAILY RENEWAL CONC 0.63 %	2	RX/OTC
PERIOMED CONC 0.63 %	2	RX/OTC
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)
Throat Products - Misc.		
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

Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	2	QL(1 EA daily); RX/OTC
LUNAVIRA CAPS	2	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid		
ACTIVITE TABS 1 MG	2	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG</i>	1	QL(1 EA daily); RX/OTC
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	2	QL(1 EA daily); RX/OTC
METAVAX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MI-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	2	QL(1 EA daily); RX/OTC
NUTRIBOOST CAPS 1 MG	2	QL(1 EA daily); RX/OTC
NUTRIVIO CAPS 1 MG	2	QL(1 EA daily); RX/OTC
RENAL CAPS 1 MG	2	QL(1 EA daily); RX/OTC
RENO CAPS CAPS 1 MG	2	QL(1 EA daily); RX/OTC
TM-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
FLORAVITA MINI TABS	2	QL(1 EA daily); RX/OTC
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	2	QL(1 EA daily); RX/OTC
MIREXA TABS	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
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC	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
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	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
NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	2	QL(1 EA daily); RX/OTC	STRESS FORMULA/IRON/ENERGY TABS	2	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC	STRESS FORMULA/IRON TABS	2	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	2	QL(1 EA daily); RX/OTC	TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily); RX/OTC
ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	2	QL(1 EA daily); RX/OTC	TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	2	QL(1 EA daily); RX/OTC
			Multiple Vitamins w/ Minerals		
			MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
			MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
			Multivitamins		
			MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
			MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
			Ped Multi Vitamins w/FI & FE		
			<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
saline SOLN 0.65 %	1	QL(90 ML per fill retail)
Nasal Antiallergy		
azelastine hcl	1	QL(30 ML per fill retail)
cromolyn sodium (nasal) 5.2 MG/ACT	1	QL(26 ML per fill retail)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	1	QL(30 ML per 30 day(s) retail)
ipratropium bromide (nasal) 0.06 %	1	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
flunisolide (nasal)	NP	QL(25 ML per fill retail)
fluticasone propionate (nasal) SUSP	1	QL(16 GM per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	1	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	2	
epinephrine hcl (nasal)	1	
phenylephrine hcl (oral) TABS	1	QL(24 EA per fill retail)
pseudoephedrine hcl TABS	1	
pseudoephedrine hcl TB12	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 37.5-38.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 38.5-39.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	DYSPOORT	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 42.5-43.4 KG	2	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 43.5-44.4 KG	2	SP; PA	EVRYSDI PO 5 MG	2	SP
ELEVIDYS 44.5-45.4 KG	2	SP; PA	EVRYSDI	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA	ITVISMA SUSP IT	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA	ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA	ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 53.5-54.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA			
ELEVIDYS 63.5-64.4 KG	2	SP; PA			
ELEVIDYS 64.5-65.4 KG	2	SP; PA			
ELEVIDYS 65.5-66.4 KG	2	SP; PA			
ELEVIDYS 66.5-67.4 KG	2	SP; PA			
ELEVIDYS 67.5-68.4 KG	2	SP; PA			
ELEVIDYS 68.5-69.4 KG	2	SP; PA			
ELEVIDYS 69.5 KG PLUS	2	SP; PA			
EXONDYS 51	2	SP; PA			
VILTEPSO	2	SP; PA			
VYONDYS 53	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 16.6-17.0 KG	2	SP; PA	<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	<i>brimonidine tartrate-timolol maleate</i>	NP	
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
ZOLGENSMA 19.6-20.0 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
ZOLGENSMA 2.6-3.0 KG	2	SP; PA	ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2	
ZOLGENSMA 20.1-20.5 KG	2	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
ZOLGENSMA 3.1-3.5 KG	2	SP; PA	<i>timolol maleate (ophth) SOLG 0.25 %</i>	1	
ZOLGENSMA 3.6-4.0 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 4.1-4.5 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
ZOLGENSMA 4.6-5.0 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA			
ZOLGENSMA 9.6-10.0 KG	2	SP; PA			
OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Artificial Tears and Lubricants					
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)			
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)			
Beta-blockers - Ophthalmic					

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

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

Drug Name	Drug Tier	Requirements/ Limits
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per fill retail)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	1 max fill(s) per 30 day(s) retail
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	NP	QL(5 ML per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	NP	1 max fill(s) per 30 day(s) retail
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
MIEBO	NP	
<i>olopatadine hcl</i>	1	
TRYPTYR SOLN OP 0.003 %	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	2	
<i>travoprost SOLN</i>	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)	GAMASTAN IM	2	SP; PA
Otic Anti-infectives			GAMMAGARD	2	SP; PA
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2		GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	2	SP; PA
<i>ciprofloxacin hcl (otic)</i>	1		GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
<i>ofloxacin (otic)</i>	1	QL(10 ML per fill retail; 10 per fill mail)	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
Otic Combinations			GAMMAPLEX SOLN	2	SP; PA
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail	GAMUNEX-C	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)	HEPAGAM B SOLN IJ	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)	HIZENTRA SOLN	2	SP; PA
Otic Steroids			HIZENTRA SOSY 10 GM/50ML	2	SP; PA
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)	HYPERHEP B SOLN IM	2	SP; PA
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)	HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HYPERRHO MINI-DOSE SOSY IM 250 UNIT	2	SP; PA
Oxytocics			HYPERRHO SOSY IM 1500 UNIT	2	SP; PA
<i>methylergonovine maleate TABS</i>	1		MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			NABI-HB SOLN IM	2	SP; PA
Immune Serums			OCTAGAM SOLN	2	SP; PA
BIVIGAM SOLN	2	SP; PA	PANZYGA	2	SP; PA
CUVITRU SOLN	2	SP; PA	PRIVIGEN SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	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

Drug Name	Drug Tier	Requirements/ Limits
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW 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		

Drug Name	Drug Tier	Requirements/ Limits
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 EA daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 EA per 30 day(s) retail)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
<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 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)
<i>rivastigmine 13.3 MG/24HR</i>	NP	
<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		

Drug Name	Drug Tier	Requirements/ Limits
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
XENAZINE (<i>tetrabenazine</i>)	NP	SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	2	SP; PA
AVONEX PREFILLED PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i> fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
<i>glatiramer acetate SOSY</i>	NP	SP; PA
KESIMPTA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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 10 MG</i>	1	AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
JASCAYD TABS PO 9 MG, 18 MG	NP	SP
<i>nintedanib esylate 100 MG, 150 MG</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OFEV 100 MG, 150 MG (nintedanib esylate)	2	SP; PA	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	1	
pirfenidone CAPS	1	SP; PA	levothyroxine sodium TABS	1	MP
pirfenidone TABS 534 MG	1	SP	liothyronine sodium TABS	1	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections			NIVA THYROID TABS	2	MP
Tetracyclines			NP THYROID TABS	2	MP
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1		RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
doxycycline (monohydrate) TABS 50 MG, 100 MG	1		SYNTHROID TABS (levothyroxine sodium)	2	MP
doxycycline hyclate CAPS	1		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
doxycycline hyclate TABS 100 MG	1		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	2	
minocycline hcl CAPS	1		TOXOIDS		
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			Toxoid Combinations		
Antithyroid Agents			ADACEL SUSP	0	AL (At least 19 yrs old)
methimazole TABS	1	MP	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL (At least 19 yrs old)
propylthiouracil	1	MP	BOOSTRIX SUSP	0	AL (At least 19 yrs old)
Thyroid Hormones			BOOSTRIX SUSY	0	AL (At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP	DAPTACEL	0	AL (At least 19 yrs old)
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	MP	INFANRIX	0	AL (At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	KINRIX SUSY	0	AL (At least 19 yrs old)
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP	PEDIARIX SUSY	0	AL (At least 19 yrs old)

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

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

Drug Name	Drug Tier	Requirements/ Limits
Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ TB24 (<i>mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	0	AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000 SOLR IJ	0	AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
DENG VAXIA	0	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	0	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JYNNEOS	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	M-M-R II SOLR	0	AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MFLUSIVA SUSY IM 0.38 ML	0	
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
IPOL IJ	0	AL(At least 19 yrs old)	PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)	PRIORIX SUSR	0	AL(At least 19 yrs old)
			PROQUAD SUSR	0	AL(At least 19 yrs old)
			RABAVERT	0	AL(At least 19 yrs old)
			RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
			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)

Drug Name	Drug Tier	Requirements/ Limits
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	0	AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
YF-VAX SUSR	0	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	QL(40 GM per fill retail)
<i>clindamycin phosphate vaginal CREA</i>	NP	QL(40 GM per fill retail)
CLINDESSE	NP	
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
GYNAZOLE-1	2	
<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
<i>metronidazole vaginal</i>	1	
MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 GM daily)
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)
NUVESSA	2	
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	2	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	2	QL(6 EA per 180 day(s) 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>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>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) - Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 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)
VITAMIN E CAPS	2	QL(2 EA daily)
VITAMIN E CHEW	2	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	
<i>niacin CPCR 250 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 EA daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
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BELEODAQ28	betamethasone dipropionate (topical) CREA46	bicalutamide28
BELRAPZO SOLN26	betamethasone dipropionate (topical) LOTN46	BIKTARVY 120 MG-30 MG-15 MG 33
BENADRYL ALLERGY EXTRA STR TABS23	betamethasone dipropionate (topical) OINT46	BIKTARVY 200 MG-50 MG-25 MG 33
benazepril & hydrochlorothiazide .25	betamethasone dipropionate augmented CREA46	BILAC CAPS20
benazepril hcl 40 MG24	betamethasone dipropionate augmented GEL 0.05 %46	bimatoprost SOLN86
benazepril hcl 5 MG, 10 MG, 20 MG . 24	betamethasone dipropionate augmented LOTN46	BIMZELX SOAJ 160 MG/ML44
	betamethasone dipropionate augmented OINT46	BIMZELX SOAJ 320 MG/2ML44
		BIMZELX SOSY 160 MG/ML44
		BIMZELX SOSY 320 MG/2ML44
		BINAXNOW COVID-19 AG CARD 50
		BINAXNOW COVID-19 AG HOME

TEST KIT50	BPROTECTED PEDIA POLY-VITE SOLN PO80	bromocriptine mesylate CAPS30
BINAXNOW COVID-19 ANTIGEN SELF KIT50	BPROTECTED PEDIA POLY-VITE/FE SOLN80	bromocriptine mesylate TABS 2.5 MG 30
BIOCORE DAILY CAPS20	BRAFTOVI 75 MG29	brompheniramine & phenyleph ELIX . 42
BIOCORE IMMUNE+ CAPS20	BREATHE COMFORT CHAMBER/ADULT DEVI72	brompheniramine & pseudoeph ELIX 42
BIOCORE RESTORE CAPS20	BREATHE COMFORT CHAMBER/CHILD DEVI72	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 42
BIOMEXA CAPS20	BREATHE EASE LARGE DEVI ...72	BRYNOVIN SOLN PO 25 MG/ML .18
BIONARA ULTRA CPDR20	BREATHE EASE MEDIUM DEVI ..72	BUBBLES THE FISH II PEDI MASK MISC 72
BIOSTORA CAPS20	BREATHE EASE NEB MASK/CHILD MISC72	BUCAPSOL PO 5 MG, 7.5 MG, 10 MG, 15 MG10
BIOTHRAX93	BREATHE EASE NEB MASK/INFANT MISC72	budesonide (inhalation) SUSP12
bisacodyl SUPP61	BREATHE EASE SMALL DEVI ...72	budesonide TB2441
bisacodyl TBEC61	BREATHERITE VALVED MDI CHAMBER DEVI72	budesonide-formoterol fumarate dihydrate12
bismuth subsalicylate CHEW 262 MG20	BREO ELLIPTA 12	bumetanide TABS52
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML20	BREZTRI AEROSPHERE12	BUPHENYL POWD (sodium phenylbutyrate)53
bisoprolol & hydrochlorothiazide ..25	BRILINTA 60 MG, 90 MG (ticagrelor) 58	BUPHENYL TABS (sodium phenylbutyrate)53
bisoprolol fumarate35	brimonidine tartrate 0.1 %, 0.15 % 85	buprenorphine hcl SUBL8
bisoprolol fumarate 2.5 MG35	brimonidine tartrate 0.2 % 85	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ... 8
BIVIGAM SOLN87	brimonidine tartrate-timolol maleate . 84	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG 8
BLINCYTO27	BRIUMVI89	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 8
BONJESTA TBCR22	brivaracetam SOLN IV 50 MG/5ML 14	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7
BONSITY SOPN 560 MCG/2.24ML 52	BRIXADI (MONTHLY) SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML7	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG8
BOOSTRIX SUSP91	BRIXADI (WEEKLY) SOSY7	buprenorphine hcl-naloxone hcl
BOOSTRIX SUSY91	bromfenac sodium (ophth) 0.09 % .86	
bortezomib SOLR IJ28		
bosentan TABS37		
bosutinib TABS 100 MG, 500 MG .29		
BOTOX IJ83		

dihydrate SUBL 2 MG-8 MG 8	caffeine citrate SOLN PO 60 MG/3ML 1	CAPLYTA 31
buprenorphine PTWK 8	calcipotriene CREA 44	CAPRELSA 29
bupropion hcl (smoking deterrent) 90	CALCIPOTRIENE FOAM 44	capsaicin CREA 0.025 %, 0.075 % 49
bupropion hcl TABS 15	calcipotriene OINT 44	capsaicin CREA 0.035 % 49
bupropion hcl TB12 100 MG 15	calcipotriene SOLN 44	capsaicin CREA 0.1 % 49
bupropion hcl TB12 150 MG 15	calcipotriene-betamethasone dipropionate OINT 46	captopril & hydrochlorothiazide ... 25
bupropion hcl TB12 200 MG 15	calcipotriene-betamethasone dipropionate SUSP 46	captopril 24
bupropion hcl TB24 150 MG 16	calcitonin (salmon) IJ 52	CARAC CREA (fluorouracil (topical)) 44
bupropion hcl TB24 300 MG 16	calcitonin (salmon) NA 52	CARBAGLU (carglumic acid) 53
bupropion hcl TB24 450 MG 16	calcitriol CAPS 53	carbamazepine CHEW 100 MG ... 14
buspirone hcl 10	calcium acetate (phosphate binder) CAPS 56	carbamazepine CHEW 200 MG ... 14
buspirone hcl 2.5 MG, 12.5 MG ... 10	calcium acetate (phosphate binder) TABS 56	carbamazepine CP12 14
butalbital-acetaminophen TABS 50 MG-325 MG 6	CALCIUM ACETATE 76	carbamazepine SUSP 14
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 6	calcium carbonate (antacid) CHEW 500 MG 9	carbamazepine TABS 14
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 6	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG 76	carbamazepine TB12 14
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 7	calcium polycarbophil TABS 61	carbamide peroxide (otic) 6.5 % ... 87
butalbital-aspirin-caffeine CAPS 6	CAMCEVI 28	CARBATROL CP12 (carbamazepine) 14
butalbital-aspirin-caffeine w/cod 7	camphor & menthol LOTN 44	carbidopa 30
BUTRANS PTWK (buprenorphine) . 8	CANASA SUPP (mesalamine) 55	carbidopa-levodopa TABS 30
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide) 18	candesartan cilexetil 25	carbidopa-levodopa TBCR 30
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide) 18	candesartan cilexetil-hydrochlorothiazide 25	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 26
CABOMETYX TABS 29	capecitabine 26	CARDAMYST SOLN NA 36
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	CAPHOSOL SOLN 77	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) 36
		CAREONE LANCET SUPER THIN 30G 63
		CAREONE LANCET THIN 23G ... 63

CARESENS LANCETS	63	cefadroxil TABS	38	CHANTIX TABS (varenicline tartrate)	90
CARESENS LANCETS 30G	63	cefdinir CAPS	38	CHEMET	21
CARESTART COVID-19 HOME TEST KIT	50	cefdinir SUSR	38	CHEMSTRIP K STRP	50
CARETOUCH ALCOHOL PREP ..	70	cefixime CAPS	38	chenodiol	55
CARETOUCH SAFETY LANCETS 63		cefixime SUSR	38	chlordiazepoxide hcl CAPS	11
CARETOUCH SAFETY LANCETS 26G	63	cefpodoxime proxetil SUSR	38	chlorhexidine gluconate (mouth-throat)	77
CARETOUCH TWIST LANCETS 28G	63	cefpodoxime proxetil TABS	38	chloroquine phosphate TABS 250 MG	26
CARETOUCH TWIST LANCETS 30G	63	cefprozil SUSR	38	chloroquine phosphate TABS 500 MG	26
CARETOUCH TWIST LANCETS 33G	63	cefprozil TABS	38	chlorpheniramine maleate SYRP ..	23
CARETOUCH TWIST MC LANCETS 30G	63	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	38	chlorpheniramine maleate TABS ..	23
carglumic acid	53	cefuroxime axetil TABS	38	chlorpromazine hcl TABS	32
carisoprodol TABS 250 MG	81	celecoxib	5	chlorthalidone 25 MG, 50 MG	52
carisoprodol TABS 350 MG	81	CELONTIN (methsuximide)	15	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	81
carteolol hcl (ophth)	84	cephalexin CAPS 250 MG, 500 MG 38		chlorzoxazone TABS 500 MG	81
carvedilol 25 MG	35	cephalexin SUSR	38	CHOLBAM	55
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	35	CEPROTIN	58	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	97
carvedilol phosphate	35	CEQUA SOLN	85	cholecalciferol LIQD PO	97
CASGEVY	58	CERDELGA	58	cholestyramine light PACK	23
CASTIVA WARMING LOTN	49	CEREZYME 400 UNIT	58	cholestyramine light POWD	23
CAYSTON	10	cetirizine hcl CAPS	23	cholestyramine PACK	23
cefaclor CAPS	38	cetirizine hcl CHEW	23	cholestyramine POWD	24
CEFACLOR ER TB12	38	cetirizine hcl SOLN PO	23	CHORIONIC GONADOTROPIN IM 53	
cefaclor SUSR 250 MG/5ML	38	cetirizine hcl SYRP PO 1 MG/ML ..	23	CHOSEN LANCETS 30G	63
cefadroxil CAPS	38	cetirizine hcl TABS	23	CHOSEN SAFETY LANCETS 28G 63	
cefadroxil SUSR	38	CETRAXAL (ciprofloxacin hcl (otic)) . 87		CIBINQO	48
		CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ...	90		
		CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	90		

ciclopirox SOLN44	CLEOCIN CREA (clindamycin phosphate vaginal)96	clobetasol propionate CREA 0.05 % . 46
cilostazol58	CLEVER CHEK LANCETS63	clobetasol propionate emollient base 0.05 %46
cimetidine TABS 200 MG92	CLEVER CHOICE COMFORT EZ 63	clobetasol propionate emulsion ...46
cimetidine TABS 300 MG, 400 MG 92	CLEVER CHOICE HOLDING CHAMBER DEVI72	clobetasol propionate FOAM 46
cimetidine TABS 800 MG92	CLEVER CHOICE LANCETS 21G 63	clobetasol propionate GEL 0.05 % 46
cinacalcet hcl53	CLEVER CHOICE LANCETS 23G 63	clobetasol propionate LIQD46
CINQAIR11	CLEVER CHOICE LANCETS 28G 63	clobetasol propionate LOTN46
CINRYZE SOLR IV 58	clindamycin hcl 150 MG, 300 MG . 10	clobetasol propionate OINT 0.05 % 46
CIPRO SUSR55	clindamycin palmitate hydrochloride . 10	clobetasol propionate SHAM 46
ciprofloxacin hcl (ophth) SOLN 85	clindamycin phosphate (topical) GEL 43	clobetasol propionate SOLN 0.05 % . 46
ciprofloxacin hcl (otic)87	clindamycin phosphate (topical) LOTN43	clocortolone pivalate 46
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 55	clindamycin phosphate (topical) SOLN43	CLODERM (clocortolone pivalate) 46
ciprofloxacin-dexamethasone87	clindamycin phosphate vaginal CREA96	clomipramine hcl 17
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML26	clindamycin phosphate-benzoyl peroxide (refrigerate)43	clonazepam TABS 14
CISPLATIN SOLR 26	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 43	clonazepam TBDP14
CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide)16	clindamycin phosphate-tretinoin .. 43	clonidine hcl (adhd) TB122
citalopram hydrobromide CAPS 30 MG 16	CLINDESSE96	clonidine hcl TABS25
citalopram hydrobromide SOLN ... 16	CLINITEST RAPID COVID-19 TEST KIT51	clopidogrel bisulfate 300 MG 58
citalopram hydrobromide TABS ... 16	clobazam SUSP14	clopidogrel bisulfate 75 MG58
cladribine 10 MG/10ML26	clobazam TABS14	clorazepate dipotassium TABS11
clarithromycin SUSR62		clotrimazole (topical) CREA 44
clarithromycin TABS62		clotrimazole (topical) SOLN 44
clarithromycin TB2462		clotrimazole vaginal CREA 1 % ...96
CLEANLET LANCETS 28G63		clotrimazole vaginal CREA 2 % ...96
CLEARDETECT COVID-19 AG HOME KIT51		clotrimazole w/ betamethasone CREA 44
		clotrimazole w/ betamethasone

LOTN	44	COMFORT ASSURED LANCETS 28G	63	COREG CR (carvedilol phosphate) 35	
clozapine TABS	31	COMFORT ASSURED LANCETS 33G	63	CORIFACT	57
clozapine TBDP	32	COMFORT TOUCH ALCOHOL PREP	70	CORTISONE ACETATE TABS	41
CO MONITOR REPLACEMENT PIECES MISC	72	COMFORT TOUCH LANCETS 31G . 63		CORTROPHIN GEL	53
COAGADEX	57	COMFORT TOUCH PLUS LANCETS 28G	63	COSENTYX (300 MG DOSE) SOSY . 44	
COAGUCHEK LANCETS	63	COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SENSOREADY (300 MG) SOAJ	44
coal tar extract SHAM 0.5 %	50	COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SENSOREADY PEN SOAJ	45
COARTEM	26	COMFORT TOUCH TWIST LANCET 30G	63	COSENTYX SOLN	45
COBAS LIAT SARS-COV-2 ASSAY . 51		COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	94	COSENTYX SOSY	45
COBAS LIAT SARS-COV-2 CONTROL	51	COMIRNATY SUSP	94	COSENTYX UNOREADY SOAJ .. 45	
COBENFY CAPS	32	COMIRNATY SUSY	94	cosyntropin SOLR	50
COBENFY STARTER PACK CPPK 32		COMPACT SPACE CHAMBER DEVI	72	COTELLIC	29
codeine sulfate TABS 30 MG	6	COMPACT SPACE CHAMBER/LG MASK DEVI	72	COVID-19 AT HOME ANTIGEN TEST KIT	51
CODEINE SULFATE TABS	6	COMPACT SPACE CHAMBER/MED MASK DEVI	72	COVID-19 AT-HOME TEST KIT ... 51	
colchicine TABS	57	COMPACT SPACE CHAMBER/SM MASK DEVI	72	COVID-19 OTC ANTIGEN 1-PACK KIT	51
colchicine w/ probenecid	57	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	33	COVID-19 OTC ANTIGEN 2-PACK KIT	51
colestipol hcl GRAN	24	CONCERTA TBCR (methylphenidate hcl)	2	CREON CPEP	51
colestipol hcl TABS	24	CONDOMS-MISC	62	CRINONE GEL	97
COLLAVERA GEL 2 %	49	CONZIP CP24 (tramadol hcl)	6	cromolyn sodium (nasal) 5.2 MG/ACT	82
COMBIGAN (brimonidine tartrate-timolol maleate)	84	COPAXONE SOSY (glatiramer acetate)	89	cromolyn sodium (ophth)	86
COMBIPATCH PTTW	54			cromolyn sodium NEBU	11
COMBIVENT RESPIMAT AERS .. 12				CRYSVITA	53
COMETRIQ (100 MG DAILY DOSE) KIT	29			CTEXLI TABS PO 250 MG	55
COMETRIQ (140 MG DAILY DOSE) KIT	29			CULTURELLE KIDS CHEW	20
COMETRIQ (60 MG DAILY DOSE) KIT	29			CULTURELLE KIDS PURELY	

CHEW	20	CYLTEZO-PSORIASIS/UV STARTER AJKT	3	DARZALEX	27
CURITY ALCOHOL PREPS	70	CYMBALTA CPEP 20 MG, 30 MG (duloxetine hcl)	16	dasatinib	29
CUVITRU SOLN	87	CYMBALTA CPEP 60 MG (duloxetine hcl)	16	daunorubicin hcl SOLN 50 MG/10ML 28	
CVS ALCOHOL PREP PADS	70	cyproheptadine hcl SYRP	23	DAURISMO	28
CVS COVID-19 AT HOME TEST KIT KIT	51	cyproheptadine hcl TABS	23	DAYHIST ALLERGY 12 HOUR RELIEF TABS	23
CVS LANCETS ORIGINAL	63	CYRAMZA	27	decitabine	27
CVS LANCETS THIN 26G	63	CYSTAGON CAPS	56	deferasirox PACK	21
CVS LICE-BEDBUG-MITE AERO 0.5 %	49	CYSTARAN	86	deferasirox TABS	21
CVS PREP	70	cytarabine SOLN	26	deferasirox TBSO	21
CVS ULTRA THIN LANCETS	63	CYTOGAM SOLN	87	deferiprone TABS	21
cyanocobalamin SOLN IJ 1000 MCG/ML	59	CYTRA K CRYSTALS PACK 1002 MG-3300 MG	56	deferoxamine mesylate	21
cyclobenzaprine hcl CP24	81	dabigatran etexilate mesylate CAPS . 14		DEFITELIO	58
cyclobenzaprine hcl TABS 5 MG, 10 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 MG	78	deflazacort SUSP	41
cyclobenzaprine hcl TABS 7.5 MG 81		dalfampridine	89	deflazacort TABS	41
CYCLOGYL 0.5 %	84	DANTRIUM CAPS 25 MG (dantrolene sodium)	81	DEFLUX	57
cyclopentolate hcl 1 %	84	dantrolene sodium CAPS	81	DELSTRIGO	33
cyclophosphamide CAPS 50 MG ..	26	dapagliflozin TABS PO 5 MG, 10 MG	20	DENAVIR (penciclovir)	45
CYCLOPHOSPHAMIDE TABS	26	dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG ..	17	DENG VAXIA	94
cyclosporine (ophth) EMUL	85	dapsone	10	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	15
cyclosporine CAPS	76	DAPTACEL	91	DEPO-SUBQ PROVERA 104 SUSY SC	40
cyclosporine modified (for microemulsion) CAPS	76	DARAPRIM (pyrimethamine)	26	DERMACINRX BOOSTERVITE TABS	78
cyclosporine modified (for microemulsion) SOLN	76	darifenacin hydrobromide	93	DERMACINRX DERMAZENE SPOT GEL 6 %	49
CYLTEZO (2 PEN) AJKT	3	darunavir TABS	33	DERMACINRX DIGENYX TABS 0.125 MG	92
CYLTEZO (2 SYRINGE) PSKT	3			DERMACINRX LIDOCAINE CREA 3 %	49
CYLTEZO-CD/UC/HS STARTER AJKT	3			DERMACINRX PROBISOL CAPS 20	

DERMACINRX PROBITRAN CAPS 20	desvenlafaxine succinate 100 MG .17	dextroamphetamine sulfate TABS 5 MG, 10 MG1
DERMACINRX SALICYLIC ACID GEL 6 %49	desvenlafaxine succinate 25 MG, 50 MG 17	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML42
DESCOVY 120 MG-15 MG33	DETROL LA CP24 (tolterodine tartrate)93	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML42
DESCOVY 200 MG-25 MG33	dexamethasone ELIX41	dextrose (diabetic use) CHEW 4 GM . 18
desipramine hcl TABS 17	DEXAMETHASONE INTENSOL CONC41	DHIVY TABS30
DESLORATADINE SOLN PO 0.5 MG/ML 23	dexamethasone sodium phosphate (ophth)86	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
desloratadine TBDP 23	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML41	DIATHRIVE LANCET ULTRA THIN 3063
desmopressin acetate SOLN IJ ...54	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..41	DIATHRIVE LANCETS63
DESMOPRESSIN ACETATE SOLN NA54	dexamethasone sodium phosphate SOSY IJ 4 MG/ML 41	DIATRUST COVID-19 HOME TEST KIT 51
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desmopressin acetate spray refrigerated 0.01 %54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..41	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML11
desmopressin acetate TABS 54	dexchlorpheniramine maleate SOLN . 23	diazepam SOLN IJ 5 MG/ML 11
desogestrel & ethinyl estradiol38	dexmedetomidine hcl in sodium chloride SOLN 60	DIAZEPAM SOLN IJ 5 MG/ML 11
desogestrel-ethinyl estradiol (biphasic)38	dexmedetomidine hcl SOLN 200 MCG/2ML60	diazepam SOLN PO 5 MG/5ML ... 11
desogestrel-ethinyl estradiol (triphasic)38	dexmethylphenidate hcl CP24 2	diazepam TABS11
desonide CREA46	dexmethylphenidate hcl TABS2	diazoxide 18
desonide LOTN46	dextrazoxane hcl29	dibucaine49
desonide OINT46	DEXTENZA INST86	DICLEGIS TBEC (doxylamine-pyridoxine) 22
desoximetasone CREA 0.05 %46	dextroamphetamine sulfate CP24 10 MG, 15 MG1	diclofenac potassium TABS 50 MG .5
desoximetasone CREA 0.25 %46	dextroamphetamine sulfate CP24 5 MG1	diclofenac sodium (ophth)86
desoximetasone GEL46	dextroamphetamine sulfate SOLN ..1	diclofenac sodium (topical) GEL EX 43
desoximetasone LIQD46		
desoximetasone OINT46		
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diclofenac sodium TB245	36	docetaxel CONC 160 MG/8ML30
diclofenac sodium TBEC5	diltiazem hcl TABS36	DOCETAXEL CONC 160 MG/8ML 30
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/16ML30
dicyclomine hcl CAPS92	dimethyl fumarate CDPK89	docetaxel SOLN30
dicyclomine hcl SOLN PO92	dimethyl fumarate CPDR89	DOCIVYX SOLN30
dicyclomine hcl TABS92	diphenhydramine hcl (sleep) CAPS 60	docusate sodium CAPS 100 MG, 250 MG61
DIFFERIN CREA (adapalene)43	diphenhydramine hcl (sleep) LIQD 60	docusate sodium CAPS 50 MG ...61
DIFFERIN GEL 0.3 % (adapalene) 43	diphenhydramine hcl (sleep) TABS 25 MG60	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML61
DIFFERIN LOTN43	diphenhydramine hcl (sleep) TABS 50 MG60	DOCUSATE SODIUM SYRP61
diflorasone diacetate CREA46	diphenhydramine hcl CAPS23	docusate sodium TABS61
diflorasone diacetate OINT46	diphenhydramine hcl ELIX 12.5 MG/5ML23	dofetilide11
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digoxin TABS 125 MCG, 250 MCG 37	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG60	donepezil hydrochloride TBDP89
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diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG36	dipyridamole58	DORZOLAMIDE HCL-TIMOLOL MAL84
diltiazem hcl coated beads CP24 240 MG36	disopyramide phosphate CAPS ...11	dorzolamide hcl-timolol maleate ..84
diltiazem hcl coated beads CP24 360 MG36	disulfiram 250 MG88	DOVATO33
diltiazem hcl CP1236	divalproex sodium CSDR15	doxazosin mesylate25
diltiazem hcl CP24 120 MG, 240 MG 36	divalproex sodium TB2415	doxepin hcl (sleep)60
diltiazem hcl CP24 180 MG36	divalproex sodium TBEC15	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG17
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		doxepin hcl CONC17

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doxycycline (monohydrate) TABS 50 MG, 100 MG 91	DROPSAFE HAEMOLANCE LANCET 25G 64	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG 17
doxycycline hyclate CAPS 91	DROPSAFE HAEMOLANCE LANCET 28G 64	duloxetine hcl CPEP 60 MG 17
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EASY TOUCH LANCETS 32G/TWIST64	ELEVIDYS 10.5-11.4 KG82	ELEVIDYS 40.5-41.4 KG83
EASY TOUCH LANCETS 33G/TWIST64	ELEVIDYS 11.5-12.4 KG82	ELEVIDYS 41.5-42.4 KG83
EASY TOUCH SAFETY LANCETS 21G64	ELEVIDYS 12.5-13.4 KG82	ELEVIDYS 42.5-43.4 KG83
EASY TOUCH SAFETY LANCETS 23G64	ELEVIDYS 13.5-14.4 KG82	ELEVIDYS 43.5-44.4 KG83
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59	erythromycin ethylsuccinate TABS	62	etodolac TB24	5
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37	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	31	etoposide CAPS	30
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	estradiol & norethindrone acetate TABs	54		
	estradiol PTTW	55		
	estradiol PTWK	55		
	estradiol TABS	55		
	estradiol vaginal CREA	97		
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	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	55		
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FREESTYLE LIBRE 3 SENSOR ..	65	GAMMAGARD S/D LESS IGA SOLR	87	GILENYA (fingolimod hcl)	89
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FULPHILA	59	GAS RELIEF LIQD PO 40 MG/0.6ML	55	glimepiride 1 MG, 2 MG	20
furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	GATIFLOXACIN (ophth)	85	glimepiride 3 MG	20
furosemide TABS	52	GATTEX	56	glimepiride 4 MG	20
FYLNETRA	59	GAUZE SPONGES	65	glipizide TABS 2.5 MG	20
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				GLOBAL INJECT EASE LANCETS 30G	65

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glucagon SOLR IJ 1 MG	18	griseofulvin microsize TABS	22	haloperidol lactate CONC	31
GLUCOCOM LANCETS 28G	65	griseofulvin ultramicrosize	22	haloperidol lactate SOLN	31
GLUCOCOM LANCETS 30G	65	guaifenesin-codeine SOLN	42	haloperidol TABS	31
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GLUMETZA TB24 (metformin hcl) .	18	guanfacine hcl	25	HARVONI TABS	35
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GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	50	HAEMOLANCE LOW FLOW LANCETS	65	HERCEPTIN HYLECTA	28
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GRANIX SOLN 300 MCG/ML	59	HALOG CREA (halcinonide)	47		
GRANIX SOSY	59				

HUMALOG KWIKPEN SOPN 100 UNIT/ML19	HYDRAVEX GEL 2 % 47	hydrocortisone (topical) SOLN 1 % 47
HUMALOG MIX 50/50 KWIKPEN SUPN19	hydrochlorothiazide CAPS52	hydrocortisone acetate (topical) CREA 2.5 % 47
HUMALOG MIX 50/50 SUSP19	hydrochlorothiazide TABS 25 MG, 50 MG 52	hydrocortisone acetate (topical) OINT47
HUMALOG MIX 75/25 KWIKPEN SUPN19	hydrocodone bitartrate CP126	HYDROCORTISONE ACETATE CREA 47
HUMALOG MIX 75/25 SUSP19	hydrocodone bitartrate-homatropine methylbromide SOLN42	hydrocortisone butyrate CREA 47
HUMALOG SOLN IJ 19	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7	hydrocortisone butyrate LOTN 47
HUMALOG TEMPO PEN SOPN .. 19	hydrocodone-acetaminophen TABS 325 MG-10 MG7	hydrocortisone butyrate OINT 47
HUMATE-P SOLR 57	hydrocodone-acetaminophen TABS 325 MG-5 MG7	hydrocortisone butyrate SOLN 47
HUMIRA (2 PEN) AJKT 40 MG/0.8ML 4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG 7	HYDROCORTISONE GEL 2 % ... 47
HUMIRA (2 PEN) AJKT 4	hydrocortisone (intrarectal)8	hydrocortisone TABS 41
HUMIRA (2 SYRINGE) PSKT 4	hydrocortisone (rectal) EX 1 %9	hydrocortisone vaginal 96
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 4	hydrocortisone (rectal) EX 2.5 % ...9	hydrocortisone valerate CREA 47
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 4	hydrocortisone (topical) CREA 0.5 % 47	hydrocortisone valerate OINT 47
HUMIRA-PSORIASIS/UVEIT STARTER AJKT 4	hydrocortisone (topical) CREA 1 % 47	hydrocortisone w/acetic acid87
HUMULIN 70/30 SUSP 19	hydrocortisone (topical) LOTN 1 % 47	HYDROMORPHONE HCL SUPP ...6
HUMULIN N SUSP 19	hydrocortisone (topical) LOTN 2.5 % . 47	hydromorphone hcl TABS6
HUMULIN R SOLN IJ 19	hydrocortisone (topical) OINT 0.5 % . 47	hydromorphone hcl TB24 6
HUMULIN R U-500 KWIKPEN SOPN SC 19	hydrocortisone (topical) OINT 1 % .47	HYDROXATE GEL 47
HY-VEE LANCETS66	hydrocortisone (topical) OINT 2.5 % . 47	HYDROXYM GEL 47
HY-VEE THIN LANCETS 66	hydrocortisone (topical) OINT 2.5 % . 47	hydroxyurea29
HYALGAN SOLN 81	hydrocortisone (topical) OINT 2.5 % . 47	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 10
HYALGAN SOSY 81	hydrocortisone (topical) OINT 1 % .47	hydroxyzine hcl SYRP 10
HYCANTIN CAPS 30	hydrocortisone (topical) OINT 1 % .47	hydroxyzine hcl TABS 10
hydralazine hcl TABS26	hydrocortisone (topical) OINT 2.5 % . 47	hydroxyzine pamoate CAPS 25 MG, 100 MG10
HYDRALYN GEL 2 %47		hydroxyzine pamoate CAPS 50 MG 10

HYMOVIS	81	29	IMBRUVICA CAPS 140 MG	29	
hyoscyamine sulfate ELIX	92	IBSRELA	56	IMBRUVICA CAPS 70 MG	29
hyoscyamine sulfate SOLN PO 0.125 MG/ML	92	ibuprofen CHEW	5	IMBRUVICA TABS	29
hyoscyamine sulfate SUBL 0.125 MG	92	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	5	IMCIVREE SOLN SC	54
hyoscyamine sulfate TABS 0.125 MG	92	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	5	imipramine hcl TABS	17
hyoscyamine sulfate TB12 0.375 MG 92		ibuprofen-diphenhydramine citrate 60		imipramine pamoate	17
hyoscyamine sulfate TBDP 0.125 MG	92	ibuprofen-diphenhydramine hcl ...	60	imiquimod 5 %	48
HYPERHEP B SOLN IM	87	icatibant acetate SOSY	58	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	75
HYPERHEP B SOSY 110 UNIT/0.5ML	87	ICLUSIG 15 MG, 45 MG	29	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	75
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	87	ICOTYDE TABS PO 200 MG	45	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	75
HYPERRHO SOSY IM 1500 UNIT	87	ID NOW COVID-19	51	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	75
HYQVIA	88	ID NOW COVID-19 2.0 CONTROL 51		IMLYGIC	30
HYRIMOZ SOAJ	4	ID NOW COVID-19 2.0 TEST	51	IMOVAX RABIES SUSR	95
HYRIMOZ SOSY	4	ID NOW COVID-19 CONTROL ...	51	IMULDOSA SOLN IV 130 MG/26ML . 55	
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	IDACIO (2 PEN) AJKT	4	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	45
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	IDACIO (2 SYRINGE) PSKT	4	IN TOUCH STERILE LANCETS 30G	66
HYRIMOZ-PED>=40KG CROHN START SOSY	4	IDACIO-CROHNS/UC STARTER AJKT	4	INCRELEX	53
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	4	IDACIO-PSORIASIS STARTER AJKT	4	indapamide TABS 1.25 MG, 2.5 MG . 52	
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	4	IDELVION	57	INDICAID COVID-19 RAPID TEST KIT	51
ibandronate sodium SOLN	52	IDVYNZO TABS PO	33	indomethacin CAPS 25 MG, 50 MG 5	
ibandronate sodium TABS	52	IGALMI FILM	60	indomethacin CPCR	5
IBRANCE CAPS 100 MG, 125 MG		IHEALTH COVID-19 RAPID TEST KIT	51	INFANRIX	91
		ILEVRO	86	INGREZZA CAPS	89
		ILUVIEN	86		
		imatinib mesylate TABS	29		

INGREZZA CPSP	89	ipratropium bromide (nasal) 0.06 % 82	IXCHIQ	95
INLYTA	27		IXEMPRA KIT	30
INNOSPIRE REPLACEMENT FILTER MISC	73	ipratropium bromide hfa 17 MCG/ACT	IXIARO	95
INPEFA	37	ipratropium bromide SOLN 0.02 %	IXINITY SOLR	57
INSPIREASE MISC	73	11	IYUZEH SOLN	86
INSPIREASE RESERVOIR BAGS 73		ipratropium-albuterol SOLN	JAKAFI	29
INSULIN GLARGINE SOLN	19	13	JALYN (dutasteride-tamsulosin hcl) . 57	
INSULIN GLARGINE-YFGN SOLN 19		irbesartan	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl)	17
INSULIN GLARGINE-YFGN SOPN 19		25	JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl)	17
INSULIN LISPRO (1 UNIT DIAL) SOPN	19	irbesartan-hydrochlorothiazide ...	JANUVIA 25 MG, 50 MG, 100 MG (sitagliptin phosphate)	18
INSULIN LISPRO JUNIOR KWIKPEN SOPN	19	30	JARDIANCE	20
INSULIN LISPRO PROT & LISPRO SUPN	19	IRON CHEWS PEDIATRIC CHEW 59	JASCAYD TABS PO 9 MG, 18 MG 90	
INSULIN LISPRO SOLN IJ	19	IRON TABS 28 MG	JENTADUETO TABS	17
INSULIN SYRINGES	71	59	JEVTANA	30
INTELENCE (etravirine)	33	ISENTRESS CHEW 100 MG	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	57
INTELENCE	33	33	JOURNAVX	6
INTELENCE 200 MG (etravirine) ..	33	ISENTRESS CHEW 25 MG	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	24
INTELISWAB COVID-19 RAPID TEST KIT	51	33	JYNNEOS	95
INVEGA HAFYERA	31	ISENTRESS PACK	KADCYLA	27
INVEGA SUSTENNA	31	33	KALBITOR	58
INVEGA TRINZA	31	ISENTRESS TABS	KALETRA SOLN	33
INVOKANA	20	33	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	33
IPOL IJ	95	isoniazid SYRP	KALETRA TABS 50 MG-200 MG	
ipratropium bromide (nasal) 0.03 % 82		26		
		26		
		10		
		10		
		43		
		36		
		84		
		44		
		23		
		23		
		83		
		50		
		9		

(lopinavir-ritonavir)	33	KLOR-CON TBCR 8 MEQ (potassium chloride)	76	lactobacillus-inulin CAPS 200 MG, 200 MG-10 B CELL, 200 MG-10 BILLION, 200 MG-12 BILLION, 200 MG-20 B CELL, 200 MG-20 BILLION, 3 MG-200 MG	21
KALYDECO PACK 50 MG, 75 MG	90	KLOXXADO LIQD	22		
KALYDECO TABS	90	KOATE SOLR	58		
KANJINTI 420 MG	27	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	58	lactobacillus-inulin CHEW 200 MG- 10 BILLION, 350 MG-1 GM	21
KANUMA	54	KOGENATE FS KIT	58	LACTOVIVE CAPS	20
KCENTRA	57	KONVOMEPEP SUSR	93	lactulose (encephalopathy)	56
KENALOG AERS (triamcinolone acetone (topical))	47	KOVALTRY	58	lactulose SOLN	61
KESIMPTA	89	KRINTAFEL	26	LAGEVRIO	35
ketoconazole (topical) CREA	44	KROGER HEALTHPRO LANCET 26G	66	LAMICTAL ODT KIT (lamotrigine) .	14
ketoconazole (topical) SHAM 2 %	44	KROGER LANCETS	66	LAMICTAL STARTER KIT 25 MG (lamotrigine)	14
KETONE TEST STRP	51	KROGER LANCETS SUPER THIN 66		lamivudine SOLN	33
ketoprofen CAPS 50 MG, 75 MG ...	5			lamivudine TABS 150 MG	33
ketoprofen CP24	5	KROGER LANCETS THIN	66	lamivudine TABS 300 MG	33
ketorolac tromethamine (ophth) 0.4 %	86	KRYSTEXXA	57	lamivudine-zidovudine	33
ketorolac tromethamine (ophth) 0.5 %	86	KYLEENA	40	lamotrigine CHEW	14
ketorolac tromethamine TABS	5	KYMRIAH	27	lamotrigine KIT 25 MG	14
KETOSTIX STRP	51	KYPROLIS	29	lamotrigine TABS	14
ketotifen fumarate (ophth) 0.035 % 86		labetalol hcl TABS 100 MG	35	lamotrigine TB24	14
KEY-E CHEW	97	labetalol hcl TABS 200 MG	35	lamotrigine TBDP	14
KEYTRUDA	27	labetalol hcl TABS 300 MG	35	LANCETS	66
KHAPZORY 175 MG	29	labetalol hcl TABS 400 MG	35	LANCETS 28G THIN	66
KINNEY LANCETS	66	LACTEROL CAPS	20	LANCETS 30G	66
KINNEY THIN LANCETS	66	lactic acid (ammonium lactate) CREA	48	LANCETS 33G	66
KINRIX SUSY	91	lactic acid (ammonium lactate) LOTN 12 %	48	LANCETS MICRO THIN 33G	66
KIRSTY SOLN IJ 100 UNIT/ML ...	19	LACTIVITE CAPS	20	LANCETS SUPER THIN	66
KIRSTY SOPN SC 100 UNIT/ML ...	19	lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL	20	LANCETS SUPER THIN 28G	66
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3			LANCETS ULTRA THIN	66
				LANCETS ULTRA THIN 30G	66

lanolin (topical) CREA 50 %	49	LEUKERAN	26	levonorgestrel-eth estradiol (triphasic)	39
LANOLIN XX	88	LEUKINE SOLR IJ	59	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	39
LANOXIN TABS 125 MCG, 250 MCG (digoxin)	37	leuprolide acetate (3 month) INJ 22.5 MG	28	levonorgestrel-ethinyl estradiol (continuous)	39
lanreotide acetate	54	leuprolide acetate KIT IJ 1 MG/0.2ML	28	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	91
LANREOTIDE ACETATE	54	LEUPROLIDE ACETATE-BUPIVACAINE	28	levothyroxine sodium TABS	91
lansoprazole CPDR	92	levabuterol hcl	13	LEVULAN KERASTICK SOLR	44
lansoprazole TBDD	92	levabuterol hcl 1.25 MG/0.5ML	13	LIALDA TBEC (mesalamine)	55
lanthanum carbonate CHEW	56	levabuterol tartrate	13	LIBERTY MEDICAL LANCETS	66
LANTUS SOLOSTAR SOPN	19	LEVEMIR FLEXPEN SOPN	19	LIBTAYO	27
lapatinib ditosylate	29	LEVEMIR SOLN	19	lidocaine CREA 4 %	49
LEDIPASVIR-SOFOSBUVIR TABS 35		levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	14	LIDOCAINE CREA	49
leflunomide	5	levetiracetam TABS	14	lidocaine hcl (mouth-throat) 2 %	77
lenalidomide	76	levetiracetam TB24	14	lidocaine hcl CREA 3 %	49
LENVIMA (10 MG DAILY DOSE)	27	levobunolol hcl 0.5 %	84	lidocaine hcl CREA 4 %	49
LENVIMA (12 MG DAILY DOSE)	27	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	54	lidocaine hcl GEL 2 %	49
LENVIMA (14 MG DAILY DOSE)	27	levocarnitine (metabolic modifiers) TABS	54	lidocaine hcl PRSY	49
LENVIMA (18 MG DAILY DOSE)	27	levocetirizine dihydrochloride SOLN 23		lidocaine-prilocaine CREA	49
LENVIMA (20 MG DAILY DOSE)	27	levofloxacin (ophth) 0.5 %	85	LIDOMAX GEL 2 %	49
LENVIMA (24 MG DAILY DOSE)	27	levofloxacin SOLN PO	55	LILETTA (52 MG)	41
LENVIMA (4 MG DAILY DOSE)	27	levofloxacin TABS	55	LINZESS	56
LENVIMA (8 MG DAILY DOSE)	27	levoleucovorin calcium SOLN	30	LIORESAL SOLN IT	81
LEQSELVI TABS PO 8 MG	48	levoleucovorin calcium SOLR	30	liothyronine sodium TABS	91
LEQVIO	24	levonorgestrel (emergency oc) 1.5 MG	40	LIPOFEN CAPS (fenofibrate)	24
LESCOL XL TB24 (fluvastatin sodium)	24	levonorgestrel & eth estradiol TABS	39	liraglutide	19
LETAIRIS (ambrisentan)	37			lisdexamfetamine dimesylate CAPS 1	
letrozole	28			lisdexamfetamine dimesylate CHEW	

1	LOPRESSOR TABS 12.5 MG (metoprolol tartrate)36	LUPRON DEPOT (4-MONTH) IM .28
lisinopril & hydrochlorothiazide ...25	loratadine CAPS23	LUPRON DEPOT (6-MONTH) IM .28
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG24	loratadine CHEW23	LUPRON DEPOT-PED (1-MONTH) .53
LITE TOUCH LANCETS66	loratadine SOLN23	LUPRON DEPOT-PED (3-MONTH) .53
LITETOUCH LANCETS66	loratadine TABS23	LUPRON DEPOT-PED (6-MONTH) IM53
LITETOUCH MASK LARGE MISC 73	loratadine TBDP 10 MG23	lurasidone hcl31
LITETOUCH MASK MEDIUM MISC .73	lorazepam CONC11	LUTATHERA29
LITETOUCH MASK SMALL MISC .73	lorazepam TABS 0.5 MG, 2 MG ...11	LUTRATE DEPOT INJ 22.5 MG ...28
LITFULO48	lorazepam TABS 1 MG11	LUZU (luliconazole)44
lithium31	LORBRENA29	LYBALVI89
lithium carbonate CAPS31	LOREEV XR CS2411	LYFGENIA58
lithium carbonate TABS31	losartan potassium & hydrochlorothiazide25	LYRA DIRECT SARS-COV-2 ASSAY51
lithium carbonate TBCR31	losartan potassium25	LYRA SARS-COV-2 ASSAY51
LITHOBID TBCR (lithium carbonate) .31	LOTRONEX (alosetron hcl)56	LYSODREN28
LIVE BETTER LANCET SUPER THIN66	lovastatin TABS 10 MG, 20 MG ...24	LYUMJEV TEMPO PEN SOPN ...19
LO LOESTRIN FE TABS39	lovastatin TABS 40 MG24	LYVISPAH PACK81
LOCOID LOTN (hydrocortisone butyrate)47	loxapine succinate32	M-M-R II SOLR95
LOKELMA77	LUCENTIS SOSY85	MACI80
LONSURF28	LUCIRA CHECK IT COVID-19 TEST KIT51	magnesium citrate 1.745 GM/30ML 61
loperamide hcl CAPS21	LUCIRA COVID-19 ALL-IN-ONE KIT 51	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML61
loperamide hcl TABS21	luliconazole44	magnesium oxide (mg supplement) TABS76
lopinavir-ritonavir SOLN33	LUMAVEX CAPS78	magnesium oxide TABS 400 MG ...9
lopinavir-ritonavir TABS 25 MG-100 MG33	LUMIZYME54	malathion50
lopinavir-ritonavir TABS 50 MG-200 MG33	LUNAVIRA CAPS78	maraviroc TABS 150 MG34
LOPRESSOR SOLN PO 10 MG/ML .36	LUPRON DEPOT (1-MONTH) KIT IM28	maraviroc TABS 300 MG34
	LUPRON DEPOT (3-MONTH) KIT IM28	

MATULANE	29	MEIJER LANCETS	66	mesalamine SUPP	55
MAVYRET PACK	35	MEIJER LANCETS UNIVERSAL 21G	66	mesalamine TBEC 1.2 GM	55
MAVYRET TABS	35	MEIJER LANCETS UNIVERSAL 30G	66	mesalamine TBEC 800 MG	55
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	42	MEIJER LANCETS UNIVERSAL 33G	66	mesalamine w/ cleanser	55
MAYZENT STARTER PACK TBPk 0.25 MG	90	MEKINIST TABS	29	mesna SOLN	30
MAYZENT TABS	90	MEKTOVI	29	mesna TABS	30
meclizine hcl CHEW	22	melatonin TABS 3 MG, 5 MG	2	MESNEX TABS	30
meclizine hcl TABS 12.5 MG, 25 MG 22		MELOXICAM SUSP (meloxicam) ..	5	METAVAX TABS 1 MG	78
MEDICHOICE SAFETY LANCET ..	66	meloxicam SUSP	5	metaxalone	81
MEDICHOICE SAFETY LANCET EXTRA	66	meloxicam TABS	5	METAXALONE 640 MG	81
MEDICHOICE SAFETY LANCET NORM	66	melphalan hcl IV	26	metformin hcl SOLN	18
MEDLANCE PLUS EXTRA 21G ..	66	memantine hcl CP24	89	metformin hcl TABS 500 MG, 850 MG, 1000 MG	18
MEDLANCE PLUS LITE 25G	66	memantine hcl SOLN	89	metformin hcl TABS 625 MG, 750 MG	18
MEDLANCE PLUS SPECIAL 0.8MM	66	memantine hcl TABS	89	metformin hcl TB24 500 MG, 1000 MG	18
MEDLANCE PLUS SUPERLITE 30G	66	MENQUADFI 0.5 ML	93	metformin hcl TB24 500 MG, 750 MG	18
MEDLANCE PLUS UNIVERSAL 21G	66	MENVEO SOLN	93	methadone hcl TABS 10 MG	6
medroxyprogesterone acetate (contraceptive) SUSP IM	40	MENVEO SOLR	93	methadone hcl TABS 5 MG	7
medroxyprogesterone acetate (contraceptive) SUSY IM	40	meperidine hcl SOLN PO 50 MG/5ML	6	methamphetamine hcl	1
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	88	meperidine hcl TABS 50 MG	6	methazolamide TABS	52
mefloquine hcl	26	meprobamate	10	methenamine mandelate	10
megestrol acetate SUSP	28	mercaptopurine SUSP 2000 MG/100ML	27	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG . 9	
megestrol acetate TABS	28	mercaptopurine TABS	27	methimazole TABS	91
MEIJER ALCOHOL SWABS	70	MERILOG SOLN SC 100 UNIT/ML 19		methocarbamol TABS 1000 MG ...	81
		MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	19	methocarbamol TABS 500 MG	81
		mesalamine ENEM	55	methocarbamol TABS 750 MG, 1000 MG	81

methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 27	metolazone 52	PLUS SOSY IM 87
methotrexate sodium TABS 2.5 MG 27	metoprolol & hydrochlorothiazide TABS 25	MICROBALANCE CAPS 20
methsuximide 15	metoprolol succinate TB24 200 MG 36	MICROCHAMBER DEVI 73
methyldopa TABS 25	metoprolol succinate TB24 25 MG, 50 MG, 100 MG 36	MICROCHAMBER MISC 73
methylergonovine maleate TABS .. 87	metoprolol tartrate TABS 100 MG . 36	MICROFLOR 33 CAPS 20
METHYLIN SOLN (methylphenidate hcl) 2	metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG 36	MICROLET LANCETS 66
methylphenidate hcl CHEW 2	metoprolol tartrate TABS 25 MG, 50 MG 36	MICROLET NEXT LANCETS 66
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG 2	metronidazole (topical) CREA 49	MICROSPACER MISC 73
methylphenidate hcl CP24 60 MG .. 2	metronidazole (topical) GEL 0.75 % 49	MICROVARA CPDR 20
methylphenidate hcl CP24 2	metronidazole (topical) LOTN 49	midazolam hcl SOLN IJ 60
methylphenidate hcl CPCR 2	metronidazole TABS 250 MG, 500 MG 9	MIDAZOLAM HCL SOLN IJ 60
methylphenidate hcl SOLN 2	metronidazole vaginal 96	midodrine hcl 97
methylphenidate hcl TABS 2	metirosine 25	MIEBO 86
methylphenidate hcl TB24 2	MFLUSIVA SUSY IM 0.38 ML 95	mifepristone (hyperglycemia) 18
methylphenidate hcl TBCR 10 MG, 20 MG 2	MI-VITE RX TABS 1 MG 78	miglitol 17
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG 2	MICONAZOLE 7 SUPP 100 MG .. 96	miglustat 58
methylphenidate hcl TBCR 45 MG, 63 MG 2	miconazole nitrate (topical) CREA . 44	milnacipran hcl MISC 89
methylprednisolone TABS 4 MG, 8 MG 41	miconazole nitrate vaginal CREA 2 % 96	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 89
methylprednisolone TBPk 41	miconazole nitrate vaginal CREA 4 % 96	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 78
methyltestosterone TABS 8	miconazole nitrate vaginal KIT 96	MINIELITE FILTER REPLACEMENTS MISC 73
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 55	miconazole nitrate vaginal SUPP 100 MG 96	minocycline hcl CAPS 91
metoclopramide hcl TABS 10 MG . 55	miconazole nitrate vaginal SUPP 200 MG 96	minoxidil 2.5 MG, 10 MG 26
metoclopramide hcl TABS 5 MG .. 55	MICRHOGAM ULTRA-FILTERED	mirabegron TB24 93
		MIRCERA 59
		MIRENA (52 MG) 41
		MIREXA TABS 78

mirtazapine TABS	15	100 MG	7	MG-2 MG-400 MCG-400 UNIT-6
mirtazapine TBDP	15	morphine sulfate SOLN PO 10		MCG-1.7 MG-20 MG-5000 UNIT-10
misoprostol	93	MG/5ML, 20 MG/5ML	7	MG-18 MG-1.5 MG-30 UNIT, 60 MG-
mitoxantrone hcl 20 MG/10ML, 25		morphine sulfate SOLN PO 20		2 MG-400 MCG-400 UNIT-6 MCG-10
MG/12.5ML, 30 MG/15ML	28	MG/ML, 100 MG/5ML	7	MG-1.7 MG-20 MG-5000 UNIT-18
MIUDELLA	40	morphine sulfate SUPP	7	MG-1.5 MG-30 UNIT
MM TWIST LANCETS	66	morphine sulfate TABS	7	MULTIVITAMIN DROPS/IRON SOLN
MNEXSPIKE SUSY 10 MCG/0.2ML .		morphine sulfate TBCR	7	80
95		MOTPOLY XR CP24	14	MULTIVITAMIN INFANT &
MOBI CONNECT TWIST LANCETS		MOUNJARO	19	TODDLER SOLN
66		MOVANTIK	56	80
MOBILE LANCETS 30G	66	moxifloxacin hcl (ophth) SOLN OP	85	MULTIVITAMIN PLUS IRON ADULT
MODERNA COVID-19 VAC 6M-11Y		moxifloxacin hcl TABS	55	TABS 60 MG-2 MG-13.5 MG-400
SUSY	95	MULPLETA	59	MCG-10 MCG-6 MCG-1.7 MG-20
moexipril hcl	24	MULTI-VITAMIN/IRON TABS 400		MG-1500 MCG-10 MG-18 MG-75
mometasone furoate (nasal) SUSP		UNIT-60 MG-2 MG-400 MCG-6		MG-1.5 MG
82		MCG-5000 UNIT-1.7 MG-20 MG-10		79
mometasone furoate CREA	47	MG-18 MG-1.5 MG-30 UNIT, 60 MG-		mupirocin calcium (topical)
mometasone furoate OINT	47	2 MG-400 MCG-400 UNIT-6 MCG-		43
mometasone furoate SOLN	47	1.7 MG-20 MG-5000 UNIT-10 MG-18		mupirocin OINT
MONISTAT CARE INSTANT ITCH		MG-1.5 MG-30 UNIT	78	43
RLF 1 %	97	MULTIPLE VITAMINS TABS-		MVASI
MONOLET LANCETS	66	ASSORTED BRAND	79	27
MONOLET OPD LANCETS	66	MULTIPLE VITAMINS TABS-		MVW COMPL FORM PROBIOTIC-
MONOLETTOR SAFETY LANCETS		ASSORTED GENERIC	79	KIDS CPDR
66		multiple vitamins w/ iron TABS	78	20
MONOVISC	81	MULTIPLE VITAMINS W/		MVW COMPLETE FORMULATION
montelukast sodium CHEW	11	MINERALS TABS-ASSORTED		SOLN
montelukast sodium PACK	11	BRAND	79	80
montelukast sodium TABS	12	MULTIPLE VITAMINS W/		MYALEPT
morphine sulfate beads	7	MINERALS TABS-ASSORTED		54
morphine sulfate CP24 10 MG, 20		GENERIC	79	mycophenolate mofetil CAPS
MG, 30 MG, 50 MG, 60 MG, 80 MG,		MULTIPLE VITAMINS/IRON TABS		76
		60 MG-2 MG-400 MCG-1.5 MG-20		mycophenolate mofetil hcl
		MG-6 MCG-10 MG-1.7 MG-400		76
		UNIT-30 UNIT-18 MG-5000 UNIT, 60		mycophenolate mofetil SUSR
				77
				mycophenolate mofetil TABS
				77
				mycophenolate sodium
				77
				MYDAYIS CP24 (amphetamine-
				dextroamphetamine)
				1
				MYFEMBREE
				54
				MYGLUCOHEALTH LANCETS 30G
				66

MYLERAN TABS	26	NAT-RUL DAILY-VITE+IRON TABS	NEUPOGEN SOSY	59
MYNEPHRON CAPS 1 MG	78	60 MG-400 MCG-400 UNIT-6 MCG-	nevirapine SUSP	34
MYOBLOC	83	1.7 MG-20 MG-5000 UNIT-10 MG-18	nevirapine TABS	34
MYRBETRIQ TB24 (mirabegron) ..	93	MG-1.5 MG-2 MG-30 UNIT	nevirapine TB24 400 MG	34
NABI-HB SOLN IM	87	NATAZIA	39	
nabumetone	5	nateglinide	20	
nadolol TABS 20 MG, 40 MG, 80 MG		NATROBA (spinosad)	50	
.....	36	NEBULIZER AIR TUBE/PLUGS	NEXIUM 24HR CPDR	
NAGLAZYME	54	MISC	(esomeprazole magnesium)	92
naloxone hcl LIQD	22	nefazodone hcl	16	
naloxone hcl SOCT	22	NEFFY SOLN NA	97	
naloxone hcl SOLN 0.4 MG/ML ...	22	NEMLUVIO	48	
naloxone hcl SOLN 4 MG/10ML ...	22	neomycin sulfate TABS	3	
naloxone hcl SOSY 0.4 MG/ML ...	22	neomycin-bacitracin zn-polymyxin	85	
naloxone hcl SOSY 2 MG/2ML	22	neomycin-bacitracin-polymyxin OINT	44	
naltrexone hcl	22	neomycin-polymy-dexameth OINT	86	
NAMENDA TITRATION PAK TABS		neomycin-polymy-dexameth SUSP		
(memantine hcl)	89	0.1 %-3.5 MG/ML-10000 UNIT/ML,		
naphazoline w/ pheniramine 0.3 %-		0.1 %	86	
0.025 %	85	neomycin-polymyxin w/ pramoxine	44	
naphazoline w/ pheniramine 0.315		neomycin-polymyxin-gramicidin ...	85	
%-0.027 %	85	neomycin-polymyxin-hc (ophth) ...	86	
naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-hc (otic) SOLN .	87	
naproxen sodium TABS 275 MG, 550		neomycin-polymyxin-hc (otic) SUSP .	87	
MG	5	NEULASTA ONPRO SOSY 6		
naproxen SUSP	5	MG/0.6ML	59	
naproxen TABS	5	NEULASTA SOLN SC 4 MG/0.4ML	59	
naproxen TBEC	5	NEULASTA SOSY	59	
naproxen-esomeprazole magnesium		NEUPOGEN SOLN	59	
.....	5			
naratriptan hcl	75			
NARCAN LIQD (naloxone hcl)	22			

nimodipine CAPS	36	norethindrone (contraceptive)	41	NOVAREL IM 5000 UNIT	53
NINLARO	29	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG	39	NOVAVAX COVID-19 VACCINE SUSY	95
nintedanib esylate 100 MG, 150 MG . 90		norethindrone & eth estradiol 35 MCG-1 MG	39	NOVEXA CAPS	20
nisoldipine 8.5 MG, 17 MG, 34 MG 36		norethindrone & ethinyl estradiol-fe 39		NOVIRA CAPS	20
nitisinone CAPS	54	norethindrone acet & eth estra TABS 39		NOVOEIGHT	58
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	10	norethindrone acetate TABS	88	NOVOLOG 70/30 FLEXPEN RELION SUPN	19
nitrofurantoin	10	norethindrone acetate-ethinyl estradiol	54	NOVOLOG MIX 70/30 FLEXPEN SUPN	19
nitrofurantoin macrocrystal 50 MG, 100 MG	10	norethindrone acetate-ethinyl estradiol-fe	39	NOVOLOG MIX 70/30 RELION SUSP	19
nitrofurantoin monohyd macro	10	norethindrone-eth estradiol (triphasic)	39	NOVOLOG MIX 70/30 SUSP	19
nitroglycerin OINT	10			NOVORA CAPS	20
nitroglycerin PT24	10	norgestimate-ethinyl estradiol (triphasic)	40	NOVOSEVEN RT	58
nitroglycerin SUBL	10	norgestimate-ethinyl estradiol	39	NP THYROID TABS	91
NIVA THYROID TABS	91	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	40	NPLATE 250 MCG, 500 MCG	59
NIVESTYM SOLN	59	NORLIQVA SOLN	36	NUCALA SOAJ	11
NIVESTYM SOSY	59	NORPACE CAPS (disopyramide phosphate)	11	NUCALA SOLR	11
NIX LICE KILLING SPRAY LIQD XX . 50		nortriptyline hcl CAPS	17	NUCALA SOSY	11
NIZORAL A-D 2-IN-1 SHAM 1 % ..	44	nortriptyline hcl SOLN	17	NULOJIX	77
NIZORAL ANTI-DANDRUFF SHAM 1 %	44	NORVIR PACK	34	NUMOISYN LIQD	77
NORDITROPIN FLEXPEN SOPN .	53	NORVIR TABS (ritonavir)	34	NUPLAZID CAPS	31
norelgestromin-ethinyl estradiol ...	40	NOSE CLIP MISC	73	NUPLAZID TABS 10 MG	31
norethin acet & estrad-fe CAPS ...	39	NOVA SAFETY LANCETS 23G ..	66	NURTEC	75
norethin acet & estrad-fe CHEW ...	39	NOVA SAFETY LANCETS 28G ..	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 SUREFLEX LANCETS	67	NUTRIVIO CAPS 1 MG	78
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	39	NOVAFERRUM PED MULTI VIT- IRON SOLN 10 MG/ML	80	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	95
				NUVESSA	96
				NUWIQ KIT	58
				NUWIQ SOLR	58

NYPOZI	59	hydrochlorothiazide	25	MG/5ML	22
nystatin (mouth-throat)	77	olmesartan medoxomil- hydrochlorothiazide	25	ondansetron hcl TABS 4 MG, 8 MG 22	
nystatin (topical) CREA	44	olopatadine hcl (nasal)	82	ondansetron TBDP 16 MG	22
nystatin (topical) OINT	44	olopatadine hcl	86	ondansetron TBDP 4 MG, 8 MG ..	22
nystatin (topical) POWD EX	44	OLPRUVA (2 GM DOSE) THPK ...	54	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	79
nystatin TABS	22	OLPRUVA (3 GM DOSE) THPK ...	54	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	79
nystatin-triamcinolone CREA	44	OLPRUVA (4 GM DOSE) THPK ...	54		
nystatin-triamcinolone OINT	44	OLPRUVA (5 GM DOSE) THPK ...	54		
NYVEPRIA	59	OLPRUVA (6 GM DOSE) THPK ...	54		
OBIZUR	58	OLPRUVA (6.67 GM DOSE) THPK 54			
OCALIVA	55	OLUMIANT	4	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 ..	79
OCREVUS ZUNOVO	90	omega-3-acid ethyl esters	23	ONETOUCH DELICA PLUS LANCET30G	67
OCTAGAM SOLN	87	omeprazole CPDR	92	ONETOUCH DELICA PLUS LANCET33G	67
octreotide acetate KIT	54	omeprazole TBEC	92	ONETOUCH DELICA SAFETY LANCING	67
octreotide acetate SOLN	54	omeprazole-sodium bicarbonate CAPS	93	ONETOUCH ULTRASOFT 2 LANCETS	67
octreotide acetate SOSY	54	omeprazole-sodium bicarbonate PACK	93	ONGLYZA 5 MG (saxagliptin hcl) .	18
ODEFSEY	34	OMNITROPE SOCT	53	ONPATTRO	90
ODOMZO	28	OMVOH (300 MG DOSE) SOAJ ...	55	ONTRALFY SOLN PO 2 MG/5ML .	81
OFEV 100 MG, 150 MG (nintedanib esylate)	91	OMVOH (300 MG DOSE) SOSY ...	55	ONYDA XR SUER	2
ofloxacin (ophth)	85	OMVOH SOAJ	55	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	27
ofloxacin (otic)	87	OMVOH SOLN	56	OPIPZA FILM	32
ofloxacin 300 MG, 400 MG	55	OMVOH SOSY	56	OPSYNVI	37
OHC COVID-19 ANTIGEN SELF TEST KIT	51	ON/GO COVID-19 ANTIGEN TEST KIT	51	OPTICHAMBER DIAMOND DEVI .	73
OHTUVAYRE	12	ONCASPAR	29	OPTICHAMBER DIAMOND MISC .	73
olanzapine SOLR	32	ondansetron hcl SOLN PO 4			
olanzapine TABS	32				
olanzapine TBDP	32				
olmesartan medoxomil	25				
olmesartan medoxomil-amlodipine-					

OPTICHAMBER DIAMOND-LG MASK DEVI	73	PK TBPK	5	OZEMPIC (2 MG/DOSE) SOPN ...	19
OPTICHAMBER DIAMOND-MD MASK MISC	73	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	4	OZOBAX DS SOLN PO (baclofen)	81
OPTICHAMBER DIAMOND-SM MASK MISC	73	OTULFI SOLN SC 45 MG/0.5ML ..	45	OZURDEX IMPL	86
OPTIONS GYNOL II CONTRACEPTIVE GEL	96	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	45	PACLITAXEL PROTEIN-BOUND PART	30
OPVEE NA	22	oxaprozin TABS	5	paclitaxel protein-bound particles ..	30
OPZELURA	48	oxazepam CAPS	11	paliperidone	31
ORALAIR SUBL	2	oxcarbazepine SUSP	14	PALYNZIQ	54
ORENITRAM MONTH 1 TEPK	37	oxcarbazepine TABS	14	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	52
ORENITRAM MONTH 2 TEPK	37	OXERVATE	86	PAMIDRONATE DISODIUM SOLN 53	
ORENITRAM MONTH 3 TEPK	37	oxiconazole nitrate CREA	44	pantoprazole sodium PACK	92
ORFADIN SUSP	54	oxybutynin chloride SOLN	93	pantoprazole sodium TBEC 20 MG 92	
ORIAHNN	54	oxybutynin chloride TABS 2.5 MG ..	93	pantoprazole sodium TBEC 40 MG 92	
ORILISSA	53	oxybutynin chloride TABS 5 MG ..	93	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	76	PARI VORTEX ADULT MASK	73
OTEZLA TABS	5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	19		
OTEZLA TBPK	5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	19		
OTEZLA XR TB24 PO 75 MG	5				
OTEZLA/OTEZLA XR INITIATION					

paricalcitol SOLN	54	PEGASYS SOSY	35	70
paroxetine hcl TABS	16	PELLIX SOLN 0.005 % (calcipotriene)	45	67
paroxetine hcl TB24	16	pemetrexed disodium SOLR 100 MG, 500 MG	27	PHARMACIST CHOICE LANCETS .
paroxetine mesylate (vasomotor) .	90	PENBRAYA	93	PHARMACIST CHOICE MASK
PARSABIV	54	penciclovir	45	WIPES MISC
PAXLOVID (150/100)	34	penicillamine TABS	76	73
PAXLOVID (300/100 & 150/100) .	34	penicillin v potassium SOLR	88	PHEBURANE PLLT
PAXLOVID (300/100)	34	penicillin v potassium TABS	88	54
pazopanib hcl	29	PENTACEL	92	phenazopyridine hcl TABS 100 MG, 200 MG
PC PEDIATRIC POLY-VITA/FE DROP SOLN	80	pentoxifylline	58	57
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	80	PERFECT LANCETS 28G	67	phenelzine sulfate
ped multivitamins w/fl & iron SOLN 79		PERFECT LANCETS 30G	67	16
PEDIARIX SUSY	91	PERFECT POINT SAFETY LANCETS	67	phenobarbital ELIX
PEDIATRIC MOUTHPIECE MISC .	73	perindopril erbumine	24	60
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	80	PERIOMED CONC 0.63 %	77	phenobarbital TABS
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	80	PERJETA	27	60
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	80	permethrin AERO	50	PHENOBARBITAL TABS
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	80	PERMETHRIN CREA 5 % (permethrin)	50	60
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	80	permethrin CREA	50	phenobarbital TABS
pediatric vitamins acd w/ fluoride SOLN	80	permethrin LIQD EX	50	60
PEDVAXHIB SUSP 7.5 MCG/0.5ML .	93	perphenazine TABS	32	PHENOBARBITAL TABS
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	61	perphenazine-amitriptyline	89	60
peg 3350-potassium chloride-sod bicarbonate-sod chloride	61	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	95	PHENOBARBITAL TABS
PEGASYS SOLN	35	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	95	60
		PFLEX MISC	73	PHENOBARBITAL TABS
		PHARMACIST CHOICE ALCOHOL .		60

pilocarpine hcl (oral) 5 MG78	polyethylene glycol 3350 POWD ... 61	PRADAXA PACK 14
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 85	polymyxin b-trimethoprim 85	pralatrexate27
PILOT COVID-19 AT-HOME TEST KIT51	polysaccharide iron complex CAPS 60	PRALUENT SOAJ 24
pimecrolimus49	polyvinyl alcohol 1.4 %84	pramipexole dihydrochloride TABS 30
PIN RID CHEW9	pomalidomide 1 MG, 2 MG, 3 MG, 4 MG 28	pramipexole dihydrochloride TB24 30
pindolol TABS36	PONVORY STARTER PACK TBPK 90	pramoxine hcl (rectal) FOAM EX ... 9
pioglitazone hcl20	PONVORY TABS90	prasugrel hcl58
pioglitazone hcl-glimepiride 17	PORTRAZZA28	pravastatin sodium24
pioglitazone hcl-metformin hcl TABS . 17	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..76	prazosin hcl CAPS25
PIP LANCETS 28G67	potassium bicarbonate TBEF76	PRED MILD 86
PIP LANCETS 30G67	potassium chloride CPCR 10 MEQ 76	prednisolone acetate (ophth)86
pirfenidone CAPS91	potassium chloride CPCR 8 MEQ .76	PREDNISOLONE ACETATE P-F .86
pirfenidone TABS 534 MG91	potassium chloride microencapsulated crystals er 76	PREDNISOLONE SODIUM PHOSPHATE86
piroxicam CAPS5	potassium chloride PACK PO 20 MEQ76	prednisolone sodium phosphate SOLN 15 MG/5ML 41
PLEGRIDY SOSY IM 90	potassium chloride SOLN PO 10 %, 20 %, 10 %76	prednisolone sodium phosphate SOLN 20 MG/5ML 41
plerixafor60	potassium chloride TBCR 8 MEQ, 10 MEQ76	prednisolone sodium phosphate SOLN 5 MG/5ML 41
PNEUMOVAX 23 SOSY93	potassium citrate (alkalinizer) TBCR . 56	prednisolone SOLN41
POCKET CHAMBER DEVI74	POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML 42	PREDNISONE INTENSOL CONC 41
POCKET SPACER DEVI 74	potassium iodide (expectorant) SOLN42	prednisone SOLN41
podofilox SOLN49	POTELIGEO27	prednisone TABS41
POLIVY 140 MG27	PRADAXA CAPS (dabigatran etexilate mesylate)14	prednisone TBPK41
POLY-VI-SOL SOLN PO80		pregabalin CAPS14
POLY-VITA SOLN PO80		pregabalin SOLN14
POLY-VITA/IRON SOLN80		PREGNYL IM 53
POLY-VITE PEDIATRIC SOLN PO 80		PREHEVBRIO95
POLY-VITE/IRON SOLN80		PREMARIN97
polyethylene glycol 3350 PACK ... 61		PREMPHASE 54

PREMPRO	54	probenecid	57	67	
PRENATAL VITAMINS-ASSORTED BRAND	80	PROBENTRA CPDR	20	PRODIGY TWIST TOP LANCETS 28G	67
PRENATAL VITAMINS-ASSORTED GENERIC	80	PROBINATE CAPS	20	PROFILNINE	58
PREPARATION H EX 1 %	9	probiotic product CAPS 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57 MG, 6 MG, 60 MG-10 MCG-10 MG-250 MG, 67 MG, 8 MG-5 MG-240 MG-70 MG, 90 MG-1.7 MG-30 MCG-4 MCG, 10 MG, 25 MG, 170 MG, 400 MG	21	progesterone CAPS 100 MG	88
PREPARATION H SOOTHING RELIEF EX 1 %	9	probiotic product CPDR 50 MG	21	progesterone CAPS 200 MG	88
PREVNAR 20	93	PROCARE SPACER/ADULT MASK DEVI	74	PROGLYCEM (diazoxide)	18
PREVYMIS SOLN	34	PROCARE SPACER/CHILD MASK DEVI	74	PROGRAF PACK	77
PREVYMIS TABS	35	PROCHAMBER VHC DEVI	74	PROLEUKIN	29
PREZCOBIX	34	prochlorperazine	32	PROLIA SOSY	53
PREZISTA SUSP	34	prochlorperazine edisylate 10 MG/2ML	32	PROMELLA IN PREBIOTIC CAPS 21	
PREZISTA TABS (darunavir)	34	prochlorperazine maleate TABS	32	promethazine & phenylephrine SYRP	42
PREZISTA TABS 150 MG	34	PROCRIT	59	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	23
PREZISTA TABS 75 MG, 600 MG, 800 MG	34	PROCTOFOAM FOAM EX 1 %	9	promethazine hcl SUPP	23
PRIALT	6	PROCYSBI CPDR	56	promethazine hcl TABS	23
primidone 125 MG	14	PROCYSBI PACK	56	promethazine w/codeine SOLN	42
primidone 50 MG, 250 MG	14	PRODIGY LANCETS 28G	67	promethazine w/codeine SYRP	42
PRIORIX SUSR	95	PRODIGY SAFETY LANCETS 26G		PRONEB ULTRA FILTER SET MISC	74
PRIVIGEN SOLN	87			propafenone hcl TABS	11
PRO COMFORT ALCOHOL	70			propranolol hcl CP24	36
PRO COMFORT LANCETS 30G	67			propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	36
PRO COMFORT LANCETS 31G	67			propranolol hcl TABS	36
PRO COMFORT SAFETY LANCETS 30G	67			propylthiouracil	91
PRO COMFORT SPACER ADULT MISC	74			PROQUAD SUSR	95
PRO COMFORT SPACER CHILD MISC	74			PRORIVA CAPS	21
PRO COMFORT SPACER INFANT DEVI	74			PROTONIX PACK (pantoprazole sodium)	92

protriptyline hcl	17	pyrimethamine	26	MG-20 MG	25
PROVENGE	27	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	45	quinapril-hydrochlorothiazide 25 MG-20 MG	25
PROXIVOL GEL 2 %	49	PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	45	quinidine gluconate TBCR	11
pseudoephedrine hcl TABS	82	PYZCHIVA SC 45 MG/0.5ML	45	quinidine sulfate TABS	11
pseudoephedrine hcl TB12	82	QC ALCOHOL SWABS	70	QULIPTA	75
pseudoephedrine-ibuprofen TABS	42	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	79	QUVIVIQ	61
psyllium CAPS 0.36 GM, 0.52 GM	61	QC LANCETS SUPER THIN 30G	67	RABAVERT	95
psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	61	QC LANCETS ULTRA THIN	67	rabeprazole sodium TBEC	92
PULMICORT FLEXHALER AEPB	12	QC UNILET LANCETS 28G	67	RALDESY SOLN PO 10 MG/ML ..	16
PULMOZYME	90	QC UNILET LANCETS MICRO THIN	67	raloxifene hcl	53
PURE COMFORT ALCOHOL PREP	70	QDOLO SOLN (tramadol hcl)	7	ramelteon	61
PURE COMFORT LANCETS 30G	67	QELBREE	2	ramipril CAPS	25
PURE COMFORT SAFETY LANCET 30G	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	ranitidine hcl TABS 150 MG, 300 MG	92
PURE COMFORT SPACER CHAMBER DEVI	74	QUADRACEL SUSP	92	RANITIDINE HCL TABS 150 MG, 300 MG	92
PX LANCETS MICROTHIN 33G ..	67	QUADRACEL SUSY	92	ranolazine TB12	10
PX LANCETS ULTRA THIN 28G ..	67	quetiapine fumarate TABS	32	RAPAFLO 4 MG (silodosin)	57
pyrantel pamoate SUSP	9	quetiapine fumarate TB24	32	RAPID RESPONSE COVID-19 ...	51
pyrazinamide	26	QUICKVUE AT-HOME COVID-19 TEST KIT	51	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	4
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	50	QUICKVUE SARS ANTIGEN TEST ..	51	READYLANCE SAFETY LANCETS ..	67
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	50	quinapril hcl	25	REALITY LANCETS	67
pyridostigmine bromide TABS 60 MG	26	quinapril-hydrochlorothiazide 12.5 MG-10 MG	25	REALITY SWABS	70
pyridostigmine bromide TBCR	26	quinapril-hydrochlorothiazide 12.5		REALITY TRIGGER LANCETS ...	67
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	97			REBINYN	58
				RECOMBINATE SOLR	58
				RECOMBIVAX HB SUSP	95

RECOMBIVAX HB SUSY	95	RESTASIS EMUL (cyclosporine (ophth))	85	riluzole TABS	82
RELEUKO SOSY	59	RESTASIS MULTIDOSE EMUL ..	85	rimantadine hydrochloride TABS ..	35
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RESTORIL 22.5 MG (temazepam)	60	RINVOQ LQ SOLN	4
RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	2	RETACRIT	59	RINVOQ TB24	4
RELIBIOTIC CAPS	21	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	59	risedronate sodium TABS 150 MG	53
RELION ALCOHOL SWABS	70	RETIN-A MICRO (tretinoin microsphere)	43	risedronate sodium TABS 35 MG ..	53
RELION KETONE TEST STRP ...	51	RETIN-A MICRO PUMP (tretinoin microsphere)	43	risedronate sodium TABS 5 MG, 30 MG	53
RELION LANCET DEVICES 30G ..	67	RETISERT	86	risedronate sodium TBEC	53
RELION LANCETS	67	RETROVIR CAPS (zidovudine) ...	34	RISPERDAL CONSTA (risperidone microspheres)	31
RELION LANCETS MICRO-THIN 33G	67	RETROVIR SYRP (zidovudine) ...	34	risperidone microspheres	31
RELION LANCETS THIN 26G	67	REVCovi	54	risperidone SOLN	31
RELION LANCETS ULTRA-THIN 30G	67	REXTOVY LIQD	22	risperidone TABS	31
RELION ULTRA THIN LANCETS 30G	67	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	34	risperidone TBDP	31
REMODULIN SOLN IJ	37	REYATAZ PACK	34	RITEFLO DEVI	74
RENAL CAPS 1 MG	78	REZVOGLAR KWIKPEN	19	ritonavir TABS	34
RENO CAPS CAPS 1 MG	78	RHAPSIDO TABS PO 25 MG	76	RITUXAN	27
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	91	RHOGAM ULTRA-FILTERED PLUS SOSY IM	87	rivaroxaban SUSR 1 MG/ML	13
RENEVELA TABS (sevelamer carbonate)	56	RHOPHYLAC SOSY IJ	87	rivaroxaban TABS 2.5 MG	13
repaglinide	20	RIASTAP 1 GM	58	rivastigmine 13.3 MG/24HR	89
REPATHA PUSHTRONEX SYSTEM SOCT	24	ribavirin (hepatitis c) CAPS	35	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	89
REPATHA SOSY	24	ribavirin (hepatitis c) TABS 200 MG 35	35	rivastigmine tartrate CAPS	89
REPATHA SURECLICK SOAJ	24	riboflavin TABS	97	RIXUBIS SOLR	58
REPLACEMENT AIR FILTER MISC . 74		rifampin CAPS	26	rizatriptan benzoate TABS	75
REPLACEMENT FILTERS MISC ..	74	RIGHTEST GL300 LANCETS	67	rizatriptan benzoate TBDP	75
		rilpivirine hcl 25 MG	34	ROCKLATAN	85

ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	30	SANDIMMUNE CAPS (cyclosporine)	77	selegiline hcl CAPS	31
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	30	SANDIMMUNE SOLN IV 50 MG/ML	77	selegiline hcl TABS	31
ropinirole hydrochloride TB24	30	sapropterin dihydrochloride PACK	54	selenium sulfide LOTN 1 %	45
rosuvastatin calcium TABS	24	sapropterin dihydrochloride TABS	54	selenium sulfide LOTN 2.5 %	45
ROTARIX SUSP	95	SAPS CARE ALCOHOL PREP	70	selenium sulfide SHAM 1 %	45
ROTATEQ SOLN	95	SAPS HEALTH ALCOHOL PREP	70	SELZENTRY SOLN	34
RUBRACA	29	SAPS HEALTH CARE ALCOHOL PREP	70	SEMGLEE (YFGN) SOLN	19
RUCONEST	58	SAPS HEALTH PLUS LANCETS	67	SEMGLEE (YFGN) SOPN	19
rufinamide SUSP	14	SAPS HEALTH TWIST TOP LANCETS	67	sennosides TABS 8.6 MG	61
RUKOBIA	34	SAPS TWIST TOP LANCETS	67	sennosides-docusate sodium TABS	61
RYALTRIS	82	SAPSCARE TWIST TOP LANCETS	67	SENSILANCE SAFETY LANCETS 21G	68
RYBELSUS TABS	19	saxagliptin hcl	18	SENSILANCE SAFETY LANCETS 26G	68
RYKINDO SRER	31	saxagliptin-metformin hcl	17	SENSILANCE SAFETY LANCETS 28G	68
RYZNEUTA SOSY SC 20 MG/ML	59	SB ALCOHOL PREP	70	SEREVENT DISKUS	13
SABRIL PACK (vigabatrin)	15	SB FIB LAX ORANGE POWD 33 %	61	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	16
SABRIL TABS (vigabatrin)	15	SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	9	sertraline hcl CAPS 150 MG, 200 MG	16
sacubitril-valsartan TABS	37	SB LANCETS THIN	68	sertraline hcl CONC	16
SAFETY LANCET 30G/PRESSURE ACT	67	SB LANCETS ULTRA THIN	68	sertraline hcl TABS	16
SAFETY LANCETS	67	SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	50	sevelamer carbonate PACK	56
SAFETY LANCETS 21G	67	SCHOOLTIME SHAMPOO SHAM	50	sevelamer carbonate TABS	56
SAFETY LANCETS 23G	67	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	36	sevelamer hcl	56
SAFETY LANCETS 28G	67	SELARSDI SOLN IV 130 MG/26ML	56	SEVENFACT	58
salicylic acid GEL 6 %	49	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	45	SHINGRIX	96
saline SOLN 0.65 %	82			SHINGRIX IM 50 MCG/0.5ML	96
salsalate	6			SIDESTREAM ADULT FACE MASK MISC	74
SAMI THE SEAL FILTERS MISC	74				
SANADERMRX SKIN REPAIR 0.1 %-5 %	48				

SIDESTREAM PEDIATRIC FACE MASK MISC	74	88	sodium chloride (gu irrigant) 0.9 %	56
SIDESTREAM PLS ADULT FACE MASK MISC	74	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	sodium chloride (inhalant) AERS ..	42
SIGNIFOR	54	simvastatin TABS 80 MG	sodium chloride (inhalant) NEBU 0.9 %, 7 %	42
SIGNIFOR LAR	54	SINGLE-LET	sodium citrate & citric acid	56
SIKLOS TABS	58	sirolimus SOLN	sodium fluoride (dental) CREA	77
sildenafil citrate (pulmonary hypertension) SOLN	37	sirolimus TABS	sodium fluoride (dental) GEL	77
sildenafil citrate (pulmonary hypertension) SUSR	37	sitagliptin 25 MG, 50 MG, 100 MG	sodium fluoride (dental) SOLN 0.2 %	77
sildenafil citrate (pulmonary hypertension) TABS	37	sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	sodium fluoride CHEW	76
SILICONE MASK/ADULT MISC ...	74	MG	sodium fluoride SOLN 0.5 MG/ML	76
SILICONE MASK/INFANT MISC ..	74	sitagliptin phosphate 25 MG, 50 MG, 100 MG	SODIUM FLUORIDE SOLN 0.5 MG/ML	76
SILICONE MASK/PEDIATRIC MISC .	74	sitagliptin phosphate-metformin hcl TABS	sodium oxybate SOLN	89
silodosin	57	sitagliptin phosphate-metformin hcl TB24	sodium phenylbutyrate POWD	54
silver sulfadiazine	45	SIVEXTRO TABS	sodium phenylbutyrate TABS	54
SIMBRINZA	85	SKYLA	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	61
simethicone CHEW 80 MG	55	SKYRIZI PEN SOAJ	sodium polystyrene sulfonate POWD	77
simethicone LIQD PO	55	SKYRIZI SOCT	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	77
simethicone SUSP	55	SKYRIZI SOLN	SOFIA SARS ANTIGEN FIA	51
SIMLANDI (1 PEN) AJKT	4	SKYRIZI SOSY	SOFIA2 SARS ANTIGEN FIA	51
SIMLANDI (1 SYRINGE) PSKT	4	SKYSONA	SOFOSBUVIR-VELPATASVIR TABS	35
SIMLANDI (2 PEN) AJKT	4	SKYTROFA	SOGROYA	53
SIMLANDI (2 SYRINGE) PSKT	4	SM ADVANCED PROBIOTIC CAPS .	SOLESTA	76
SIMPLYTHICK EASY MIX	88	21	solifenacin succinate TABS	93
SIMPLYTHICK EASYMIX LEVEL 1 .	88	SM ALCOHOL PREP		
SIMPLYTHICK EASYMIX LEVEL 2 .	88	SM IPECAC SYRUP		
SIMPLYTHICK EASYMIX LEVEL 3 .		SMARTEST LANCETS 28G		
		SOAANZ TABS 20 MG		
		sodium bicarbonate (antacid) TABS 325 MG, 650 MG		

SOLIRIS58	MCG/0.25ML96	TABS79
SOLUS V2 LANCETS 28G68	SPIKEVAX SUSP96	STRIBILD34
SOLUS V2 TWIST LANCETS 30G 68	SPIKEVAX SUSY96	STROMECTOL (ivermectin)9
SOLUVITA ACD WITH FLUORIDE SOLN80	spinosad50	SUBLOCADE SOSY8
SOMA TABS 250 MG (carisoprodol) . 81	SPINRAZA83	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOMATULINE DEPOT54	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)11	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOMAVERT53	spironolactone & hydrochlorothiazide52	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOOTHENEB NBL 100 ADULT MASK MISC74	spironolactone TABS52	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOOTHENEB NBL 100 CHILD MASK MISC74	STAMARIL SUSR96	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)8
SOOTHENEB NBL 100 MED CUP MISC74	stannous fluoride CONC77	SUBVENITE SUSP PO 10 MG/ML 14
SOOTHENEB NBL 100 MESH CAP MISC74	STARJEMZA SOLN IV 130 MG/26ML56	SUCRAID51
sorafenib tosylate29	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML45	sucrafate SUSP92
SORBITOL PO 70 %61	STEQEYMA45	sucrafate TABS92
SORILUX FOAM45	STEQEYMA SC45	SUDAFED CHILDRENS LIQD82
sotalol hcl (afib/af)36	STERILANCE TL68	SUDAFED PE CHILDRENS SOLN 82
sotalol hcl TABS 240 MG36	STERILE DILUENT FLOLAN PH 12 . 88	sugammadex sodium SOLN 200 MG/2ML, 500 MG/5ML21
sotalol hcl TABS 80 MG, 120 MG, 160 MG36	STIMUFEND59	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)36
SOTYKTU45	STIOLTO RESPIMAT13	sulfacetamide sod-prednisolone SOLN86
SOVALDI PACK35	STIVARGA29	sulfacetamide sodium (acne)43
SOVALDI TABS35	STOP LICE AERO 0.5 %50	sulfacetamide sodium (ophth) SOLN . 85
SPEEDY SWAB COVID-19 ANTIGEN KIT51	STOP LICE STEP 3 AERO 0.5 % .50	sulfacetamide sodium LIQD45
SPEVIGO SOLN45	STRENSIQ54	sulfacetamide sodium w/ sulfur LOTN
SPEVIGO SOSY45	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 UNIT79	
SPIKEVAX 6M-11Y SUSY 25	STRESS FORMULA/IRON TABS .79	
	STRESS FORMULA/IRON/ENERGY	

10 %-5 %	43	68	SYNVISC SOSY	81
sulfacetamide sodium w/ sulfur SUSP		SURE COMFORT LANCETS 21G		TAB-A-VITE/IRON TABS 50 MG-1
10 %-5 %	43	68		MG-400 MCG-20 MG-2 MG-10
sulfamethoxazole-trimethoprim SUSP		SURE COMFORT LANCETS 23G		MCG-1 MCG-2.5 MG-1500 MCG-1
.....	9	68		MG-15 MG
sulfamethoxazole-trimethoprim TABS		SURE COMFORT LANCETS 28G		TAB-A-VITE/IRON/BETA
.....	9	68		CAROTENE TABS
sulfasalazine TABS	56	SURE COMFORT LANCETS 30G		TABLOID
sulfasalazine TBEC	56	68		TACLONEX SUSP (calcipotriene-
sulindac TABS	5	SUREBIOTIC PROBIOTIC		betamethasone dipropionate)
sumatriptan	75	SUPPORT CAPS	21	tacrolimus (topical) OINT 0.03 % ..
sumatriptan succinate SOAJ 4		SURELITE LANCETS	68	tacrolimus (topical) OINT 0.1 % ...
MG/0.5ML	75	SYLVANT	77	tacrolimus CAPS
sumatriptan succinate SOAJ 6		SYMBICORT (budesonide-		tacrolimus CP24 0.5 MG, 1 MG, 5
MG/0.5ML	75	formoterol fumarate dihydrate)	13	MG
sumatriptan succinate SOCT 4		SYMBRAVO TABS PO	75	tacrolimus SOLN 5 MG/ML
MG/0.5ML	75	SYMDEKO	90	tadalafil (pulmonary hypertension)
sumatriptan succinate SOCT 6		SYMFI (efavirenz-lamivudine-		TABS
MG/0.5ML	75	tenofovir disoproxil fumarate)	34	TADLIQ SUSP
sumatriptan succinate SOLN 6		SYMFI LO (efavirenz-lamivudine-		TAFINLAR CAPS
MG/0.5ML	75	tenofovir disoproxil fumarate)	34	TAGRISSO
sumatriptan succinate TABS	75	SYMTUZA	34	TAKHZYRO SOLN
sumatriptan-naproxen sodium	75	SYNAGIS SOLN	88	TALTZ SOSY
sunitinib malate	29	SYNALAR CREA (fluocinolone		TALZENNA 0.25 MG, 1 MG
SUNLENCA SOLN	34	acetonide)	48	tamoxifen citrate TABS
SUNLENCA TABS PO 300 MG ...	34	SYNALAR OINT (fluocinolone		tamsulosin hcl
SUNLENCA TBPK 300 MG	34	acetonide)	48	TAPENTADOL HCL SOLN PO 20
SUPARTZ FX SOSY	81	SYNAREL	53	MG/ML
SUPER THIN LANCETS	68	SYNBIARA CAPS	21	TASCENSO ODT
SUPPRELIN LA	53	SYNOJOYNT SOSY	81	tasimelteon CAPS
SURE COMFORT ALCOHOL PREP		SYNOVEXA CAPS	21	TAVALISSE
.....	70	SYNTHROID TABS (levothyroxine		tazarotene CREA
SURE COMFORT LANCETS 18G		sodium)	91	TDVAX SUSP
		SYNVISC ONE SOSY	81	

TECENTRIQ	27	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	8	THROMBATE III 500 UNIT	58
TECHLITE AST LANCETS	68	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	THYMOGLOBULIN	77
TECHLITE LANCETS	68	testosterone GEL TD 1 %	8	THYROGEN 0.9 MG	50
TECHLITE LANCETS 26G	68	testosterone GEL TD 10 MG/ACT ..	8	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	91
TEGLUTIK SUSP	82	testosterone SOLN	8	tiagabine hcl 12 MG, 16 MG	15
TEGRETOL-XR TB12 (carbamazepine)	14	TETANUS-DIPHThERIA TOXOIDS TD SUSP	92	tiagabine hcl 2 MG, 4 MG	15
telmisartan	25	tetrabenazine	89	TIBSOVO	29
telmisartan-amlodipine	25	tetracaine hcl (ophth)	86	ticagrelor 60 MG, 90 MG	58
telmisartan-hydrochlorothiazide ..	26	TETRACAINE HCL 0.5 %	86	TICOVAC	96
temazepam 15 MG, 30 MG	60	tetrahydrozoline hcl (ophth) 0.05 % 85		TIGLUTIK SUSP	82
temazepam 22.5 MG	60	TEZSPIRE SOAJ	11	timolol maleate (ophth) SOLG 0.25 %	84
temazepam 7.5 MG	60	TEZSPIRE SOSY	11	timolol maleate (ophth) SOLN 0.5 % . 84	
TEMODAR SOLR	26	THALOMID 50 MG, 100 MG, 200 MG	76	timolol maleate (ophth) SOLN 84	
temozolomide CAPS	26	THEO-24 CP24 100 MG	13	timolol maleate TABS	36
temsirolimus	29	THEO-24 CP24 200 MG, 300 MG, 400 MG	13	TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % .84	
TENIVAC SUSP 2 LFU-5 LFU 92		theophylline ELIX	13	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	84
tenofovir disoproxil fumarate TABS 34		theophylline SOLN	13	tioconazole vaginal 6.5 %	96
terazosin hcl	25	theophylline TB12 100 MG, 200 MG, 300 MG	13	tiopronin TABS	57
terbinafine hcl (topical) CREA 44		theophylline TB12 450 MG	13	tiotropium bromide CAPS IN 18 MCG	11
terbinafine hcl TABS	22	theophylline TB24	13	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	91
terbutaline sulfate TABS	13	thiamine hcl TABS	97	TIVICAY PD TBSO	34
terconazole vaginal CREA 0.4 % ..96		thiamine mononitrate TABS 100 MG . 97		TIVICAY TABS 50 MG	34
terconazole vaginal CREA 0.8 % ..96		thioridazine hcl	32	tizanidine hcl CAPS 8 MG	81
terconazole vaginal SUPP	96	thiothixene	32		
teriparatide SOPN	53	THRESHOLD IMT MISC	74		
TERIPARATIDE SOPN	53				
TESTOPEL PLLT	8				
testosterone cypionate SOLN IM 200 MG/ML	8				

tizanidine hcl CAPS	81	TOPICORT CREA 0.25 % (desoximetasone)	48	trandolapril 4 MG	25
tizanidine hcl TABS	81	TOPICORT GEL (desoximetasone) 48		trandolapril-verapamil hcl	26
TM-VITE RX TABS 1 MG	78	TOPICORT SPRAY LIQD (desoximetasone)	48	tranexamic acid TABS	60
TOBI NEBU (tobramycin)	3			tranylcypromine sulfate	16
TOBRADEX OINT	86	topiramate CPSP 15 MG, 25 MG ..	15	TRAVATAN Z SOLN (travoprost) ..	86
tobramycin (ophth) SOLN	85	topiramate CPSP 50 MG	15	TRAVEL LANCETS ADVANCED 28G	68
tobramycin NEBU	3	topiramate SOLN 25 MG/ML	15	travoprost SOLN	86
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	topiramate TABS 25 MG	15	trazodone hcl TABS 300 MG	16
tobramycin sulfate SOLR	3	topiramate TABS 50 MG, 100 MG, 200 MG	15	trazodone hcl TABS 50 MG, 100 MG, 150 MG	16
tobramycin-dexamethasone SUSP 86		topotecan hcl SOLN	30	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	28
TOBREX OINT	85	topotecan hcl SOLR	30	TRELSTAR MIXJECT 3.75 MG ...	28
TODAYS HEALTH THIN LANCETS 28G	68	toremifene citrate	28	TREMFYA PEN SOAJ SC 200 MG/2ML	56
TODAYS HEALTH THIN LANCETS 30G	68	torsemide TABS 20 MG	52	TREMFYA SOLN IV	56
tofacitinib citrate SOLN 1 MG/ML ...	4	torsemide TABS 5 MG, 10 MG, 100 MG	52	TREMFYA SOSY SC 200 MG/2ML 56	
TOFIDENCE	5	TOVIAZ (fesoterodine fumarate) ..	93	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	56
tolmetin sodium CAPS	5	TPOXX CAPS	35	treprostinil SOLN IJ	37
tolmetin sodium TABS	5	TRACLEER TABS (bosentan)	37	tretinoin (chemotherapy)	29
tolnaftate CREA	44	TRADJENTA	18	tretinoin CREA 0.025 %	43
tolterodine tartrate CP24	93	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin CREA 0.05 %, 0.1 %	43
tolterodine tartrate TABS	93	TRAMADOL HCL SOLN (tramadol hcl)	7	tretinoin GEL 0.01 %, 0.025 %	43
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	54	tramadol hcl SOLN	7	tretinoin GEL 0.05 %	43
tolvaptan TABS	54	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin microsphere	43
tolvaptan TBPK	54	tramadol hcl TABS 50 MG	7	TRETEN	58
TOPAMAX SPRINKLE CPSP (topiramate)	14	tramadol hcl TB24	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	27
TOPICORT CREA 0.05 % (desoximetasone)	48	tramadol-acetaminophen	7	TREXIMET (sumatriptan-naproxen sodium)	75
		trandolapril 1 MG, 2 MG	25		

triamcinolone acetonide (mouth) ..77	TRIPHROCAPS CAPS 1 MG78	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)34
triamcinolone acetonide (topical) AERS48	TRIUMEQ PD TBSO34	TRYPTYR SOLN OP 0.003 %86
triamcinolone acetonide (topical) CREA 0.025 %48	TRIUMEQ TABS34	TUBING/WING TIP MISC74
triamcinolone acetonide (topical) CREA 0.1 %48	TRIVISC SOSY81	TWINRIX SUSY96
triamcinolone acetonide (topical) CREA 0.5 %48	TRIVIX 0.1 %-5 %48	TWIST TOP LANCETS 30G68
triamcinolone acetonide (topical) LOTN48	TRONVITE TABS 1 MG78	TWYNEO43
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %48	tropicamide SOLN 0.5 %85	TYBLUME CHEW40
triamcinolone acetonide (topical) OINT 0.05 %48	tropicamide SOLN 1 %85	TYBOST34
triamcinolone acetonide (topical) OINT 0.5 %48	trospium chloride CP2493	TYENNE SOAJ5
triamcinolone acetonide-dimethicone-silicone48	trospium chloride TABS93	TYENNE SOLN5
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG52	TRUE COMFORT ALCOHOL PREP PADS70	TYENNE SOSY5
triamterene & hydrochlorothiazide TABS52	TRUE COMFORT PRO ALCOHOL PREP70	TYPHIM VI SOLN93
triazolam60	TRUE COMFORT SAFETY LANCETS68	TYPHIM VI SOSY93
trientine hcl 250 MG76	TRUE COMFORT TWIST TOP LANCETS68	TYRUKO CONC IV 300 MG/15ML 90
trifluoperazine hcl TABS32	TRUEBALANCE CAPS21	UBRELVY75
trihexyphenidyl hcl SOLN30	TRUEBOOST TABS 1 MG78	UCERIS TB24 (budesonide)41
trihexyphenidyl hcl TABS30	TRUEFLORA CAPS21	UDENYCA ONBODY SOSY59
TRIKAFTA TBPK 100 MG-50 MG .90	TRUEPLUS GLUCOSE CHEW18	UDENYCA SOAJ59
TRILEPTAL SUSP (oxcarbazepine) 15	TRUEPLUS GLUCOSE ON THE GO CHEW18	UDENYCA SOSY59
TRILURON SOSY81	TRUEPLUS LANCETS 26G68	ULTICARE ALCOHOL SWABS ...70
trimethoprim TABS9	TRUEPLUS LANCETS 28G68	ULTILET ALCOHOL SWABS70
trimipramine maleate CAPS17	TRUEPLUS LANCETS 30G68	ULTILET CLASSIC LANCETS68
	TRUEPLUS LANCETS 33G68	ULTILET LANCETS68
	TRUEPLUS SAFETY LANCETS 28G68	ULTILET SAFETY LANCETS68
	TRULICITY19	ULTILET SAFETY LANCETS 23G 68
	TRUMENBA 0.5 ML93	ULTRA THIN LANCETS 31G68
		ULTRA-CARE ALCOHOL PREP PADS70
		ULTRA-CARE LANCETS 30G68

ULTRA-CARE SAFETY LANCETS 30G68	UNISTIK 3 NORMAL69	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML31
ULTRA-THIN II AUTO LANCET .. 68	UNISTIK CZT COMFORT69	VABRINTY KIT SC 7.5 MG28
ULTRA-THIN II LANCETS68	UNISTIK CZT NORMAL69	VABRINTY SC 22.5 MG, 30 MG, 45 MG 28
UNILET COMFORTOUCH LANCET 68	UNISTIK NORMAL69	valacyclovir hcl 1 GM 35
UNILET EXCELITE68	UNISTIK PRO SAFETY LANCET .69	valacyclovir hcl 500 MG 35
UNILET EXCELITE II68	UNISTIK SAFETY LANCETS 28G 69	valganciclovir hcl TABS35
UNILET G.P. LANCET68	UNISTIK SAFETY LANCETS 30G 69	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 15
UNILET G.P. SUPERLITE LANCET . 69	UNISTIK TOUCH SAFETY LANC 21G69	valproic acid CAPS 15
UNILET GP 28 ULTRA THIN 69	UNISTIK TOUCH SAFETY LANC 23G69	valrubicin 28
UNILET LANCET69	UNISTIK TOUCH SAFETY LANC 28G69	valsartan SOLN25
UNILET MICRO-THIN 33G 69	UNISTIK TOUCH SAFETY LANC 30G69	valsartan TABS 25
UNILET SUPER-THIN 30G69	UNITUXIN27	valsartan-hydrochlorothiazide26
UNILET SUPERLITE LANCET ... 69	UPTRAVI TABS38	VALTOCO 10 MG DOSE LIQD14
UNILET ULTRA-THIN 28G 69	urea CREA 40 %48	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML14
UNISOM SLEEPMELTS TBDP 25 MG60	urea LOTN 40 %48	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML14
UNISTIK 169	URETRON D/S TABS 81.6 MG9	VALTOCO 5 MG DOSE LIQD 14
UNISTIK 269	ursodiol CAPS 55	vancomycin hcl CAPS 125 MG10
UNISTIK 2 COMFORT69	ursodiol TABS 250 MG 55	vancomycin hcl CAPS 250 MG10
UNISTIK 2 EXTRA69	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML 45	vancomycin hcl SOLR IV 1 GM10
UNISTIK 2 NEONATAL69	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML 45	VANCOMYCIN HCL SOLR IV 1 GM . 10
UNISTIK 2 NORMAL69	USTEKINUMAB-TTWE45	vancomycin hcl SOLR IV 500 MG .10
UNISTIK 2 SUPER69	USTEKINUMAB-TTWE SC45	VANCOMYCIN HCL SOLR IV 500 MG 10
UNISTIK 369	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML31	vancomycin hcl SOLR PO 25 MG/ML10
UNISTIK 3 COMFORT69		VANDAZOLE96
UNISTIK 3 EXTRA69		VAQTA 96
UNISTIK 3 GENTLE69		
UNISTIK 3 NEONATAL69		

VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	96	verapamil hcl CP24 300 MG	36	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	85
varenicline tartrate TABS	90	verapamil hcl CP24 360 MG	37	VIJOICE TBPK	77
varenicline tartrate TBPK	90	VERAPAMIL HCL ER CP24 (verapamil hcl)	36	VILTEPSO	83
VARIVAX SUSR	96	verapamil hcl TABS	37	VIMIZIM	54
VAXCHORA	93	verapamil hcl TBCR	37	VIMOVO (naproxen-esomeprazole magnesium)	5
VAXELIS SUSP	92	VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	37	vincristine sulfate	30
VAXELIS SUSY	92	VERELAN CP24 360 MG (verapamil hcl)	37	VIRACEPT TABS 250 MG	34
VAXNEUVANCE	94	VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)	37	VIRACEPT TABS 625 MG	34
VCF VAGINAL CONTRACEPTIVE FILM	96	VERELAN PM CP24 300 MG (verapamil hcl)	37	VIREAD POWD	34
VCF VAGINAL CONTRACEPTIVE GEL	96	VERIFINE SAFE LANCET MINI 21G	69	VIREAD TABS (tenofovir disoproxil fumarate)	34
VECAMYL	26	VERIFINE SAFE LANCET MINI 23G	69	VIREAD TABS	34
VECTIBIX 100 MG/5ML, 400 MG/20ML	28	VERIFINE SAFE LANCET MINI 28G	69	VISCO-3 SOSY	81
VELENTRA CAPS	21	VERIFINE SAFE LANCET MINI 30G	69	VISTOGARD	21
VELSIPITY	56	VERIFINE UNIVERSAL LANCETS 28G	69	VISUDYNE	86
VELTASSA	77	VERIFINE UNIVERSAL LANCETS 30G	69	VITAMIN D3 LIQD PO 125 MCG/ML . 97	
VENCLEXTA STARTING PACK TBPK	27	VERIFINE UNIVERSAL LANCETS 33G	69	vitamin e CAPS	97
VENCLEXTA TABS	27	VESICARE LS SUSP	93	VITAMIN E CAPS	97
VENLAFAXINE BESYLATE ER ...	17	VEVYE SOLN	85	VITAMIN E CHEW	97
venlafaxine hcl CP24 150 MG	17	VICTOZA (liraglutide)	19	VITAMIN E/D-ALPHA CAPS 200 UNIT	97
venlafaxine hcl CP24 37.5 MG	17	vigabatrin PACK	15	VITAMINS ACD-FLUORIDE SOLN 80	
venlafaxine hcl CP24 75 MG	17	vigabatrin TABS	15	vitamins w/ lipotropics CAPS	80
venlafaxine hcl TABS	17	VIGAFYDE SOLN	15	VITASURE TABS 1 MG	78
venlafaxine hcl TB24	17			VITRAKVI CAPS	29
VENTOLIN HFA AERS (albuterol sulfate)	13			VITRAKVI SOLN	29
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	37			VIVAGUARD LANCETS	69
				VIVAGUARD LANCETS 30G	69

VIVAGUARD SAFETY LANCETS 28G	23	XEOMIN	83
VIVIMUSTA SOLN	26	XGEVA SOLN	53
VIVITROL	22	XIAFLEX	76
VIVOTIF	94	XIGDUO XR TB24 PO (dapagliflozin-metformin hcl)	18
VIZIMPRO	28	XIIDRA	85
VOGELXO PUMP GEL TD (testosterone)	8	XOFLUZA (40 MG DOSE) 40 MG	35
VONVENDI	58	XOFLUZA (80 MG DOSE) 80 MG	35
VORAXAZE	30	XOLAIR SOAJ	11
VORTEX HOLD CHMBR/MASK/CHILD DEVI	74	XOLAIR SOLR	11
VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	74	XOLAIR SOSY	11
VORTEX VALVE CHAMBER-PEDI MASK DEVI	74	XOPENEX HFA (levalbuterol tartrate)	13
VORTEX VALVED HOLDING CHAMBER DEVI	74	XOSPATA	29
VOSEVI	35	XPART XPRESS SARS-COV-2 ..	51
VPRIV	58	XPHOZAH	54
VRAYLAR CAPS	31	XTANDI CAPS	28
VTAMA	45	XYBIOTIC CAPS	21
VYNDAMAX	38	XYNTHA	58
VYNDAQEL	38	XYNTHA SOLOFUSE	58
VYONDYS 53	83	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..	23
VYSCOXIA PO 10 MG/ML	5	YERVOY	27
VYVANSE CAPS (lisdexamfetamine dimesylate)	1	YESCARTA	27
VYVANSE CHEW (lisdexamfetamine dimesylate)	1	YESINTEK SOLN 45 MG/0.5ML ..	45
WAL-SLEEP Z TBDP 25 MG	60	YESINTEK SOSY	45
WAL-SOM TBDP 25 MG	60	YEZTUGO SOLN 463.5 MG/1.5ML 34	
WAL-ZYR CHILDRENS CHEW 5 MG		YEZTUGO TABS PO 300 MG	34
		YF-VAX SUSR	96
		YONDELIS	26
warfarin sodium TABS	13		
WEBCOL ALCOHOL PREP LARGE 70			
WEBCOL ALCOHOL PREP MEDIUM	70		
WEGOVY	1		
WELLPRO 31 CAPS	21		
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	76		
white petrolatum-mineral oil	84		
WILATE KIT	58		
WINDMILL TRAINER MISC	74		
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	87		
XACIATO GEL	96		
XALKORI CAPS	29		
XARELTO STARTER PACK TBP 13			
XARELTO SUSR 1 MG/ML (rivaroxaban)	13		
XARELTO TABS 10 MG, 20 MG ..	13		
XARELTO TABS 15 MG	13		
XARELTO TABS 2.5 MG (rivaroxaban)	13		
XCOPRI (250 MG DAILY DOSE) TBP 15			
XCOPRI TABS	15		
XELJANZ SOLN 1 MG/ML (tofacitinib citrate)	4		
XELSTRYM	1		
XENAZINE (tetrabenazine)	89		

YOSPRALA 81 MG-40 MG58	ZEPATIER35	53
YUFLYMA (1 PEN) AJKT4	ZEPBOUND SOLN1	ZOLEDRONIC ACID SOLN53
YUFLYMA (2 PEN) AJKT4	ZEPOSIA STARTER KIT CPPK ...90	ZOLGENSMA 20.6-21.0 KG83
YUFLYMA (2 SYRINGE) PSKT4	ZEVALIN Y-9027	ZOLGENSMA 10.1-10.5 KG83
YUFLYMA-CD/UC/HS STARTER AJKT4	ZEVRX STERILE ALCOHOL PREP PAD70	ZOLGENSMA 10.6-11.0 KG83
YUSIMRY4	ZEVRX TWIST TOP LANCETS 30G 69	ZOLGENSMA 11.1-11.5 KG83
YUTIQ86	ZIAGEN SOLN (abacavir sulfate) .34	ZOLGENSMA 11.6-12.0 KG83
zafirlukast12	ZIANA (clindamycin phosphate- tretinoin)43	ZOLGENSMA 12.1-12.5 KG83
zaleplon60	zidovudine CAPS34	ZOLGENSMA 12.6-13.0 KG83
ZALTRAP27	zidovudine SYRP34	ZOLGENSMA 13.1-13.5 KG83
ZANAFLEX CAPS 8 MG (tizanidine hcl)81	zidovudine TABS34	ZOLGENSMA 13.6-14.0 KG83
ZARXIO59	ZIEXTENZO59	ZOLGENSMA 14.1-14.5 KG83
ZAVZPRET75	zileuton TB1212	ZOLGENSMA 14.6-15.0 KG83
ZEGALOGUE SOAJ18	ZILRETTA SRER41	ZOLGENSMA 15.1-15.5 KG83
ZEGALOGUE SOSY18	ZIMHI SOSY22	ZOLGENSMA 15.6-16.0 KG83
ZEGERID CAPS (omeprazole- sodium bicarbonate)93	zinc oxide (topical) OINT 20 %49	ZOLGENSMA 16.1-16.5 KG83
ZEGERID PACK (omeprazole- sodium bicarbonate)93	zinc sulfate CAPS76	ZOLGENSMA 16.6-17.0 KG84
ZELAC CAPS21	ZINPLAVA88	ZOLGENSMA 17.1-17.5 KG84
ZELBORAF29	ziprasidone hcl31	ZOLGENSMA 17.6-18.0 KG84
ZEMAIRA SOLR 1000 MG90	ziprasidone mesylate31	ZOLGENSMA 18.1-18.5 KG84
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 UNIT52	ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base- metformin hcl)18	ZOLGENSMA 18.6-19.0 KG84
	ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin)18	ZOLGENSMA 19.1-19.5 KG84
	ZOLADEX 10.8 MG28	ZOLGENSMA 19.6-20.0 KG84
	ZOLADEX 3.6 MG28	ZOLGENSMA 2.6-3.0 KG84
	zoledronic acid CONC53	ZOLGENSMA 20.1-20.5 KG84
	zoledronic acid SOLN 5 MG/100ML	ZOLGENSMA 3.1-3.5 KG84
		ZOLGENSMA 3.6-4.0 KG84
		ZOLGENSMA 4.1-4.5 KG84
		ZOLGENSMA 4.6-5.0 KG84
		ZOLGENSMA 5.1-5.5 KG84

ZOLGENSMA 5.6-6.0 KG	84	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
ZOLGENSMA 6.1-6.5 KG	84	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZOLGENSMA 6.6-7.0 KG	84	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 7.1-7.5 KG	84	ZULRESSO	16
ZOLGENSMA 7.6-8.0 KG	84	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	89
ZOLGENSMA 8.1-8.5 KG	84	ZURNAI IJ 1.5 MG/0.5ML	22
ZOLGENSMA 8.6-9.0 KG	84	ZURZUVAE	16
ZOLGENSMA 9.1-9.5 KG	84	ZYBIC SUSP 7.5 MG/5ML (meloxicam)	5
ZOLINZA	29	ZYDELIG	29
zolmitriptan SOLN 2.5 MG	75	ZYKADIA TABS	29
zolmitriptan TABS	75	ZYMFENTRA (1 PEN) AJKT	56
zolmitriptan TBDP	75	ZYMFENTRA (2 PEN) AJKT	56
ZOLOFT CONC (sertraline hcl)	16	ZYMFENTRA (2 SYRINGE) PSKT	56
ZOLPIDEM TARTRATE CAPS	60	ZYNTEGLO	59
zolpidem tartrate SUBL	60	ZYPREXA RELPREVV	32
zolpidem tartrate TABS	60		
zolpidem tartrate TBCR	61		
ZOMIG SOLN	75		
ZONISADE SUSP	15		
zonisamide CAPS	15		
ZORYVE CREA EX	49		
ZORYVE FOAM EX	49		
ZOVIRAX CREA (acyclovir topical) 45			
ZOVIRAX OINT (acyclovir topical) .	45		
ZTALMY	15		
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		