

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 (Use amphetamine-dextroamphetamine)	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 EA daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	MP
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 EA daily); MP
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
DYANAVEL XR TBCR	NP	
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS	2	QL(1 EA daily); MP; PA
VYVANSE CHEW	NP	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anti-Obesity Agents		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
ZEPBOUND SOAJ	2	PA
ZEPBOUND SOLN	2	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	1	Generic for Strattera; AL(At least 6 yrs old); MP
clonidine hcl (adhd) TB12	1	Generic for Kapvay; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP	<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
ONYDA XR SUER	NP		<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
QELBREE	NP	MP	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1	AL(At least 6 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
AZSTARYS	NP	MP	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA	RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NP	Generic for Focalin XR; MP; PA	Allergenic Extracts		
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NP	Generic for Methylin; MP; PA	ORALAIR SUBL	2	PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA	<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA	Alternative Medicine - M's		
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP	<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA
			KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	2	SP; PA
			<i>neomycin sulfate TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
RINVOQ LQ SOLN	2	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
HADLIMA PUSH TOUCH SOAJ	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-PED>=40KG CROHNS START PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-PED>=40KG UC STARTER AJKT	2	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	Interleukin-6 Receptor Inhibitors		
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA	TOFIDENCE	NP	SP; PA
			TYENNE SOAJ	NP	SP; PA
			TYENNE SOLN	NP	SP; PA
			TYENNE SOSY	NP	SP; PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ADVIL TABS (Use ibuprofen)	0	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>celecoxib</i>	1	QL(2 EA daily); PA	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC	<i>naproxen-esomeprazole magnesium</i>	1	PA
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC	<i>naproxen SUSP</i>	1	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>naproxen TABS</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP	<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>oxaprozin TABS</i>	1	MP
<i>etodolac CAPS</i>	1	MP	<i>piroxicam CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>etodolac TB24</i>	1	MP	<i>tolmetin sodium CAPS</i>	1	MP
<i>flurbiprofen TABS</i>	1	MP	<i>tolmetin sodium TABS 600 MG</i>	1	MP
<i>ibuprofen CHEW</i>	0	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ibuprofen SUSP</i>	0	MP; RX/OTC	OTEZLA TABS	2	SP; PA
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP	OTEZLA TBPK	2	SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	Pyrimidine Synthesis Inhibitors		
<i>indomethacin CPCR</i>	1	MP	<i>leflunomide</i>	1	QL(1 EA daily); MP
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	0	MP	Soluble Tumor Necrosis Factor Receptor Agents		
<i>ketoprofen CAPS 50 MG</i>	1	MP	ENBREL MINI SOCT	2	SP; PA
<i>ketoprofen CP24</i>	1	MP	ENBREL SURECLICK SOAJ	2	SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP	ENBREL SOLN	2	SP; PA
<i>meloxicam TABS</i>	1	MP	ENBREL SOSY	2	SP; PA
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	0	MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	0	MP	Analgesic Combinations		
<i>nabumetone</i>	1	MP	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP	<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics - Sodium Channel Pain Signal Inhibitors			ECOTRIN ARTHRTIS PAIN TBEC (<i>Use aspirin</i>)	0	
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)	ECOTRIN TBEC (<i>Use aspirin</i>)	0	
Analgesics Other			<i>salsalate</i>	1	
<i>acetaminophen CHEW</i>	0		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen ELIX</i>	0		Opioid Agonists		
<i>acetaminophen LIQD 160 MG/5ML</i>	0		<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)	CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	PA
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	<i>hydrocodone bitartrate CP12</i>	1	
TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	0		HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
Analgesics-Peptide Channel Blockers			<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
PRIALT	2	SP; PA	<i>hydromorphone hcl TB24</i>	1	PA
Salicylates			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
<i>aspirin CHEW</i>	0		<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)	<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
<i>aspirin TABS 325 MG</i>	0		<i>morphine sulfate beads</i>	1	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>diflunisal TABS</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ML daily)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)	<i>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 T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA	<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>oxycodone hcl T12A 80 MG</i>	1	PA	<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA			
<i>tramadol hcl SOLN</i>	1				
<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	2				
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)			
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	1				
<i>tramadol hcl TB24</i>	1	PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	2	SP; PA
<i>methyltestosterone</i> TABS	1	
TESTOPEL PLLT	2	SP; PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
<i>testosterone</i> GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
<i>testosterone</i> GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
<i>testosterone</i> GEL TD 1 %	2	
<i>testosterone</i> SOLN	1	PA
VOGELXO PUMP GEL TD (Use <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		
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 EA per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal)</i> FOAM EX	1	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
<i>hydrocortisone (rectal)</i> EX 1 %	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
PREPARATION H EX 1 %	2	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ML daily)
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
Antacids - Magnesium Salts		
<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	

Drug Name	Drug Tier	Requirements/ Limits
PIN RID CHEW	2	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
STROMEKTOL (<i>Use ivermectin</i>)	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZO 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
ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<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

Drug Name	Drug Tier	Requirements/ Limits
<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	2	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)	<i>theophylline</i> SOLN	1	QL(475 ML per fill retail); MP
DULERA 50 MCG/ACT-5 MCG/ACT	2		<i>theophylline</i> TB12 100 MG, 200 MG, 300 MG	1	
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>theophylline</i> TB12 450 MG	1	
<i>fluticasone-salmeterol</i> AERO	1		<i>theophylline</i> TB24	1	MP
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ML daily)	ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol hcl</i>	1		Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	1		<i>warfarin sodium</i> TABS	1	MP
PROAIR DIGIHALER	NP		Direct Factor Xa Inhibitors		
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)	ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)	ELIQUIS TABS	2	QL(4 EA daily)
STIOLTO RESPIMAT	2		<i>rivaroxaban</i> SUSR 1 MG/ML	1	
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)	<i>rivaroxaban</i> TABS 2.5 MG	1	
<i>terbutaline sulfate</i> TABS	1	MP	XARELTO STARTER PACK TBPK	2	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)	XARELTO TABS 2.5 MG (Use <i>rivaroxaban</i>)	2	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 GM daily)	XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	2		XARELTO TABS 15 MG	2	QL(2 EA daily)
Xanthines			Heparins And Heparinoid-Like Agents		
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
THEO-24 CP24 100 MG	2	MP	<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
<i>theophylline</i> ELIX	1		<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 30 MG/0.3ML	1	QL(18 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>fondaparinux sodium</i>	1	PA
			FRAGMIN SOLN 10000 UNIT/4ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		CARBATROL CP12 (Use carbamazepine)	2	MP
Thrombin Inhibitors			ELEPSIA XR TB24	NP	
<i>dabigatran etexilate mesylate CAPS</i>	1		EPRONTIA SOLN 25 MG/ML (Use topiramate)	NP	
PRADAXA CAPS (Use dabigatran etexilate mesylate)	2		<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
PRADAXA PACK	NP	SP	<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin SOLN</i>	1	MP
Anticonvulsants - Benzodiazepines			<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>clobazam SUSP</i>	1		<i>lamotrigine CHEW</i>	1	MP
<i>clobazam TABS</i>	1		<i>lamotrigine KIT 25 MG</i>	1	
<i>clonazepam TABS</i>	1	QL(4 EA daily)	<i>lamotrigine TABS</i>	1	MP
<i>clonazepam TBDP</i>	1		<i>lamotrigine TB24</i>	1	
LIBERVANT FILM	NP		<i>lamotrigine TBDP</i>	1	
VALTOCO 10 MG DOSE LIQD	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 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TABS</i>	1	MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TB24</i>	1	MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	MOTPOLY XR CP24	NP	
Anticonvulsants - Misc.			<i>oxcarbazepine SUSP</i>	1	MP
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	<i>oxcarbazepine TABS</i>	1	MP
<i>carbamazepine CHEW 200 MG</i>	1		<i>pregabalin CAPS</i>	1	PA
<i>carbamazepine CHEW 100 MG</i>	1	MP	<i>pregabalin SOLN</i>	1	PA
<i>carbamazepine CP12</i>	1	MP	<i>primidone 50 MG, 250 MG</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP	<i>primidone 125 MG</i>	1	
<i>carbamazepine TABS</i>	1	MP	<i>rufinamide SUSP</i>	1	SP
<i>carbamazepine TB12</i>	1	MP	TEGRETOL-XR TB12 (Use carbamazepine)	2	MP
			TOPAMAX SPRINKLE CPSP (Use topiramate)	NP	MP
			<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
			<i>topiramate CPSP 50 MG</i>	1	
			<i>topiramate SOLN 25 MG/ML</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	2	MP
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPk	NP	
XCOPRI TABS	NP	
GABA Modulators		
SABRIL PACK (<i>Use vigabatrin</i>)	2	SP; PA
SABRIL TABS (<i>Use vigabatrin</i>)	2	SP; PA
<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
CELONTIN (<i>Use methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	1	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<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
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP
<i>bupropion hcl TB24 450 MG</i>	2	
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP		Serotonin Modulators		
GABA Receptor Modulator - Neuroactive Steroid			<i>nefazodone hcl</i>	1	
ZULRESSO	2	SP; PA	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
ZURZUVAE	NP	SP	<i>trazodone hcl TABS 300 MG</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)			Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>phenelzine sulfate</i>	1		CYMBALTA CPEP 60 MG (<i>Use duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>tranylcypromine sulfate</i>	1		CYMBALTA CPEP 20 MG, 30 MG (<i>Use duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			DESVENLAFAXINE ER	2	
CITALOPRAM HYDROBROMIDE CAPS	2		<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP
<i>citalopram hydrobromide SOLN</i>	1		<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP
<i>citalopram hydrobromide TABS</i>	1	MP	<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>escitalopram oxalate SOLN</i>	1		<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>escitalopram oxalate TABS</i>	1	MP	VENLAFAXINE BESYLATE ER	NP	
<i>fluoxetine hcl CAPS</i>	1	MP	<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP
<i>fluoxetine hcl CPDR</i>	1		<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP
<i>fluoxetine hcl SOLN</i>	1		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP
<i>fluoxetine hcl TABS 60 MG</i>	1		<i>venlafaxine hcl TABS</i>	1	MP
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP	<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)	Tricyclic Agents		
FLUOXETINE HCL TABS (<i>Use fluoxetine hcl</i>)	2		<i>amitriptyline hcl TABS</i>	1	MP
<i>fluvoxamine maleate CP24</i>	1		<i>amoxapine</i>	1	
<i>fluvoxamine maleate TABS</i>	1		<i>clomipramine hcl</i>	1	
<i>paroxetine hcl TABS</i>	1	MP	<i>desipramine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1				
<i>sertraline hcl CONC</i>	1				
<i>sertraline hcl TABS</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	<i>pioglitazone hcl-glimepiride</i>	1	
<i>doxepin hcl CAPS 150 MG</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>doxepin hcl CONC</i>	1		<i>saxagliptin-metformin hcl</i>	1	
<i>imipramine hcl TABS</i>	1		SITAGLIPTIN BASE-METFORMIN HCL TABS	2	
<i>imipramine pamoate</i>	1		ZITUVIMET TABS	NP	
<i>nortriptyline hcl CAPS</i>	1		Biguanides		
<i>nortriptyline hcl SOLN</i>	1		<i>metformin hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>trimipramine maleate CAPS</i>	1		<i>metformin hcl TABS 625 MG, 750 MG</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
Alpha-Glucosidase Inhibitors			<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
<i>acarbose</i>	1		Diabetic Other		
<i>miglitol</i>	1		BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
Antidiabetic Combinations			BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
<i>alogliptin-metformin hcl</i>	2	QL(2 EA daily); MP	BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	2	QL(1 EA daily); MP	CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>glipizide-metformin hcl</i>	1	MP	CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>glyburide-metformin</i>	1	MP	<i>diazoxide</i>	1	
GLYXAMBI	2		FT GLUCOSE CHEW 4 GM	2	QL(1.67 EA daily); MP
JANUMET XR TB24	2		GLUCAGEN HYPOKIT	2	MP
JANUMET TABS	2		<i>glucagon (rdna)</i>	1	QL(1 EA per fill retail); MP
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP	GLUCAGON EMERGENCY (Use <i>glucagon (rdna)</i>)	2	QL(1 EA per fill retail); MP
KAZANO (Use <i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); MP	GLUCO TO GO CHEW	2	QL(1.67 EA daily); MP
KOMBIGLYZE XR (Use <i>saxagliptin-metformin hcl</i>)	NP		GLUCOSE CHEW	2	QL(1.67 EA daily); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use <i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA
GVOKE KIT SOLN	NP		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA
<i>mifepristone (hyperglycemia)</i>	1	SP; PA	OZEMPIC (2 MG/DOSE) SOPN	2	PA
PROGLYCEM (Use diazoxide)	2		RYBELSUS TABS	NP	PA
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP	TRULICITY	2	PA
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	VICTOZA (Use <i>liraglutide</i>)	2	QL(0.3 ML daily); PA
WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	Insulin		
ZEGALOGUE SOAJ	2		HUMALOG JUNIOR KWIKPEN SOPN	NP	
ZEGALOGUE SOSY	2		HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 50/50 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	2	QL(1 EA daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 75/25 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
NESINA (Use <i>alogliptin benzoate</i>)	NP	QL(1 EA daily); MP	HUMALOG MIX 75/25 SUSP	NP	QL(40 ML per 30 day(s) retail)
ONGLYZA (Use <i>saxagliptin hcl</i>)	NP		HUMALOG TEMPO PEN SOPN	NP	
<i>saxagliptin hcl</i>	1		HUMALOG SOLN IJ	NP	QL(40 ML per 30 day(s) retail)
SITAGLIPTIN	2		HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	NP		HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
Incretin Mimetic Agents			HUMULIN R U-500 KWIKPEN SOPN SC	2	
<i>exenatide SOPN 10 MCG/0.04ML</i>	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA	HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
<i>exenatide SOPN 5 MCG/0.02ML</i>	1	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA	INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
<i>liraglutide</i>	1	QL(0.3 ML daily); PA	INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)
MOUNJARO	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
INSULIN GLARGINE SOLN	2	
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
LEVEMIR FLEXPEN SOPN	NP	
LEVEMIR SOLN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(40 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 SUSP	NP	QL(40 ML per 30 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
SEMGLEE SOPN	NP	QL(30 ML per 30 day(s) retail)
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 EA daily); MP
<i>repaglinide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	
INVOKANA	NP	MP
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
<i>glimepiride 3 MG</i>	1	
<i>glipizide TABS 2.5 MG</i>	1	
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TB24</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ACTIPHLOA CAPS	2	RX/OTC
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIGN CAPS 10 MG	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CHILDRENS PACK	2	
BILAC CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC	CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
BIOZEN CAPS	2	RX/OTC	CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> CHEW 262 MG	1		CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1		CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC
COMPLETE PROBIOTIC PEARLS CAPS	2	RX/OTC	CVS PROBIOTIC CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC	CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC	DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	2		DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY CHEW	2		DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PACK	2		DERMACINRX PROBISOL CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2		DERMACINRX PROBITRAN CAPS	2	RX/OTC
CULTURELLE KIDS PACK	2		DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC
CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC	DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2		DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY OPTIMA WOMENS ADV CARE CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS EX ST CPDR	2	
ENVIVE CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQ PROBIOTIC CAPS	2	RX/OTC	FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
EQ PROBIOTIC CPDR	2		FT PROBIOTIC ADVANCED CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORASAVE CPDR	2		JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
FLORASTOR ADVANCED CAPS	2	RX/OTC	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
FLORASTOR DIGEST DE-STRESS CAPS	2	RX/OTC	JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2	
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC	LACTEROL CAPS	2	RX/OTC
FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC	LACTOVIVE CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC	MAGE CPDR	2	
FORTIFY 30 BILLION PROBIOT 50+ CPDR	2		MEGA PROBIOTIC CAPS	2	RX/OTC
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2				
FORTIFY DAILY PROBIOTIC EX ST CPDR	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC ADVANCED FORMULA CAPS	2	RX/OTC
MICROFLOR CAPS	2	RX/OTC	PROBIOTIC BLEND CAPS	2	RX/OTC
MOMMY'S BLISS PROBIOTIC PACK	2		PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC CPDR	2		PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC PRODUCT CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC	RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC	RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC	RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC			
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELIBIOTIC CAPS	2	RX/OTC	CULTURELLE ADULT ULT BALANCE CAPS	2	
RESTORA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
RISAQUAD-2 CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY CAPS	2	
RISAQUAD CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC	CULTURELLE HEALTH (INULIN) CAPS	2	
SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH CAPS	2	
SUPER PROBIOTIC CAPS	2	RX/OTC	GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
SUPERIOR PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC	VIActiv DIGESTIVE HEALTH CHEW	2	
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC	Antiperistaltic Agents		
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
TRUBIOTICS CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
UP4 PROBIOTICS MENS CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC	Antidotes - Chelating Agents		
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC	CHEMET	2	
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC	<i>deferasirox PACK</i>	1	SP; PA
VISBIOME GI CARE CAPS	2	RX/OTC	<i>deferasirox TABS</i>	1	SP; PA
VSL#3 CAPS	2	RX/OTC	<i>deferasirox TBSO</i>	1	SP; PA
WELLPRO 31 CAPS	2	RX/OTC	<i>deferiprone TABS</i>	1	SP; PA
XYBIOTIC CAPS	2	RX/OTC	FERRIPROX SOLN	2	SP; PA
ZELAC CAPS	2	RX/OTC	Antidotes and Specific Antagonists		
Antidiarrheal/Probiotic Combinations					

Drug Name	Drug Tier	Requirements/ Limits
ANDEXXA 200 MG	2	SP; PA
BRIDION SOLN	2	PA
<i>deferroxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (<i>Use naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 16 MG</i>	1	
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>fluconazole TABS 200 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)
<i>clemastine fumarate TABS 1.34 MG</i>	1	QL(2 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl SYRP PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)
<i>desloratadine TBDP</i>	1	
<i>fexofenadine hcl SUSP</i>	1	
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
PROMETHAZINE HCL SYRP 6.25 MG/5ML	2	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibric acid</i>	1	
<i>FIBRICOR (Use fenofibric acid)</i>	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP
HMG CoA Reductase Inhibitors		
<i>ATORVALIQ SUSP</i>	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>LEQVIO</i>	NP	SP; PA
<i>PRALUENT SOAJ</i>	2	SP; PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	2	SP; PA
<i>REPATHA SURECLICK SOAJ</i>	2	SP; PA
<i>REPATHA SOSY</i>	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril hcl</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1		<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP
<i>quinapril hcl</i>	1	QL(1 EA daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP	<i>captopril & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
<i>metirosine</i>	1	SP; PA	EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
Angiotensin II Receptor Antagonists			<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>candesartan cilexetil</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>irbesartan</i>	1	QL(1 EA daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP	<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 EA daily); MP
<i>telmisartan</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan SOLN</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
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>telmisartan-amlodipine</i>	1	
<i>guanfacine hcl</i>	1	MP			
<i>methyldopa TABS</i>	1	MP			
<i>prazosin hcl CAPS</i>	1	MP			
<i>terazosin hcl</i>	1	MP			
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG (Use <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>	1	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pralatrexate</i>	1	SP; PA	POLIVY 140 MG	2	SP; PA
TABLOID	2	SP; PA	POTELIGEO	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		RITUXAN	2	SP; PA
Antineoplastic - Angiogenesis Inhibitors			TECENTRIQ	2	SP; PA
AVASTIN	2	SP; PA	UNITUXIN	2	SP; PA
CYRAMZA	2	SP; PA	YERVOY	2	SP; PA
INLYTA	2	SP; PA	ZEVALIN Y-90	2	SP; PA
LENVIMA (10 MG DAILY DOSE)	2	SP; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA (12 MG DAILY DOSE)	2	SP; PA	KANJINTI 420 MG	2	SP; PA
LENVIMA (14 MG DAILY DOSE)	2	SP; PA	PERJETA	2	SP; PA
LENVIMA (18 MG DAILY DOSE)	2	SP; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (20 MG DAILY DOSE)	2	SP; PA	VENCLEXTA STARTING PACK TBPK	2	SP; PA
LENVIMA (24 MG DAILY DOSE)	2	SP; PA	VENCLEXTA TABS	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA	Antineoplastic - Cellular Immunotherapy		
LENVIMA (8 MG DAILY DOSE)	2	SP; PA	KYMRIAH	2	SP; PA
MVASI	2	SP; PA	PROVENGE	2	SP; PA
ZALTRAP	2	SP; PA	YESCARTA	2	SP; PA
Antineoplastic - Antibodies			Antineoplastic - EGFR Inhibitors		
ADCETRIS	2	SP; PA	ERBITUX	2	SP; PA
ARZERRA	2	SP; PA	<i>erlotinib hcl</i>	1	SP; PA
BLINCYTO	2	SP; PA	<i>gefitinib</i>	1	SP; PA
DARZALEX	2	SP; PA	GILOTRIF	2	SP; PA
EMPLICITI	2	SP; PA	PORTRAZZA	2	SP; PA
GAZYVA	2	SP; PA	TAGRISSO	2	SP; PA
KADCYLA	2	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
KEYTRUDA	2	SP; PA	VIZIMPRO	2	SP; PA
LIBTAYO	2	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
LUMOXITI	2	SP; PA	DAURISMO	2	SP; PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA	ERIVEDGE	2	SP; PA
			ODOMZO	2	SP; PA
			Antineoplastic - Hormonal and Related Agents		
			<i>abiraterone acetate</i>	1	SP; PA
			<i>anastrozole</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bicalutamide</i>	1	QL(1 EA daily)	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
CAMCEVI	2	SP	VABRINTY KIT SC 22.5 MG, 45 MG	2	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	XTANDI CAPS	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA	ZOLADEX 10.8 MG	2	SP; PA
EMCYT	2	SP; PA	ZOLADEX 3.6 MG	2	SP; PA
ERLEADA 60 MG	2	SP; PA	Antineoplastic - Immunomodulators		
EULEXIN	2		POMALYST	2	SP; PA
<i>exemestane</i>	1		Antineoplastic Antibiotics		
FIRMAGON 80 MG	2	SP; PA	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA	ELLENCES SOLN	2	SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA	<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA
<i>letrozole</i>	1	QL(1 EA daily); MP	<i>valrubicin</i>	1	SP; PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1		Antineoplastic Combinations		
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA	HERCEPTIN HYLECTA	2	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	LONSURF	2	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	Antineoplastic Enzyme Inhibitors		
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	ALECENSA	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	BELEODAQ	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUTRATE DEPOT INJ 22.5 MG	2		BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA
LYSODREN	2	SP; PA	BOSULIF TABS 100 MG, 500 MG	2	SP; PA
<i>megestrol acetate SUSP</i>	1		BRAFTOVI 75 MG	2	SP; PA
<i>megestrol acetate TABS</i>	1		CABOMETYX TABS	2	SP; PA
<i>tamoxifen citrate TABS</i>	1	MP	CAPRELSA	2	SP; PA
<i>toremifene citrate</i>	1	PA	COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
			COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
			COTELLIC	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i>	1	SP; PA	ZOLINZA	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	ZYDELIG	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	ZYKADIA TABS	2	SP; PA
IBRANCE CAPS	2	SP; PA	Antineoplastic Enzymes		
ICLUSIG 15 MG, 45 MG	2	SP; PA	ONCASPAR	2	SP; PA
<i>imatinib mesylate TABS</i>	1	SP; PA	Antineoplastic Radiopharmaceuticals		
IMBRUVICA CAPS 140 MG	2	SP; PA	AZEDRA DOSIMETRIC	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA	AZEDRA THERAPEUTIC	2	SP; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA	LUTATHERA	2	SP; PA
JAKAFI	2	SP; PA	Antineoplastics Misc.		
KYPROLIS	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	ALFERON N	2	SP; PA
LORBRENA	2	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
MEKINIST TABS	2	SP; PA	<i>bexarotene</i>	1	SP; PA
MEKTOVI	2	SP; PA	<i>hydroxyurea</i>	1	MP
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA	MATULANE	2	SP; PA
NINLARO	2	SP; PA	PHOTOFRIN	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA	PROLEUKIN	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	SYNRIBO	2	SP; PA
RUBRACA	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	Chemotherapy Adjuncts		
STIVARGA	2	SP; PA	KEPIVANCE 6.25 MG	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
TAFINLAR CAPS	2	SP; PA	<i>dexrazoxane hcl</i>	1	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA	KHAPZORY	2	SP; PA
<i>temsirolimus</i>	1	SP; PA	<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
TIBSOVO	2	SP; PA	<i>levoleucovorin calcium SOLN</i>	1	SP; PA
VITRAKVI CAPS	2	SP; PA	<i>levoleucovorin calcium SOLR</i>	1	SP; PA
VITRAKVI SOLN	2	SP; PA	<i>mesna SOLN</i>	1	SP; PA
VOTRIENT	2	SP; PA	<i>mesna TABS</i>	1	SP; PA
XALKORI CAPS	2	SP; PA	MESNEX TABS	2	SP; PA
XOSPATA	2	SP; PA			
ZELBORAF	2	SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
<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 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate CAPS</i>	1		RISPERDAL CONSTA (Use risperidone microspheres)	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>lithium carbonate TABS</i>	1				
<i>lithium carbonate TBCR</i>	1		<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
LITHOBID TBCR (Use <i>lithium carbonate</i>)	2				
Antipsychotics - Misc.			<i>risperidone SOLN</i>	1	
CAPLYTA	NP		<i>risperidone TABS</i>	1	
<i>lurasidone hcl</i>	1		<i>risperidone TBDP</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA	RYKINDO SRER	NP	AL(At least 18 yrs old); SP
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA			
VRAYLAR CAPS	2		UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
VRAYLAR CPPK	2				
<i>ziprasidone hcl</i>	1		UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
<i>ziprasidone mesylate</i>	1				
Benzisoxazoles			Butyrophenones		
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	<i>haloperidol decanoate</i>	1	
ERZOFRI 351 MG/2.25ML	NP	SP	<i>haloperidol lactate CONC</i>	1	
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP	<i>haloperidol lactate SOLN</i>	1	
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>haloperidol TABS</i>	1	
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	Dibenzapines		
<i>paliperidone</i>	1		<i>clozapine TABS</i>	0	
			<i>clozapine TBDP</i>	0	
			<i>loxapine succinate</i>	1	
			<i>olanzapine SOLR</i>	1	
			<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
			<i>olanzapine TBDP</i>	1	
			<i>quetiapine fumarate TABS</i>	1	
			<i>quetiapine fumarate TB24</i>	1	
			ZYPREXA RELPREVV	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
<i>aripiprazole TABS</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
OPIPZA FILM	NP	
Thioxanthenes		

Drug Name	Drug Tier	Requirements/ Limits
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2	
COMBIVIR (Use lamivudine-zidovudine)	0	QL(2 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)
DELSTRIGO	0	QL(1 EA daily)
DESCOVY 120 MG-15 MG	2	
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)
DOVATO	0	
EDURANT	0	QL(1 EA daily)
EDURANT PED PO 2.5 MG	2	
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>efavirenz TABS</i>	0	QL(1 EA daily)
<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	0	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)
EMTRIVA SOLN	0	QL(24 ML daily)	LEXIVA SUSP	0	QL(56 ML daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	0	QL(30 ML daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	0	QL(4 EA daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	0	QL(2 EA daily)	<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	0	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)
<i>etravirine 100 MG</i>	0	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)
<i>etravirine 200 MG</i>	0	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)
EVOTAZ	0	QL(1 EA daily)	<i>nevirapine SUSP</i>	0	QL(40 ML daily)
<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)	<i>nevirapine TABS</i>	0	QL(2 EA daily)
GENVOYA	0	QL(1 EA daily)	<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)
INTELENCE (<i>Use etravirine</i>)	0	QL(4 EA daily)	<i>nevirapine TB24 100 MG</i>	0	QL(3 EA daily)
INTELENCE	0	QL(4 EA daily)	NORVIR CAPS	0	QL(12 EA daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	0	QL(2 EA daily)	NORVIR PACK	0	
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)	NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 EA daily)
ISENTRESS CHEW 25 MG	0	QL(12 EA daily)	ODEFSEY	0	
ISENTRESS PACK	0	QL(2 EA daily)	PIFELTRO	0	QL(1 EA daily)
ISENTRESS TABS	0	QL(2 EA daily)	PREZCOBIX	0	QL(1 EA daily)
KALETRA SOLN	0	QL(160 ML per fill retail)	PREZISTA SUSP	0	QL(12 ML daily)
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(6 EA daily)	PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 EA daily)
KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(4 EA daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
<i>lamivudine SOLN</i>	0	QL(30 ML daily)	PREZISTA TABS 150 MG	0	QL(3 EA daily)
<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)	RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 EA daily)
			RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ML daily)
			REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	0	QL(2 EA daily)
			REYATAZ PACK	0	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir TABS</i>	0	QL(12 EA daily)	ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ML daily)
RUKOBIA	0		ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 EA daily)
SELZENTRY SOLN	0	QL(35 ML daily)	<i>zidovudine CAPS</i>	0	QL(6 EA daily)
SELZENTRY TABS 25 MG, 75 MG	NP		<i>zidovudine SYRP</i>	0	QL(60 ML daily)
<i>stavudine CAPS</i>	0	QL(2 EA daily)	<i>zidovudine TABS</i>	0	QL(2 EA daily)
STRIBILD	0		Antiviral Combinations		
SUNLENCA TABS PO 300 MG	2	SP	PAXLOVID (150/100)	0	
SUNLENCA TBPk 300 MG	2	SP	PAXLOVID (300/100 & 150/100)	0	
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	PAXLOVID (300/100)	0	
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	CMV Agents		
SYMTUZA	0	QL(1 EA daily)	PREVYMIS SOLN	2	SP; PA
<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)	PREVYMIS TABS	2	SP; PA
TIVICAY PD TBSO	0		<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)
TIVICAY TABS	0		Hepatitis Agents		
TRIUMEQ PD TBSO	0		EPCLUSA PACK	NP	SP; PA
TRIUMEQ TABS	0		EPCLUSA TABS	NP	SP; PA
TRIZIVIR	0	QL(2 EA daily)	HARVONI PACK	NP	SP; PA
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	HARVONI TABS	NP	SP; PA
TYBOST	0	QL(1 EA daily)	LEDIPASVIR-SOFOSBUVIR TABS	2	SP
VIRACEPT TABS 625 MG	0	QL(4 EA daily)	MAVYRET PACK	2	SP
VIRACEPT TABS 250 MG	0	QL(9 EA daily)	MAVYRET TABS	2	SP
VIREAD POWD	0		PEGASYS SOLN	2	SP; PA
VIREAD TABS	0	QL(1 EA daily)	PEGASYS SOSY	2	SP; PA
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
YEZTUGO TABS PO 300 MG	2	SP	<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

Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents		
<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(120 ML per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	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>	1	QL(1 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<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 400 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	1	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
Beta Blockers Non-Selective		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/afib)</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>sotalol hcl TABS 240 MG</i>	1	MP
<i>timolol maleate TABS</i>	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
CONJUPRI (Use <i>levamlodipine maleate</i>)	2	
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
<i>felodipine</i>	1	QL(1 EA daily); MP
<i>isradipine CAPS</i>	1	
<i>levamlodipine maleate</i>	1	
<i>nicardipine hcl CAPS</i>	1	MP
<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
NORLIQVA SOLN	NP	
VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	2	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily); MP
<i>verapamil hcl CP24 300 MG</i>	1	MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 EA daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (Use <i>digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO CPSP	NP	
ENTRESTO TABS	2	
OPSYNVI	NP	SP; PA
<i>sacubitril-valsartan TABS</i>	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP
LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ML per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</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>desogestrel-ethinyl estradiol (triphasic)</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>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</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>ethynodiol diacet & eth estrad</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
FALESSA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0				
<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Transdermal		
<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Vaginal		
<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>etonogestrel-ethinyl estradiol</i>	0	PV
<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Copper Contraceptives - IUD		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	MIUDELLA INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
			PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
			Emergency Contraceptives		
			ELLA	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 (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants			MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable			Progestin Contraceptives - Oral		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	Glucocorticosteroids		
Progestin Contraceptives - IUD			<i>budesonide TB24</i>	1	
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	CORTISONE ACETATE TABS	2	
			<i>deflazacort SUSP</i>	1	SP; PA
			<i>deflazacort TABS</i>	1	SP; PA
			DEXAMETHASONE INTENSOL CONC	2	
			<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ML per 30 day(s) retail)
			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>dexamethasone ELIX</i>	1		Cough/Cold/Allergy Combinations		
<i>dexamethasone SOLN</i>	1		<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1		<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)
<i>hydrocortisone TABS</i>	1		<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)
<i>methylprednisolone TBPk</i>	1		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)	<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	1		MAXI-TUSS PE LIQD	2	
<i>prednisolone SOLN</i>	1		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)
PREDNISONE INTENSOL CONC	2		<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)
<i>prednisone SOLN</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>prednisone TABS</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>prednisone TBPk</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
ZILRETTA SRER	2	SP; PA			
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)			
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
Expectorants			<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
Misc. Respiratory Inhalants			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)	<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1		<i>clindamycin phosphate-tretinoin</i>	1	
Mucolytics			DIFFERIN CREA (Use <i>adapalene</i>)	NP	
<i>acetylcysteine SOLN</i>	1		DIFFERIN GEL 0.3 % (Use <i>adapalene</i>)	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN LOTN	NP	
Acne Products			<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)
ABSORICA 10 MG, 20 MG, 40 MG (Use <i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)	<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene-benzoyl peroxide GEL</i>	1		<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
<i>adapalene CREA</i>	1		RETIN-A CREA (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>adapalene GEL</i>	1		RETIN-A GEL (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>adapalene GEL</i>	1	RX/OTC	<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
ADAPALENE SOLN	2		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
AKLIEF	NP		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
ATRALIN GEL (Use <i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>tretinoin microsphere</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1				
BENZOYL PEROXIDE GEL	2				
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1				
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1				
BENZOYL PEROXIDE LOTN 5 %	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)
<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>luliconazole</i>	2	PA
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>LUZU (Use luliconazole)</i>	NP	PA
Antibiotics - Topical			<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)
<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)	<i>NIZORAL SHAM</i>	2	QL(200 ML per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)	<i>nystatin (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)	<i>nystatin (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)	<i>nystatin (topical) POWD EX</i>	1	QL(60 GM per fill retail)
<i>mupirocin calcium (topical)</i>	1		<i>nystatin-triamcinolone CREA</i>	1	QL(60 GM per fill retail)
<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)	<i>nystatin-triamcinolone OINT</i>	1	QL(60 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 GM per fill retail)	<i>oxiconazole nitrate CREA</i>	1	PA
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)	<i>terbinafine hcl (topical) CREA</i>	1	QL(42 GM per fill retail)
Antifungals - Topical			<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
<i>ciclopirox SOLN</i>	1	PA	Antihistamines-Topical		
<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC	<i>ITCH RELIEF CREA</i>	2	
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC	Anti-inflammatory Agents - Topical		
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)	<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)	<i>bexarotene (topical)</i>	1	SP; PA
<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)	<i>CARAC CREA</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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antipruritics - Topical			VTAMA	NP	
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)	Antiseborrheic Products		
Antipsoriatics			<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
BIMZELX SOAJ 320 MG/2ML	NP	SP; PA	<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
BIMZELX SOAJ 160 MG/ML	NP	SP; PA	<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
BIMZELX SOSY 160 MG/ML	NP	SP; PA	<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
BIMZELX SOSY 320 MG/2ML	NP	SP; PA	Antivirals - Topical		
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)	<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
CALCIPOTRIENE FOAM	2		<i>acyclovir topical OINT</i>	1	
<i>calcipotriene OINT</i>	1		DENAVIR (Use penciclovir)	2	
<i>calcipotriene SOLN</i>	1	QL(60 ML per fill retail)	<i>penciclovir</i>	1	
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	ZOVIRAX CREA (Use acyclovir topical)	NP	QL(1 GM daily)
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	ZOVIRAX OINT (Use acyclovir topical)	2	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	Burn Products		
COSENTYX UNOREADY SOAJ	NP	SP; PA	<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
COSENTYX SOLN	NP	SP; PA	Corticosteroids - Topical		
COSENTYX SOSY	NP	SP; PA	<i>alclometasone dipropionate CREA</i>	1	
SKYRIZI PEN SOAJ	NP	SP; PA	<i>alclometasone dipropionate OINT</i>	1	
SKYRIZI SOSY	NP	SP; PA	<i>amcinonide CREA</i>	1	
SORILUX FOAM	NP		<i>amcinonide LOTN</i>	1	
SOTYKTU	NP	SP; PA	<i>amcinonide OINT</i>	1	
SPEVIGO SOLN	NP	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail
SPEVIGO SOSY	NP	SP; PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
TALTZ SOSY	2	SP; PA	<i>betamethasone dipropionate (topical) 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>betamethasone dipropionate augmented CREA</i>	1	QL(50 GM per fill retail)	<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<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>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CLODAN	NP	
<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)	CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>betamethasone valerate FOAM</i>	1		<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)	<i>desonide LOTN</i>	1	
<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)	<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desoximetasone CREA 0.25 %</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1		<i>desoximetasone CREA 0.05 %</i>	1	QL(60 GM per fill retail)
CAPEX SHAM	NP		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone LIQD</i>	1	
<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>	1	QL(60 GM per fill retail)
<i>clobetasol propionate FOAM</i>	1		<i>diflorasone diacetate OINT</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)	EPIFOAM FOAM	2	
<i>clobetasol propionate LIQD</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)	<i>fluocinolone acetonide OINT</i>	1	
			<i>fluocinolone acetonide SOLN</i>	1	
			<i>fluocinonide emulsified base</i>	1	QL(60 GM per fill retail)
			<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)
			<i>fluocinonide CREA 0.1 %</i>	1	
			<i>fluocinonide GEL</i>	1	QL(60 GM per fill retail)
			<i>fluocinonide OINT</i>	1	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide SOLN</i>	1	QL(60 ML per fill retail)	HYDROCORTISONE ACETATE CREA	2	
<i>flurandrenolide CREA</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>flurandrenolide LOTN</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>flurandrenolide OINT</i>	1		<i>hydrocortisone butyrate LOTN</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone butyrate OINT</i>	1	
<i>fluticasone propionate LOTN</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ML per fill retail)
<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone valerate CREA</i>	1	
<i>halcinonide CREA</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>halobetasol propionate CREA</i>	1		HYDROXATE GEL	NP	
<i>halobetasol propionate FOAM</i>	1		HYDROXYM GEL	NP	
<i>halobetasol propionate OINT</i>	1		IMPEKLO LOTN	NP	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)	LOCOID LIPOCREAM	NP	
<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 GM per fill retail); RX/OTC	<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)
<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)	<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)
<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)	<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP	
<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC	<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>hydrocortisone (topical) OINT 0.5 %</i>	1		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)
<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)
<i>hydrocortisone (topical) SOLN</i>	1		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)
<i>hydrocortisone acetate (topical) CREA 1 %</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>hydrocortisone acetate (topical) OINT</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)	<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1		<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
<i>triamcinolone acetonide-dimethicone-silicone</i>	1		Keratolytic/Antimitotic/Vesicant Agents		
Eczema Agents			<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)
ADBRY SOAJ	2	SP; PA	<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
ADBRY SOSY	2	SP; PA	Local Anesthetics - Topical		
CIBINQO	NP	SP; PA	<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
DUPIXENT SOAJ	2	SP; PA	<i>capsaicin CREA 0.035 %</i>	1	QL(42.5 GM per fill retail)
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA	<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
OPZELURA	NP	PA	CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
Emollient/Keratolytic Agents			<i>dibucaine</i>	1	QL(56.7 GM per fill retail)
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC	<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)	<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)
Emollients			<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail)
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC	<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 GM per fill retail); RX/OTC	<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)
Hair Growth Agents			LIDOCAINE CREA	2	QL(85 GM per fill retail)
LITFULO	NP	SP; PA	<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
Immunomodulating Agents - Topical			Misc. Topical		
<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)	CVS LANOLIN CREA	2	
Immunosuppressive Agents - Topical					
ELIDEL (Use <i>pimecrolimus</i>)	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>lanolin (topical) CREA</i>	1		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
LANOLOR CREA	2		SCHOOLTIME SHAMPOO SHAM	2	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)	SKLICE (<i>Use ivermectin (pediculicide)</i>)	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>spinosad</i>	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
ZORYVE CREA EX 0.3 %	NP		Tar Products		
Rosacea Agents			<i>coal tar extract SHAM 0.5 %</i>	1	
<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)	Wound Care Products		
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)	APLIGRAF DISK	2	PA
<i>metronidazole (topical) LOTN</i>	1		DIAGNOSTIC PRODUCTS		
Scabicides & Pediculicides			Diagnostic Drugs		
<i>ivermectin (pediculicide)</i>	NP		<i>cosyntropin SOLR</i>	1	SP; PA
LICEMD GEL	2		THYROGEN 0.9 MG	2	SP; PA
<i>lindane SHAM</i>	1		Diagnostic Tests		
<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail	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
NATROBA (<i>Use spinosad</i>)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	ACCULA SARS-COV-2	0	
NIX LICE KILLING SPRAY LIQD XX	2		ADVIN COVID-19 ANTIGEN TEST KIT	0	
<i>permethrin AERO</i>	1		BD VERITOR SYSTEM SARS-COV-2	0	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)	BINAXNOW COVID-19 AG CARD	0	
<i>permethrin LIQD EX</i>	1				
<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	1				
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1				

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)
<i>spironolactone TABS</i>	1	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
BONSITY SOPN 560 MCG/2.24ML	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
EVENITY	2	SP; PA
<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
PAMIDRONATE DISODIUM SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PROLIA SOSY	2	SP; PA
<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TABS 150 MG</i>	1	
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TBEC</i>	1	
<i>teriparatide SOPN</i>	1	PA
TERIPARATIDE SOPN	2	PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR GEL	2	SP; PA
CORTROPHIN GEL	2	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM	2	PA
PREGNYL IM	2	PA
GnRH/LHRH Antagonists		
ORILISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPPO SOPN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOCT	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	2	SP; PA
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
SUPPRELIN LA	NP	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA
<i>betaine</i>	1	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
<i>calcitriol CAPS</i>	1	
CARBAGLU (<i>Use carglumic acid</i>)	2	SP; PA
<i>carglumic acid</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA
CRYSVITA	2	SP; PA
ELAPRASE	2	SP; PA
FABRAZYME	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA
KANUMA	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<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 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)
Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
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
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
<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>	1	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<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
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>chenodiol</i>	1	SP; PA
CTEXLI 250 MG	2	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>Use mesalamine</i>)	2	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC (<i>Use 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>	1	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
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine TBEC</i>	1	MP
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA PEN 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
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENVELA TABS (Use sevelamer carbonate)	NP	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 EA daily); MP
RAPAFLO 4 MG (Use silodosin)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Urinary Stone Agents			CORIFACT	2	SP; PA
<i>tiopronin TABS</i>	1	SP; PA	ELOCTATE	2	SP; PA
Vesicoureteral Reflux (VUR) Agents			ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
DEFLUX	2	SP; PA	FEIBA	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout			FIBRYGA	2	SP; PA
Gout Agent Combinations			HEMGENIX	2	SP; PA
<i>colchicine w/ probenecid</i>	1	MP	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
Gout Agents			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
<i>allopurinol 100 MG, 300 MG</i>	1	MP	HUMATE-P SOLR	2	SP; PA
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail	IDELVION	2	SP; PA
KRYSTEXXA	2	SP; PA	IXINITY SOLR	2	SP; PA
Uricosurics			JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
<i>probenecid</i>	1	MP	KCENTRA	2	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
Antihemophilic Products			KOATE SOLR	2	SP; PA
ADVATE	2	SP; PA	KOGENATE FS KIT	2	SP; PA
ADYNOVATE	2	SP; PA	KOVALTRY	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA	NOVOEIGHT	2	SP; PA
ALPHANATE SOLR	2	SP; PA	NOVOSEVEN RT	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA	NUWIQ KIT	2	SP; PA
ALPROLIX	2	SP; PA	NUWIQ SOLR	2	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA	OBIZUR	2	SP; PA
BENEFIX KIT	2	SP; PA	PROFILNINE	2	SP; PA
COAGADEX	2	SP; PA	REBINYN	2	SP; PA
			RECOMBINATE SOLR	2	SP; PA
			RIASTAP	2	SP; PA
			RIXUBIS SOLR	2	SP; PA
			ROCTAVIAN	2	SP; PA
			SEVENFACT	2	SP; PA
			TRETTEN	2	SP; PA
			VONVENDI	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	1	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	2	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	2	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		
FERRETTES TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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)	<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>estazolam</i>	1	
Antihistamine Hypnotics			<i>eszopiclone</i>	1	
<i>diphenhydramine hcl (sleep) CAPS</i>	1		<i>flurazepam hcl</i>	1	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) LIQD</i>	1		IGALMI FILM	NP	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)	<i>midazolam hcl SOLN IJ</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1		MIDAZOLAM HCL SOLN IJ	2	
<i>diphenhydramine hcl (sleep) TBDP</i>	1		<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1		<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1		<i>triazolam</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine citrate</i>	1		<i>zaleplon</i>	1	QL(1 EA daily)
<i>ibuprofen-diphenhydramine hcl</i>	1		ZOLPIDEM TARTRATE CAPS	2	
<i>naproxen sodium-diphenhydramine hcl</i>	1		<i>zolpidem tartrate SUBL</i>	1	
Barbiturate Hypnotics			<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>phenobarbital ELIX</i>	1		<i>zolpidem tartrate TBCR</i>	1	
<i>phenobarbital TABS</i>	1		Orexin Receptor Antagonists		
Hypnotics - Tricyclic Agents			QUVIVIQ	NP	
<i>doxepin hcl (sleep)</i>	1		Selective Melatonin Receptor Agonists		
Non-Barbiturate Hypnotics			<i>ramelteon</i>	1	
<i>dexmedetomidine hcl in sodium chloride SOLN</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)
			METAMUCIL CAPS	2	
			NATURAL FIBER LAXATIVE POWD	2	
			<i>psyllium CAPS 0.52 GM</i>	1	
			<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
			Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
<i>SORBITOL PO 70 %</i>	2	
Saline 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 phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<i>DOCUSATE SODIUM SYRP</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>ALCOHOL PREP PADS-MISC</i>	2	OTC
Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CONDOMS-MISC	2	QL(36 ea per fill retail)	ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
Diabetic Supplies			ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ADVOCATE SAFETY LANCETS 28G	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)	AGAMATRIX ULTRA-THIN LANCETS	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 32G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC	AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2		ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
			ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
			AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
			AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FINE 30	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC	FORA LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily); RX/OTC			
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC			
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
GAUZE SPONGES	2	RX/OTC	H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC	HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC	HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
			LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
			SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	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	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC	WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC			
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
CVS PREP	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC
GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC
HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
RA ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER 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	MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE 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
FULL KIT NEBULIZER SET 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
INNOSPIRE REPLACEMENT FILTER 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
INSPIRACHAMBER/LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PFLEX MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; PA
NURTEC	2	PA
QULIPTA	2	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan-naproxen sodium</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</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 succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)
<i>ZOMIG SOLN 2.5 MG (Use zolmitriptan)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM ACETATE	2	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 EA daily)
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC
SOLUVITA SOLN	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		

Drug Name	Drug Tier	Requirements/ Limits
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 50 MG</i>	1	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate sodium</i>	1	PA	<i>chlorhexidine gluconate (mouth-throat)</i>	1	
NULOJIX	2	SP; PA	Dental Products		
PROGRAF PACK	2	PA	<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)
PROGRAF SOLN	2	PA	<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)
SANDIMMUNE CAPS (Use cyclosporine)	2	PA	<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
SANDIMMUNE SOLN IV 50 MG/ML	2	PA	<i>stannous fluoride CONC</i>	1	RX/OTC
<i>sirolimus SOLN</i>	1	PA	Periodontal Products		
<i>sirolimus TABS</i>	1	PA	ARESTIN	2	SP; PA
<i>tacrolimus CAPS</i>	1	PA	Steroids - Mouth/Throat/Dental		
THYMOGLOBULIN	2	SP; PA	<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)
Lymphatic Agents			Throat Products - Misc.		
SYLVANT	2	SP; PA	AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
VIJOICE TBPk	2	SP; PA	CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
Potassium Removing Agents			CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
LOKELMA	NP		EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
LOKELMA	2		MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)	MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1		MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
VELTASSA	NP		NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
Systemic Lupus Erythematosus Agents					
BENLYSTA SOLR	2	SP; PA			
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)			
Anti-infectives - Throat					
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)			
Antiseptics - Mouth/Throat					

Drug Name	Drug Tier	Requirements/ Limits
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
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)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	2	QL(1 EA daily)
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		

Drug Name	Drug Tier	Requirements/ Limits
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATION SOLN	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
MULTIVITAMIN DROPS/IRON SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN INFANT & TODDLER SOLN	2		<i>baclofen SOLN PO 10 MG/5ML</i>	2	
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)	<i>baclofen SUSP</i>	1	
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
POLY-VITE/IRON SOLN	2		<i>baclofen TABS 5 MG</i>	1	PA
Pediatric Multiple Vitamins			<i>baclofen TABS 15 MG</i>	1	
BPROTECTED PEDIA POLY-VITE SOLN PO	2		<i>carisoprodol TABS 350 MG</i>	1	MP; PA
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2		<i>carisoprodol TABS 250 MG</i>	1	PA
POLY-VI-SOL SOLN PO	2		<i>chlorzoxazone TABS 500 MG</i>	1	MP
POLY-VITA SOLN PO	2		<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
POLY-VITE PEDIATRIC SOLN PO	2		<i>cyclobenzaprine hcl CP24</i>	1	
Prenatal Vitamins			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 EA daily)
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
Vitamins w/ Lipotropics			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); MP
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			LIORESAL SOLN IT	2	SP; PA
Articular Cartilage Repair Therapy			LYVISPAH PACK	NP	
MACI	2	SP; PA	<i>metaxalone</i>	1	
Central Muscle Relaxants			METAXALONE 640 MG	2	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	<i>methocarbamol TABS 750 MG, 1000 MG</i>	1	
<i>baclofen SOLN PO 5 MG/5ML</i>	1		<i>methocarbamol TABS 500 MG</i>	1	MP
<i>baclofen SOLN PO 10 MG/5ML</i>	2		METHOCARBAMOL TABS	NP	
			<i>orphenadrine citrate TB12</i>	1	
			OZOBAX DS SOLN PO (Use baclofen)	NP	

Drug Name	Drug Tier	Requirements/ Limits
OZOBAX SOLN PO (<i>Use baclofen</i>)	2	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	1	
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
Nasal Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ML per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ML per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles			ELEVIDYS 38.5-39.4 KG	2	SP; PA
ALS Agents			ELEVIDYS 39.5-40.4 KG	2	SP; PA
<i>riluzole TABS</i>	1	PA	ELEVIDYS 40.5-41.4 KG	2	SP; PA
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 41.5-42.4 KG	2	SP; PA
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 42.5-43.4 KG	2	SP; PA
Muscular Dystrophy Agents			ELEVIDYS 43.5-44.4 KG	2	SP; PA
AMONDYS 45	2	SP; PA	ELEVIDYS 44.5-45.4 KG	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA	ELEVIDYS 45.5-46.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA	ELEVIDYS 46.5-47.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA	ELEVIDYS 47.5-48.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA	ELEVIDYS 48.5-49.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA	ELEVIDYS 49.5-50.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA	ELEVIDYS 50.5-51.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA	ELEVIDYS 51.5-52.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA	ELEVIDYS 52.5-53.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA	ELEVIDYS 53.5-54.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA	ELEVIDYS 54.5-55.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA	ELEVIDYS 55.5-56.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA	ELEVIDYS 56.5-57.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA	ELEVIDYS 57.5-58.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA	ELEVIDYS 58.5-59.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA	ELEVIDYS 59.5-60.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA	ELEVIDYS 60.5-61.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA	ELEVIDYS 61.5-62.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA	ELEVIDYS 62.5-63.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA	ELEVIDYS 63.5-64.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA	ELEVIDYS 64.5-65.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA	ELEVIDYS 65.5-66.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA	ELEVIDYS 66.5-67.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA	ELEVIDYS 67.5-68.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA	ELEVIDYS 68.5-69.4 KG	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA	ELEVIDYS 69.5 KG PLUS	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA	EXONDYS 51	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA	VILTEPSO	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA	VYONDYS 53	2	SP; PA
ELEVIDYS 37.5-38.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOTOX IJ	2	SP; PA	ZOLGENSMA 17.6-18.0 KG	2	SP; PA
DYSPOORT	2	SP; PA	ZOLGENSMA 18.1-18.5 KG	2	SP; PA
MYOBLOC	2	SP; PA	ZOLGENSMA 18.6-19.0 KG	2	SP; PA
XEOMIN	2	SP; PA	ZOLGENSMA 19.1-19.5 KG	2	SP; PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 19.6-20.0 KG	2	SP; PA
EVRYSDI PO 5 MG	2	SP	ZOLGENSMA 2.6-3.0 KG	2	SP; PA
EVRYSDI	2	SP; PA	ZOLGENSMA 20.1-20.5 KG	2	SP; PA
SPINRAZA	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
ZOLGENSMA 20.6-21.0 KG	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
ZOLGENSMA 10.1-10.5 KG	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
ZOLGENSMA 10.6-11.0 KG	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
ZOLGENSMA 11.1-11.5 KG	2	SP; PA	ZOLGENSMA 5.1-5.5 KG	2	SP; PA
ZOLGENSMA 11.6-12.0 KG	2	SP; PA	ZOLGENSMA 5.6-6.0 KG	2	SP; PA
ZOLGENSMA 12.1-12.5 KG	2	SP; PA	ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 12.6-13.0 KG	2	SP; PA	ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 13.1-13.5 KG	2	SP; PA	ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 13.6-14.0 KG	2	SP; PA	ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 14.1-14.5 KG	2	SP; PA	ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 14.6-15.0 KG	2	SP; PA	ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 15.1-15.5 KG	2	SP; PA	ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 15.6-16.0 KG	2	SP; PA	ZOLGENSMA 9.6-10.0 KG	2	SP; PA
ZOLGENSMA 16.1-16.5 KG	2	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 16.6-17.0 KG	2	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)
			<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)
			Beta-blockers - Ophthalmic		
			<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
			<i>brimonidine tartrate-timolol maleate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail	Miotics		
COMBIGAN (Use brimonidine tartrate-timolol maleate)	2		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>dorzolamide hcl-timolol maleate</i>	1		BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)	BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
<i>levobunolol hcl 0.5 %</i>	1		EYLEA SOLN	2	SP; PA
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1		LUCENTIS SOSY	2	SP; PA
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Adrenergic Agents		
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1		ALPHAGAN P (Use brimonidine tartrate)	2	
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2		<i>apraclonidine hcl</i>	1	
TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	NP	QL(60 EA per fill retail)	<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)
Cycloplegic Mydriatics			<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)	SIMBRINZA	2	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Anti-infectives		
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)	<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)	ERYTHROMYCIN	2	QL(4 GM per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)	<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)	<i>gatifloxacin (ophth)</i>	1	
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)	<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)	<i>levofloxacin (ophth) 0.5 %</i>	1	
			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
			<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)
			<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	1	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
ILUVIEN	2	SP; PA
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth)</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)

Drug Name	Drug Tier	Requirements/ Limits
<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>	1	
<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ML per fill retail)
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
MIEBO	NP	
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost SOLN</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ML per fill retail)
Otic Combinations		
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	2	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)
<i>pramoxine-hc-chloroxylonol</i>	1	QL(15 ML per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HIZENTRA SOLN	2	SP; PA
HIZENTRA SOSY 10 GM/50ML	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY	2	SP; PA
HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
<i>Ilanolin XX</i>	1	
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	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	2	QL(1 EA daily)
EXELON 13.3 MG/24HR (<i>Use rivastigmine</i>)	2	
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	1	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>	1	QL(10 ML daily)
<i>memantine hcl TABS</i>	2	QL(1 EA per 28 day(s) retail)
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 EA daily)
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	2	SP; PA
Combination Psychotherapeutics		
LYBALVI	NP	
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA
SAVELLA TABS	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
tetrabenazine	1	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 (Use glatiramer acetate)	2	SP; PA
dalfampridine	1	SP; PA
dimethyl fumarate CDPK	1	SP; PA
dimethyl fumarate CPDR	1	SP; PA
fingolimod hcl	1	SP; PA
GILENYA (Use fingolimod hcl)	NP	SP; PA
GILENYA	NP	SP; PA
glatiramer acetate SOSY	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS ZUNOVO	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl (pmdd) TABS 10 MG	1	AL(At least 7 yrs old)
fluoxetine hcl (pmdd) TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 EA daily); AL(At least 13 yrs old)
bupropion hcl (smoking deterrent)	0	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate)	0	AL(At least 13 yrs old)
nicotine polacrilex GUM	0	AL(At least 13 yrs old)
nicotine polacrilex LOZG	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	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
varenicline tartrate TABS	0	QL(2 EA daily); AL(At least 13 yrs old)
varenicline tartrate TBPK	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
PROLASTIN-C SOLR	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		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
ARMOUR THYROID TABS	2	MP
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	2	MP
NP THYROID TABS	2	MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>Use levothyroxine sodium</i>)	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	AL (At least 19 yrs old)
BOOSTRIX SUSP	0	AL (At least 19 yrs old)
BOOSTRIX SUSY	0	AL (At least 19 yrs old)
DAPTACEL	0	AL (At least 19 yrs old)

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

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

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENACTRA	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAX HIB SUSP	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 13	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
ENGRIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	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
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	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)
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX IM 720 EL U/0.5ML	0	AL(At least 19 yrs old)
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX 1440 EL U/ML	0	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IPOLE	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXCHIQ	0	AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	0	AL(At least 19 yrs old)
			JYNNEOS	0	AL(At least 19 yrs old)
			M-M-R II SOLR	0	AL(At least 19 yrs old)
			MODERNA COVID-19 BIVAL 6M-5Y	0	
			MODERNA COVID-19 BIVALENT	0	
			MODERNA COVID-19 VAC 6M-11Y SUSP	0	
			MODERNA COVID-19 VAC 6M-11Y SUSY	0	
			MODERNA COVID-19 VACCINE SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID-19 VACCINE SUSP	0		SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	0		SPIKEVAX SUSP	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0		SPIKEVAX SUSY	0	
PFIZER COVID-19 VAC BIVAL 5-11	0		STAMARIL SUSR	0	AL(At least 19 yrs old)
PFIZER COVID-19 VAC BIVALENT	0		TICOVAC	0	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0		TWINRIX SUSY	0	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0		VAQTA	0	AL(At least 19 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0		VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	0		YF-VAX INJ	0	AL(At least 19 yrs old)
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
PRIORIX SUSR	0	AL(At least 19 yrs old)	Spermicides		
PROQUAD SUSR	0	AL(At least 19 yrs old)	ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
RABAVERT	0	AL(At least 19 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	2	
ROTARIX SUSP	0	AL(At least 19 yrs old)	Vaginal Anti-infectives		
ROTARIX SUSR	0	AL(At least 19 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 GM per fill retail)
ROTATEQ SOLN	0	AL(At least 19 yrs old)	CLINDESSE	2	
			<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)	Circulation Conditions		
<i>metronidazole vaginal</i>	1		Anaphylaxis Therapy Agents		
MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)	AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
MONISTAT 3 CREA	2	QL(15 GM daily)	<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	
NUVESSA	2		EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)	EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)	NEFFY SOLN NA	2	
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)	<i>droxidopa</i>	1	SP; PA
VANDAZOLE	NP	QL(70 GM per fill retail)	Vasopressors		
XACIATO GEL	NP		<i>midodrine hcl</i>	1	
Vaginal Anti-inflammatory Agents			VITAMINS		
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)	Oil Soluble Vitamins		
Vaginal Estrogens			<i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol CAPS</i>	1	
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 EA daily)
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					

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
<i>ergocalciferol CAPS</i>	1	
KEY-E CHEW	2	QL(2 EA daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD PO 125 MCG/ML	2	
<i>vitamin e CAPS</i>	1	QL(2 EA daily)
VITAMIN E CAPS	2	QL(2 EA daily)
VITAMIN E CHEW	2	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
B-1 TABS	2	QL(2.94 EA daily)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 EA daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)

INDEX

1ST TIER UNILET COMFORTOUCH62	ACCULA SARS-COV-250	ACIDOPHILUS/GOAT MILK CAPS 18
abacavir sulfate SOLN34	ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)26	ACTHAR GEL53
abacavir sulfate TABS34	ACCUTREND PLUS62	ACTHIB SOLR IM91
abacavir sulfate-lamivudine34	ACE AEROSOL CLOUD ENHANCER MISC71	ACTI-LANCE 28G62
ABILIFY ASIMTUFII PRSY34	acebutolol hcl CAPS37	ACTI-LANCE LITE LANCETS 28G 62
ABILIFY MAINTENA PRSY34	acetaminophen CHEW6	ACTI-LANCE SPECIAL LANCETS 17G62
ABILIFY MAINTENA SRER34	acetaminophen ELIX6	ACTI-LANCE UNIVERSAL 23G ..62
ABILIFY MYCITE MAINTENANCE KIT34	acetaminophen LIQD 160 MG/5ML .6	ACTIMMUNE 100 MCG/0.5ML31
ABILIFY MYCITE STARTER KIT .34	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML6	ACTIPHLOA CAPS18
abiraterone acetate29	acetaminophen SUPP 120 MG, 650 MG6	ACTIVITY POUCH MISC71
ABRILADA (1 PEN) AJKT3	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML6	acyclovir CAPS37
ABRILADA (2 PEN) AJKT3	acetaminophen TABS 325 MG, 500 MG6	acyclovir SUSP37
ABRILADA (2 SYRINGE) PSKT3	acetaminophen w/ codeine SOLN ..7	acyclovir TABS PO 400 MG37
ABRYSVO92	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG7	acyclovir TABS PO 800 MG37
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)44	acetazolamide CP1252	acyclovir topical CREA46
ACAM200092	acetazolamide TABS52	acyclovir topical OINT46
acamprosate calcium87	acetic acid (otic)85	ADACEL SUSP89
acarbose16	acetylcysteine SOLN44	ADALIMUMAB-AACF (2 PEN) AJKT . 3
ACCU-CHEK FASTCLIX LANCETS . 62	ACIDOPHILUS HIGH-POTENCY CAPS18	ADALIMUMAB-AACF (2 SYRINGE) PSKT3
ACCU-CHEK GUIDE CONTROL LIQD62	ACIDOPHILUS PEARLS CAPS ...18	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT3
ACCU-CHEK GUIDE KIT62	ACIDOPHILUS PROBIOTIC BLEND CAPS18	ADALIMUMAB-AACF(PS/UV STARTER) AJKT3
ACCU-CHEK GUIDE ME KIT62	ACIDOPHILUS SUPER PROBIOTIC CAPS18	ADALIMUMAB-AATY (1 PEN) AJKT . 3
ACCU-CHEK GUIDE TEST STRP 50		ADALIMUMAB-AATY (2 PEN) AJKT . 3
ACCU-CHEK SAFE-T PRO LANCETS62		ADALIMUMAB-AATY (2 SYRINGE)
ACCU-CHEK SOFTCLIX LANCETS 62		

PSKT	3	ADLARITY PTWK	87	AEROCHAMBER MINI CHAMBER DEVI	71
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	3	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	89	AEROCHAMBER MV MISC	71
ADALIMUMAB-ADAZ SOAJ	3	ADULT AEROSOL MASK MISC ..	71	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	71
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	3	ADULT MASK LARGE MISC	71	AEROCHAMBER PLUS FLO-VU INTERM DEVI	71
ADALIMUMAB-ADAZ SOSY	3	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	AEROCHAMBER PLUS FLO-VU LARGE DEVI	71
ADALIMUMAB-ADBM (2 PEN) AJKT 3		ADVAIR HFA AERO (Use fluticasone-salmeterol)	11	AEROCHAMBER PLUS FLO-VU LARGE MISC	71
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	3	ADVANCED MOBILE LANCET ..	62	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	71
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	3	ADVANCED PROBIOTIC CAPS ..	18	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	71
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	3	ADVANCED PROBIOTIC-14 CAPS 18		AEROCHAMBER PLUS FLO-VU MISC	71
ADALIMUMAB-FKJP (2 PEN) AJKT . 3		ADVATE	57	AEROCHAMBER PLUS FLO-VU SMALL DEVI	71
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	3	ADVIL TABS (Use ibuprofen)	4	AEROCHAMBER PLUS FLO-VU SMALL MISC	71
ADALIMUMAB-RYVK (2 PEN) AJKT . 3		ADVIN COVID-19 ANTIGEN TEST KIT	50	AEROCHAMBER PLUS FLO-VU W/MASK MISC	71
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	3	ADVOCATE ALCOHOL PREP PADS	70	AEROCHAMBER PLUS FLOW VU MISC	71
adapalene CREA	44	ADVOCATE LANCETS	62	AEROCHAMBER PLUS FLOW VU MISC	71
adapalene GEL	44	ADVOCATE LANCETS 30G	62	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	72
ADAPALENE SOLN	44	ADVOCATE SAFETY LANCETS .62		AEROCHAMBER Z-STAT PLUS MISC	72
adapalene-benzoyl peroxide GEL .	44	ADVOCATE SAFETY LANCETS 21G	62	AEROCHAMBER Z-STAT PLUS/LARGE MISC	72
ADBRY SOAJ	49	ADVOCATE SAFETY LANCETS 23G	62	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	72
ADBRY SOSY	49	ADVOCATE SAFETY LANCETS 26G	62	AEROCHAMBER Z-STAT PLUS/LARGE MISC	72
ADCETRIS	29	ADVOCATE SAFETY LANCETS 28G	62	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	72
ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1	ADYNOVATE	57	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	72
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER HOLDING CHAMBER DEVI	71	AEROCHAMBER Z-STAT	

PLUS/SMALL MISC72	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML11	ALOE 10000 & PROBIOTICS CAPS . 19
AEROCHAMBER2GO ANTI-STATIC DEVI72	albuterol sulfate NEBU11	alogliptin benzoate 17
AEROTRACH PLUS MISC 72	ALBUTEROL SULFATE NEBU11	alogliptin-metformin hcl16
AEROVENT PLUS DEVI72	albuterol sulfate SYRP11	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 16
AFLURIA PRESERVATIVE FREE SUSY92	albuterol sulfate TABS 11	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 55
AFLURIA QUADRIVALENT SUSP 92	alclometasone dipropionate CREA 46	
AFLURIA QUADRIVALENT SUSY 0.5 ML92	alclometasone dipropionate OINT .46	alose tron hcl56
AFLURIA SUSP92	ALCOH-GLOVE CONTOURED WIPE 70	ALPHAGAN P (Use brimonidine tartrate)83
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT57	ALCOHOL PADS70	ALPHANATE SOLR57
AGAMATRIX ULTRA-THIN LANCETS 62	ALCOHOL PREP70	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT57
AIMSCO TWIST LANCETS 32G .62	ALCOHOL PREP PADS 70	ALPRAZOLAM INTENSOL CONC 10
AIMSCO TWIST LANCETS 33G .62	ALCOHOL PREP PADS-MISC ... 61	alprazolam TABS 10
AIRDUO DIGIHALER 11	ALCOHOL SWABS70	alprazolam TB2410
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 11	ALCOHOL SWABSTICK70	alprazolam TBDP 10
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 11	ALDURAZYME53	ALPROLIX57
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 11	ALECENSA30	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT57
AIRS PEDIATRIC AEROSOL MASK MISC72	alendronate sodium SOLN52	alum & mag hydrox-simethicone LIQD9
AIRSUPRA 11	alendronate sodium TABS 35 MG, 70 MG 52	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/10ML9
AJOVY SOAJ75	alendronate sodium TABS 5 MG, 10 MG 52	ALUMINUM HYDROXIDE GEL SUSP9
AJOVY SOSY75	ALFERON N31	amantadine hcl CAPS 32
AKLIEF44	alfuzosin hcl56	amantadine hcl SOLN 32
albuterol sulfate AERS11	ALIGN CAPS 10 MG19	
albuterol sulfate NEBU 0.083 % ... 11	ALIGN EXTRA STRENGTH CAPS 18	
	ALL FLOW 1000 PFT FILTER MISC . 72	
	allopurinol 100 MG, 300 MG57	
	almotriptan malate75	

amantadine hcl TABS	32	86	aprepitant CAPS	23	
ambrisentan	39	amoxicillin & pot clavulanate SUSR	aprepitant MISC	23	
amcinonide CREA	46	86	APTIVUS CAPS	34	
amcinonide LOTN	46	amoxicillin & pot clavulanate TABS	AQUALANCE LANCETS 30G	62	
amcinonide OINT	46	125 MG-250 MG	86	AQUORAL SOLN	77
amiloride & hydrochlorothiazide ..	52	amoxicillin & pot clavulanate TABS	ARALAST NP SOLR 500 MG, 1000		
amiloride hcl TABS	52	125 MG-500 MG, 125 MG-875 MG	MG	89	
aminocaproic acid SOLN PO 0.25		86	ARESTIN	77	
GM/ML	59	amoxicillin & pot clavulanate TB12	AREXVY	92	
aminocaproic acid TABS 1000 MG		86	aripiprazole SOLN PO	34	
59		amoxicillin CAPS	aripiprazole TABS	34	
aminocaproic acid TABS 500 MG .	59	86	aripiprazole TBDP	34	
amiodarone hcl TABS 200 MG	10	amoxicillin SUSR	ARISTADA 441 MG/1.6ML, 662		
amitriptyline hcl TABS	15	86	MG/2.4ML, 882 MG/3.2ML	34	
AMJEVITA SOAJ	4	amoxicillin TABS 875 MG	ARMONAIR DIGIHALER	11	
AMJEVITA SOSY	4	1	ARMOUR THYROID TABS	89	
AMJEVITA-PED 10KG TO <15KG		amphetaminesulfate TABS	arsenic trioxide 12 MG/6ML	31	
SOSY	3	1	ARZERRA	29	
AMJEVITA-PED 15KG TO <30KG		amphetamines-dextroamphetamine	ascorbic acid TABS	96	
SOSY	3	CP24 12.5 MG, 25 MG, 37.5 MG, 50	ASMANEX (120 METERED DOSES)		
amlodipine besylate TABS	38	MG	AEPB	11	
amlodipine besylate-atorvastatin		1	ASMANEX (14 METERED DOSES)		
calcium	38	amphetamines-dextroamphetamine	AEPB	11	
amlodipine besylate-benazepril hcl		CP24 5 MG, 10 MG, 15 MG, 20 MG,	ASMANEX (30 METERED DOSES)		
26		25 MG, 30 MG	AEPB	11	
amlodipine besylate-olmesartan		1	ASMANEX (60 METERED DOSES)		
medoxomil	26	TABS	AEPB	11	
amlodipine besylate-valsartan	26	ampicillin CAPS 500 MG	aspirin buffered (cal carb-mag carb-		
amlodipine-valsartan-		86	mag oxide)	6	
hydrochlorothiazide	26	anastrozole	aspirin CHEW	6	
AMONDYS 45	81	29	ASPIRIN SUPP 300 MG	6	
amoxapine	15	ANDEXXA 200 MG	aspirin TABS 325 MG	6	
amoxicillin & pot clavulanate CHEW .		23			
		ANUSOL-HC EX (Use			
		hydrocortisone (rectal))			
		8			
		APLIGRAF DISK			
		50			
		APOKYN SOCT			
		32			
		apomorphine hydrochloride SOCT			
		32			
		APONVIE EMUL			
		23			
		APO-VARENICLINE TABS			
		88			
		apraclonidine hcl			
		83			

aspirin TBEC 81 MG, 325 MG 6	atropine sulfate (ophthalmic) SOLN 83	azithromycin SUSR 100 MG/5ML . 61
aspirin-dipyridamole58		azithromycin SUSR 200 MG/5ML . 61
ASPRUZYO SPRINKLE PACK 9	ATROPINE SULFATE SOLN 1 % .83	azithromycin TABS 250 MG 61
ASSURE COMFORT LANCETS 28G62	ATROVENT HFA10	azithromycin TABS 500 MG 61
	AUM ALCOHOL PREP PADS 70	azithromycin TABS 600 MG 61
ASSURE HAEMOLANCE PLUS HIGH62	AURORA LANCET SUPER THIN 30G62	AZSTARYS2
ASSURE HAEMOLANCE PLUS LOW62	AURORA LANCET THIN 23G 62	b complex w/ c CAPS78
ASSURE HAEMOLANCE PLUS MICRO62	AUSTEDO TABS88	B-1 TABS96
ASSURE HAEMOLANCE PLUS NORMAL62	AUSTEDO XR PATIENT TITRATION TEPK87	BACICAP CAPS 19
ASSURE HAEMOLANCE PLUS PED62	AUSTEDO XR PATIENT TITRATION TEPK88	BACID CAPS19
ASSURE LANCE LANCETS62	AUSTEDO XR TB2488	bacitracin (topical) OINT45
ASSURE LANCE LANCETS 21G .62	AUVELITY14	bacitracin zinc OINT 45
ASSURE LANCE PLUS SAFETY 25G62	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML95	bacitracin-polymyxin b (ophth)83
ASSURE LANCE PLUS SAFETY 30G62	AUVI-Q SOAJ 0.3 MG/0.3ML95	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML79
ASSURE LANCE SAFETY LANCET 28G62	AVASTIN29	baclofen SOLN PO 10 MG/5ML ... 79
ASTAGRAF XL CP2476	AVEED SOLN8	baclofen SOLN PO 5 MG/5ML 79
atazanavir sulfate CAPS34	AVONEX PEN AJKT88	baclofen SUSP79
atenolol & chlorthalidone26	AVONEX PREFILLED PSKT88	baclofen TABS 10 MG, 20 MG 79
atenolol TABS37	azacitidine SUSR28	baclofen TABS 15 MG79
ATGAM76	azathioprine TABS 50 MG76	baclofen TABS 5 MG 79
atomoxetine hcl1	azathioprine TABS 75 MG, 100 MG 76	BAFIERTAM88
ATORVALIQ SUSP25	AZEDRA DOSIMETRIC31	balsalazide disodium CAPS 55
atorvastatin calcium TABS25	AZEDRA THERAPEUTIC31	BAQSIMI ONE PACK POWD16
ATRALIN GEL (Use tretinoin) 44	azelastine hcl (ophth) 84	BAQSIMI TWO PACK POWD 16
atropine sulfate (ophthalmic) OINT 83	azelastine hcl80	BCG VACCINE91
	azelastine hcl-fluticasone propionate SUSP80	b-complex vitamins CAPS 78
		b-complex vitamins TABS 78
		b-complex w/ c & folic acid CAPS . 78
		b-complex w/ c & folic acid TABS .78

BD AUTOSHIELD DUO71	BENEFIX KIT 57	betaxolol hcl (ophth) SOLN82
BD GLUCOSE CHEW 16	BENLYSTA SOLR 77	betaxolol hcl37
BD LANCET ULTRAFINE 30G ... 63	BENZNIDAZOLE 9	bethanechol chloride91
BD LANCET ULTRAFINE 33G ... 63	benzonatate 100 MG 43	BETHKIS NEBU (Use tobramycin) . 2
BD MICROTAINER LANCETS ... 63	benzonatate 200 MG 43	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 83
BD PEN NEEDLE MICRO ULTRAFINE71	benzoyl peroxide GEL 2.5 %, 5 %, 10 % 44	BEVACIZUMAB IZ 2.75 MG/0.11ML . 83
BD PEN NEEDLE MINI ULTRAFINE71	BENZOYL PEROXIDE GEL 44	BEVESPI AEROSPHERE11
BD PEN NEEDLE NANO 2ND GEN . 71	benzoyl peroxide LIQD 5 %, 10 % .44	bexarotene (topical)45
BD PEN NEEDLE NANO ULTRAFINE71	benzoyl peroxide LOTN 5 %, 10 % 44	bexarotene 31
BD PEN NEEDLE ORIG ULTRAFINE71	BENZOYL PEROXIDE LOTN 5 % .44	BEXSERO 0.5 ML 91
BD PEN NEEDLE SHORT ULTRAFINE71	benztropine mesylate TABS32	BEYFORTUS86
BD PEN NEEDLES71	BERINERT KIT58	bicalutamide30
BD SWAB SINGLE USE REGULAR 70	betaine53	BIKTARVY 120 MG-30 MG-15 MG 34
BD VERITOR SYSTEM SARS-COV- 2 50	betamethasone dipropionate (topical) CREA 46	BIKTARVY 200 MG-50 MG-25 MG 34
BELEODAQ 30	betamethasone dipropionate (topical) OINT 46	BILAC CAPS19
BELRAPZO SOLN28	betamethasone dipropionate augmented CREA47	bimatoprost SOLN 85
BENADRYL ALLERGY EXTRA STR TABS24	betamethasone dipropionate augmented GEL 0.05 % 47	BIMZELX SOAJ 160 MG/ML 46
benazepril & hydrochlorothiazide .26	betamethasone dipropionate augmented LOTN47	BIMZELX SOAJ 320 MG/2ML46
benazepril hcl 40 MG25	betamethasone dipropionate augmented OINT47	BIMZELX SOSY 160 MG/ML46
benazepril hcl 5 MG, 10 MG, 20 MG . 25	betamethasone dipropionate augmented LOTN47	BIMZELX SOSY 320 MG/2ML46
BENDAMUSTINE HCL SOLN28	betamethasone valerate CREA ...47	BINAXNOW COVID-19 AG CARD 50
bendamustine hcl SOLR28	betamethasone valerate FOAM ... 47	BINAXNOW COVID-19 AG HOME TEST KIT51
BENDEKA SOLN28	betamethasone valerate LOTN47	BIOHM PROBIOTIC SUPPLEMENT CAPS19
	betamethasone valerate OINT47	BIOHM PROBIOTIC/VITAMIN C CAPS19

BIO-KULT CAPS19	BREATHE COMFORT CHAMBER/ADULT DEVI72	brompheniramine & pseudoeph ELIX 43
BIOTENE DRY MOUTH MOIST SPRAY SOLN77	BREATHE COMFORT CHAMBER/CHILD DEVI72	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 43
BIOTHRAX91	BREATHE EASE LARGE DEVI ... 72	BUBBLES THE FISH II PEDI MASK MISC 72
BIOZEN CAPS19	BREATHE EASE MEDIUM DEVI ..72	budesonide (inhalation) SUSP11
bisacodyl SUPP61	BREATHE EASE NEB MASK/CHILD MISC 72	budesonide TB24 42
bisacodyl TBEC61	BREATHE EASE NEB MASK/INFANT MISC 72	budesonide-formoterol fumarate dihydrate11
bismuth subsalicylate CHEW 262 MG19	BREATHE EASE SMALL DEVI72	bumetanide TABS 52
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML19	BREATHERITE VALVED MDI CHAMBER DEVI72	BUPHENYL POWD (Use sodium phenylbutyrate) 53
bisoprolol & hydrochlorothiazide ..26	BREO ELLIPTA 11	BUPHENYL TABS (Use sodium phenylbutyrate) 53
bisoprolol fumarate37	BREZTRI AEROSPHERE11	buprenorphine hcl SUBL 8
bisoprolol fumarate 2.5 MG37	BRIDION SOLN23	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ... 7
BIVIGAM SOLN85	BRILINTA 60 MG, 90 MG (Use ticagrelor) 58	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG 7
BLINCYTO 29	brimonidine tartrate 0.1 %, 0.15 % 83	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 8
BONJESTA TBCR23	brimonidine tartrate 0.2 % 83	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7
BONSITY SOPN 560 MCG/2.24ML 52	brimonidine tartrate-timolol maleate . 82	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG 8
BOOSTRIX SUSP 89	BRIUMVI88	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG 8
BOOSTRIX SUSY 89	BRIVIACT SOLN IV 50 MG/5ML .. 13	buprenorphine PTWK 8
bortezomib SOLR IJ 30	BRIXADI (WEEKLY) SOSY7	bupropion hcl (smoking deterrent) 88
BORTEZOMIB SOLR IV 3.5 MG .. 30	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML7	bupropion hcl TABS14
bosentan TABS39	bromfenac sodium (ophth)84	bupropion hcl TB12 100 MG14
BOSULIF TABS 100 MG, 500 MG .30	bromocriptine mesylate CAPS32	bupropion hcl TB12 150 MG14
BOTOX IJ82	bromocriptine mesylate TABS 2.5 MG 32	bupropion hcl TB12 200 MG14
BPROTECTED PEDIA POLY-VITE SOLN PO79	brompheniramine & phenyleph ELIX . 43	
BPROTECTED PEDIA POLY- VITE/FE SOLN78		
BRAFTOVI 75 MG30		

bupropion hcl TB24 150 MG14	TABS56	carbamazepine SUSP 13
bupropion hcl TB24 300 MG14	CALCIUM ACETATE76	carbamazepine TABS13
bupropion hcl TB24 450 MG14	calcium carbonate (antacid) CHEW 500 MG9	carbamazepine TB12 13
buspirone hcl9	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG76	carbamide peroxide (otic) 6.5 % ...85
butalbital-acetaminophen TABS 50 MG-325 MG5	calcium polycarbophil TABS60	CARBATROL CP12 (Use carbamazepine)13
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 5	CAMCEVI30	carbidopa32
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG5	camphor & menthol LOTN46	carbidopa-levodopa TABS32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG7	CANASA SUPP (Use mesalamine) 55	carbidopa-levodopa TBCR 32
butalbital-aspirin-caffeine CAPS 5	candesartan cilexetil26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML28
butalbital-aspirin-caffeine w/cod7	candesartan cilexetil- hydrochlorothiazide26	CAREONE LANCET SUPER THIN 30G63
BUTRANS PTWK (Use buprenorphine)8	capecitabine28	CAREONE LANCET THIN 23G ...63
CABOMETYX TABS30	CAPEX SHAM47	CARESENS LANCETS63
caffeine citrate SOLN PO 1	CAPHOSOL SOLN77	CARESENS LANCETS 30G63
calcipotriene CREA46	CAPLYTA33	CARESTART COVID-19 HOME TEST KIT51
CALCIPOTRIENE FOAM46	CAPRELSA30	CARETOUCH ALCOHOL PREP ..70
calcipotriene OINT46	capsaicin CREA 0.025 %, 0.075 % 49	CARETOUCH SAFETY LANCETS 63
calcipotriene SOLN46	capsaicin CREA 0.035 %49	CARETOUCH SAFETY LANCETS 26G63
calcipotriene-betamethasone dipropionate OINT47	capsaicin CREA 0.1 %49	CARETOUCH TWIST LANCETS 28G63
calcipotriene-betamethasone dipropionate SUSP47	captopril & hydrochlorothiazide ...26	CARETOUCH TWIST LANCETS 30G63
calcitonin (salmon) IJ52	captopril25	CARETOUCH TWIST LANCETS 33G63
calcitonin (salmon) NA52	CARAC CREA45	CARETOUCH TWIST MC LANCETS 30G63
calcitriol CAPS53	CARBAGLU (Use carglumic acid) 53	carglumic acid53
calcium acetate (phosphate binder) CAPS56	carbamazepine CHEW 100 MG ...13	carisoprodol TABS 250 MG79
calcium acetate (phosphate binder)	carbamazepine CHEW 200 MG ...13	
	carbamazepine CP1213	

carisoprodol TABS 350 MG79	cephalexin SUSR39	chlorzoxazone TABS 250 MG, 375 MG, 750 MG79
carteolol hcl (ophth)83	CEPROTIN58	chlorzoxazone TABS 500 MG79
carvedilol 25 MG37	CEQUA SOLN84	CHOLBAM55
carvedilol 3.125 MG, 6.25 MG, 12.5 MG37	CERDELGA58	cholecalciferol CAPS 1.25 MG, 50000 UNIT95
carvedilol phosphate37	CEREZYME 400 UNIT58	cholecalciferol CAPS 125 MCG, 5000 UNIT95
CASGEVY58	cetirizine hcl CAPS24	cholecalciferol CAPS95
CASTIVA WARMING LOTN49	cetirizine hcl CHEW24	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML96
CAYSTON27	cetirizine hcl SOLN PO24	cholestyramine light PACK25
cefaclor CAPS39	cetirizine hcl SYRP PO24	cholestyramine light POWD25
CEFACLOR ER TB1239	cetirizine hcl TABS24	cholestyramine PACK25
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML39	CETRAXAL (Use ciprofloxacin hcl (otic))85	cholestyramine POWD25
cefadroxil CAPS39	CHANTIX STARTING MONTH PAK TBPk (Use varenicline tartrate) ...88	CHORIONIC GONADOTROPIN IM 53
cefadroxil SUSR39	CHEMET22	CHOSEN LANCETS 30G63
cefadroxil TABS39	CHEMSTRIP K STRP51	CHOSEN SAFETY LANCETS 28G 63
cefdinir CAPS39	chenodiol55	CIBINQO49
cefdinir SUSR39	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)5	ciclopirox SOLN45
cefixime CAPS39	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)5	cilostazol58
cefixime SUSR39	chlordiazepoxide hcl CAPS10	cimetidine TABS 200 MG90
cefpodoxime proxetil SUSR39	chlorhexidine gluconate (mouth- throat)77	cimetidine TABS 300 MG, 400 MG 90
cefpodoxime proxetil TABS39	chloroquine phosphate TABS 250 MG27	cimetidine TABS 800 MG90
cefprozil SUSR39	chloroquine phosphate TABS 500 MG27	cinacalcet hcl53
cefprozil TABS39	chlorpheniramine maleate SYRP ..24	CINQAIR10
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG39	chlorpheniramine maleate TABS ..24	CINRYZE SOLR IV58
cefuroxime axetil TABS39	chlorpromazine hcl TABS34	CIPRO SUSR55
celecoxib5	chlorthalidone 25 MG, 50 MG52	CIPRODEX (Use ciprofloxacin-

dexamethasone)85	63	clobetasol propionate SOLN 0.05 % .47
ciprofloxacin hcl (ophth) SOLN83	clindamycin hcl 150 MG, 300 MG .27	clocortolone pivalate47
ciprofloxacin hcl (otic)85	clindamycin palmitate hydrochloride .27	CLODAN47
ciprofloxacin hcl TABS 100 MG ...55	clindamycin phosphate (topical) GEL 44	CLODERM (Use clocortolone pivalate)47
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG55	clindamycin phosphate (topical) LOTN44	clomipramine hcl15
ciprofloxacin-dexamethasone85	clindamycin phosphate (topical) SOLN44	clonazepam TABS13
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML28	clindamycin phosphate vaginal CREA94	clonazepam TBDP13
CISPLATIN SOLR28	clindamycin phosphate-benzoyl peroxide (refrigerate)44	clonidine hcl (adhd) TB121
CITALOPRAM HYDROBROMIDE CAPS15	clindamycin phosphate-benzoyl peroxide GEL44	clonidine hcl TABS26
citalopram hydrobromide SOLN ...15	clindamycin phosphate-tretinoin ..44	clopidogrel bisulfate 300 MG58
citalopram hydrobromide TABS ...15	CLINDESSE94	clopidogrel bisulfate 75 MG58
cladribine 10 MG/10ML28	CLINITEST RAPID COVID-19 TEST KIT51	clorazepate dipotassium TABS10
clarithromycin SUSR61	clobazam SUSP13	clotrimazole (topical) CREA45
clarithromycin TABS61	clobazam TABS13	clotrimazole (topical) SOLN45
clarithromycin TB2461	clobetasol propionate CREA 0.05 % .47	clotrimazole vaginal CREA 1 % ...94
CLEANLET LANCETS 28G63	clobetasol propionate emollient base 0.05 %47	clotrimazole vaginal CREA 2 % ...94
CLEARDETECT COVID-19 AG HOME KIT51	clobetasol propionate emulsion ...47	clotrimazole w/ betamethasone CREA45
clemastine fumarate TABS 1.34 MG .24	clobetasol propionate FOAM47	clotrimazole w/ betamethasone LOTN45
CLEVER CHEK LANCETS63	clobetasol propionate GEL 0.05 % 47	clozapine TABS33
CLEVER CHOICE COMFORT EZ 63	clobetasol propionate LIQD47	clozapine TBDP33
CLEVER CHOICE HOLDING CHAMBER DEVI72	clobetasol propionate LOTN47	CO MONITOR REPLACEMENT PIECES MISC72
CLEVER CHOICE LANCETS 21G 63	clobetasol propionate OINT 0.05 % 47	COAGADDEX57
CLEVER CHOICE LANCETS 23G 63	clobetasol propionate SHAM47	COAGUCHEK LANCETS63
CLEVER CHOICE LANCETS 28G		coal tar extract SHAM 0.5 %50

COBAS LIAT SARS-COV-2 CONTROL	51	COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SOSY	46
COBENFY CAPS	34	COMFORT TOUCH TWIST LANCET 30G	63	COSENTYX UNOREADY SOAJ ..	46
COBENFY STARTER PACK CPPK 34		COMIRNATY SUSP	92	cosyntropin SOLR	50
codeine sulfate TABS 30 MG	6	COMIRNATY SUSY	92	COTELLIC	30
CODEINE SULFATE TABS	6	COMPACT SPACE CHAMBER DEVI	72	COVID-19 AT HOME ANTIGEN TEST KIT	51
colchicine TABS	57	COMPACT SPACE CHAMBER/LG MASK DEVI	72	COVID-19 AT-HOME TEST KIT ...	51
colchicine w/ probenecid	57	COMPACT SPACE CHAMBER/MED MASK DEVI	72	COVID-19 OTC ANTIGEN 1-PACK KIT	51
colestipol hcl GRAN	25	COMPACT SPACE CHAMBER/SM MASK DEVI	72	COVID-19 OTC ANTIGEN 2-PACK KIT	51
colestipol hcl TABS	25	COMPLETE PROBIOTIC PEARLS CAPS	19	CREON CPEP	52
COMBIGAN (Use brimonidine tartrate-timolol maleate)	83	CONCERTA TBCR (Use methylphenidate hcl)	2	CRINONE GEL	95
COMBIPATCH PTTW	54	CONDOMS-MISC	62	cromolyn sodium (nasal) 5.2 MG/ACT	80
COMBIVENT RESPIMAT AERS ..	11	CONJUPRI (Use levamlodipine maleate)	38	cromolyn sodium (ophth)	84
COMBIVIR (Use lamivudine-zidovudine)	34	CONZIP CP24 (Use tramadol hcl) ..	6	cromolyn sodium NEBU	10
COMETRIQ (100 MG DAILY DOSE) KIT	30	COPAXONE SOSY (Use glatiramer acetate)	88	CRYSVITA	53
COMETRIQ (140 MG DAILY DOSE) KIT	30	CORIFACT	57	CTEXLI 250 MG	55
COMETRIQ (60 MG DAILY DOSE) KIT	30	CORTISONE ACETATE TABS ...	42	CULTURELLE ADULT ULT BALANCE CAPS	22
COMFORT ASSURED LANCETS 28G	63	CORTROPHIN GEL	53	CULTURELLE BLOATING & GAS DEF CAPS	19
COMFORT ASSURED LANCETS 33G	63	COSENTYX (300 MG DOSE) SOSY .	46	CULTURELLE DIGESTIVE DAILY CAPS	22
COMFORT LANCETS	63	COSENTYX SENSOREADY (300 MG) SOAJ	46	CULTURELLE DIGESTIVE DAILY PRO CAPS	22
COMFORT TOUCH ALCOHOL PREP	70	COSENTYX SENSOREADY PEN SOAJ	46	CULTURELLE DIGESTIVE HEALTH CAPS	22
COMFORT TOUCH LANCETS 31G .	63	COSENTYX SOLN	46	CULTURELLE DIGESTIVE HEALTH CHEW	22
COMFORT TOUCH PLUS LANCETS 28G	63			CULTURELLE HEALTH (INULIN) CAPS	22
				CULTURELLE IMMUNE DEFENSE	

CAPS	19	CVS LANCETS THIN 26G	63	CYLTEZO (2 SYRINGE) PSKT	4
CULTURELLE KID PROBIOTIC+FIBER PACK	19	CVS LANOLIN CREA	49	CYLTEZO-CD/UC/HS STARTER AJKT	4
CULTURELLE KIDS CHEW	19	CVS MOOD SUPPORT PROBIOTIC CAPS	19	CYLTEZO-PSORIASIS/UV STARTER AJKT	4
CULTURELLE KIDS PACK	19	CVS PREP	70	CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)	15
CULTURELLE KIDS PURELY CHEW	19	CVS PROBIOTIC ADULT 50+ CAPS 19		CYMBALTA CPEP 60 MG (Use duloxetine hcl)	15
CULTURELLE KIDS PURELY PACK 19		CVS PROBIOTIC CAPS	19	cyproheptadine hcl SYRP	24
CULTURELLE METABOLISM- WEIGHT CAPS	19	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	19	cyproheptadine hcl TABS	24
CULTURELLE PROBIOTICS KIDS PACK	19	CVS PROBIOTIC PEARLS EX ST CAPS	19	CYRAMZA	29
CULTURELLE PRO-WELL CAPS .	19	CVS SENIOR PROBIOTIC CAPS .	19	CYSTAGON CAPS	56
CULTURELLE ULTIMATE STRENGTH CAPS	22	CVS SOFT GLUCOSE CHEW	16	CYSTARAN	84
CURITY ALCOHOL PREPS	70	CVS ULTRA THIN LANCETS	63	cytarabine SOLN	28
CUVITRU SOLN	85	cyanocobalamin SOLN IJ 1000 MCG/ML	58	CYTOGAM SOLN	85
CVS ADULT 50+ PROBIOTIC CAPS 19		cyclobenzaprine hcl CP24	79	dabigatran etexilate mesylate CAPS . 13	
CVS ADULT PROBIOTIC CAPS ..	19	cyclobenzaprine hcl TABS 5 MG, 10 MG	79	DAILY DIGESTIVE PROBIOTIC CAPS	19
CVS ALCOHOL PREP PADS	70	cyclobenzaprine hcl TABS 7.5 MG	79	DAILY PROBIOTIC CAPS	19
CVS COVID-19 AT HOME TEST KIT KIT	51	CYCLOGYL 0.5 %	83	DAILY ULTIMATE PROBIOTIC-14 CAPS	19
CVS DAILY PROBIOTIC CAPS ...	19	cyclopentolate hcl 1 %	83	dalfampridine	88
CVS DAILY PROBIOTIC CHILDRENS PACK	19	cyclophosphamide CAPS 50 MG ..	28	dantrolene sodium CAPS	80
CVS DIGESTIVE PROBIOTIC CAPS	19	CYCLOPHOSPHAMIDE TABS	28	dapagliflozin propanediol	18
CVS DRY MOUTH SOLN	77	cyclosporine (ophth) EMUL	84	dapsone	27
CVS EVERYDAY CARE PROBIOTIC CAPS	19	cyclosporine CAPS	76	DAPTACEL	89
CVS GLUCOSE CHEW	16	cyclosporine modified (for microemulsion) CAPS	76	DARAPRIM (Use pyrimethamine)	28
CVS LANCETS ORIGINAL	63	cyclosporine modified (for microemulsion) SOLN	76	darifenacin hydrobromide	91
		cyclosporine SOLN IV 50 MG/ML .	76	darunavir TABS	34
		CYLTEZO (2 PEN) AJKT	4	DARZALEX	29

dasatinib	31	NA	54	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	43
daunorubicin hcl SOLN 50 MG/10ML 30		desmopressin acetate spray	54	dexamethasone SOLN	43
DAURISMO	29	desmopressin acetate spray refrigerated 0.01 %	54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	43
DAYHIST ALLERGY 12 HOUR RELIEF TABS	24	desmopressin acetate TABS	54	dexchlorpheniramine maleate SOLN . 24	
decitabine	28	desogestrel & ethinyl estradiol	40	dexmedetomidine hcl in sodium chloride SOLN	60
deferasirox PACK	22	desogestrel-ethinyl estradiol (biphasic)	40	dexmedetomidine hcl SOLN 200 MCG/2ML	60
deferasirox TABS	22	desogestrel-ethinyl estradiol (triphasic)	40	dexmethylphenidate hcl CP24	2
deferasirox TBSO	22	desonide CREA	47	dexmethylphenidate hcl TABS	2
deferiprone TABS	22	desonide LOTN	47	dexrazoxane hcl	31
deferoxamine mesylate	23	desonide OINT	47	DEXTENZA INST	84
DEFITELIO	58	desoximetasone CREA 0.05 % ...	47	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
deflazacort SUSP	42	desoximetasone CREA 0.25 % ...	47	dextroamphetamine sulfate CP24 5 MG	1
deflazacort TABS	42	desoximetasone GEL	47	dextroamphetamine sulfate SOLN ..	1
DEFLUX	57	desoximetasone LIQD	47	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
DELSTRIGO	34	desoximetasone OINT	47	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DENAVIR (Use penciclovir)	46	DESTRESS-IRON TABS	78	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	43
DENGVAIXA	92	DESVENLAFAXINE ER	15	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	43
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	14	desvenlafaxine succinate 100 MG .	15	DHIVY TABS	32
DEPO-SUBQ PROVERA 104 SUSY SC	42	desvenlafaxine succinate 25 MG, 50 MG	15	DIATHRIVE LANCET ULTRA THIN 30	63
DERMACINRX PROBISOL CAPS .	19	dexamethasone ELIX	43	DIATHRIVE LANCETS	63
DERMACINRX PROBITRAN CAPS 19		DEXAMETHASONE INTENSOL CONC	42		
DESCOVY 120 MG-15 MG	34	dexamethasone sodium phosphate (ophth)	84		
DESCOVY 200 MG-25 MG	34	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	42		
desipramine hcl TABS	15	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	42		
desloratadine TBDP	24				
desmopressin acetate SOLN IJ ...	54				
DESMOPRESSIN ACETATE SOLN					

DIATRUST COVID-19 HOME TEST KIT	51	SUPPORT CAPS	19	dimethyl fumarate CPDR	88
diazepam CONC	10	DIGESTIVE ADV MULTI-STRAIN CAPS	19	diphenhydramine hcl (sleep) CAPS 60	
DIAZEPAM SOAJ	10	DIGESTIVE ADV+BOWEL SUPPORT CAPS	20	diphenhydramine hcl (sleep) LIQD 60	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10	DIGESTIVE ADV+GAS DEFENSE CAPS	20	diphenhydramine hcl (sleep) TABS 25 MG	60
DIAZEPAM SOLN IJ 5 MG/ML	10	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	20	diphenhydramine hcl (sleep) TABS 50 MG	60
diazepam SOLN PO 5 MG/5ML ...	10	DIGESTIVE ADVANTAGE CAPS .	20	diphenhydramine hcl (sleep) TBDP 60	
diazepam TABS	10	digoxin SOLN PO 0.05 MG/ML	38	diphenhydramine hcl CAPS	24
diazoxide	16	digoxin TABS 125 MCG, 250 MCG 38		diphenhydramine hcl ELIX 12.5 MG/5ML	24
dibucaine	49	dihydroergotamine mesylate SOLN NA 4 MG/ML	75	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	24
diclofenac potassium TABS 50 MG .5		DILANTIN (Use phenytoin sodium extended)	14	diphenhydramine hcl TABS 25 MG 24	
diclofenac sodium (ophth)	84	DILANTIN INFATABS CHEW (Use phenytoin)	14	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG	60
diclofenac sodium (topical) GEL EX 45		diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	38	diphenoxylate w/ atropine LIQD ...	22
diclofenac sodium TB24	5	diltiazem hcl coated beads CP24 240 MG	38	diphenoxylate w/ atropine TABS ...	22
diclofenac sodium TBEC	5	diltiazem hcl coated beads CP24 360 MG	38	dipyridamole	58
dicloxacillin sodium	86	diltiazem hcl CP12	38	disopyramide phosphate CAPS ...	10
dicyclomine hcl CAPS	90	diltiazem hcl CP24 120 MG, 240 MG 38		disulfiram 250 MG	87
dicyclomine hcl SOLN PO	90	diltiazem hcl CP24 180 MG	38	divalproex sodium CSDR	14
dicyclomine hcl TABS	90	diltiazem hcl extended release beads	38	divalproex sodium TB24	14
DIFFERIN CREA (Use adapalene) 44		diltiazem hcl TABS	38	divalproex sodium TBEC	14
DIFFERIN GEL 0.3 % (Use adapalene)	44	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	38	docetaxel CONC 160 MG/8ML	32
DIFFERIN LOTN	44	dimethyl fumarate CDPK	88	DOCETAXEL CONC 160 MG/8ML 32	
diflorasone diacetate CREA	47			DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	32
diflorasone diacetate OINT	47				
diflunisal TABS	6				
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	19				
DIGESTIVE ADV LACTOSE					

docetaxel SOLN	32	doxycycline hyclate TABS 100 MG 89	300 MG/2ML	49
DOCIVYX SOLN	32		dutasteride	56
docusate sodium CAPS 100 MG, 250 MG	61	doxylamine succinate (sleep)	dutasteride-tamsulosin hcl	56
docusate sodium CAPS 50 MG ...	61	doxylamine-pyridoxine TBEC	DYANA VEL XR TBCR	1
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	61	droperidol SOLN 2.5 MG/ML	DYS PORT	82
DOCUSATE SODIUM SYRP	61	DROPLET LANCETS ULTRA THIN 30G	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	61
docusate sodium TABS	61	DROPLET PERSONAL LANCETS 30G	EASIVENT MASK LARGE MISC ..	72
dofetilide	10	DROPSAFE ACTI-LANCE 23G ...	EASIVENT MASK MEDIUM MISC	72
donepezil hydrochloride TABS 23 MG	87	DROPSAFE ALCOHOL PREP ...	EASIVENT MASK SMALL MISC ..	72
donepezil hydrochloride TABS 5 MG, 10 MG	87	drospirenone-ethinyl estradiol	EASIVENT MISC	72
donepezil hydrochloride TBDP	87	drospirenone-ethinyl estradiol- levomefolate calcium	EASY COMFORT ALCOHOL PADS 70	
DOPTelet	58	DROXIA CAPS	EASY COMFORT LANCETS	63
dorzolamide hcl	85	droxidopa	EASY COMFORT LANCETS TWIST TOP	64
DORZOLAMIDE HCL	85	DRUG MART ON-THE-GO LANCET 30G	EASY TOUCH ALCOHOL PREP MEDIUM	70
DORZOLAMIDE HCL-TIMOLOL MAL	83	DRUG MART UNILET LANCETS 28G	EASY TOUCH LANCETS 21G ...	64
dorzolamide hcl-timolol maleate ..	83	DRUG MART UNILET LANCETS 30G	EASY TOUCH LANCETS 23G ...	64
DOVATO	34	DRUG MART UNILET LANCETS 33G	EASY TOUCH LANCETS 26G ...	64
doxazosin mesylate	26		EASY TOUCH LANCETS 28G ...	64
doxepin hcl (sleep)	60	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	EASY TOUCH LANCETS 28G/TWIST	64
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	16		EASY TOUCH LANCETS 30G ...	64
doxepin hcl CAPS 150 MG	16	DULERA 50 MCG/ACT-5 MCG/ACT . 12	EASY TOUCH LANCETS 30G/TWIST	64
doxepin hcl CONC	16	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	EASY TOUCH LANCETS 32G ...	64
doxycycline (monohydrate) CAPS 50 MG, 100 MG	89	duloxetine hcl CPEP 60 MG	EASY TOUCH LANCETS 32G/TWIST	64
doxycycline (monohydrate) TABS 50 MG, 100 MG	89	DUPIXENT SOAJ	EASY TOUCH LANCETS 33G/TWIST	64
doxycycline hyclate CAPS	89	DUPIXENT SOSY 100 MG/0.67ML,	EASY TOUCH SAFETY LANCETS	

21G64	ELEVIDYS 16.5-17.4 KG81	ELEVIDYS 46.5-47.4 KG81
EASY TOUCH SAFETY LANCETS	ELEVIDYS 17.5-18.4 KG81	ELEVIDYS 47.5-48.4 KG81
23G64	ELEVIDYS 18.5-19.4 KG81	ELEVIDYS 48.5-49.4 KG81
EASY TOUCH SAFETY LANCETS	ELEVIDYS 19.5-20.4 KG81	ELEVIDYS 49.5-50.4 KG81
26G64	ELEVIDYS 20.5-21.4 KG81	ELEVIDYS 50.5-51.4 KG81
EASY TOUCH SAFETY LANCETS	ELEVIDYS 21.5-22.4 KG81	ELEVIDYS 51.5-52.4 KG81
28G64	ELEVIDYS 22.5-23.4 KG81	ELEVIDYS 52.5-53.4 KG81
EBASE CONTROLLER KIT MISC .72	ELEVIDYS 23.5-24.4 KG81	ELEVIDYS 53.5-54.4 KG81
econazole nitrate CREA45	ELEVIDYS 24.5-25.4 KG81	ELEVIDYS 54.5-55.4 KG81
ECOTRIN ARTHRTIS PAIN TBEC	ELEVIDYS 25.5-26.4 KG81	ELEVIDYS 55.5-56.4 KG81
(Use aspirin)6	ELEVIDYS 26.5-27.4 KG81	ELEVIDYS 56.5-57.4 KG81
ECOTRIN TBEC (Use aspirin)6	ELEVIDYS 27.5-28.4 KG81	ELEVIDYS 57.5-58.4 KG81
EDURANT34	ELEVIDYS 28.5-29.4 KG81	ELEVIDYS 58.5-59.4 KG81
EDURANT PED PO 2.5 MG34	ELEVIDYS 29.5-30.4 KG81	ELEVIDYS 59.5-60.4 KG81
efavirenz CAPS 200 MG34	ELEVIDYS 30.5-31.4 KG81	ELEVIDYS 60.5-61.4 KG81
efavirenz CAPS 50 MG34	ELEVIDYS 31.5-32.4 KG81	ELEVIDYS 61.5-62.4 KG81
efavirenz TABS34	ELEVIDYS 32.5-33.4 KG81	ELEVIDYS 62.5-63.4 KG81
efavirenz-emtricitabine-tenofovir	ELEVIDYS 33.5-34.4 KG81	ELEVIDYS 63.5-64.4 KG81
disoproxil fumarate34	ELEVIDYS 34.5-35.4 KG81	ELEVIDYS 64.5-65.4 KG81
efavirenz-lamivudine-tenofovir	ELEVIDYS 35.5-36.4 KG81	ELEVIDYS 65.5-66.4 KG81
disoproxil fumarate34	ELEVIDYS 36.5-37.4 KG81	ELEVIDYS 66.5-67.4 KG81
ELAPRASE53	ELEVIDYS 37.5-38.4 KG81	ELEVIDYS 67.5-68.4 KG81
ELELYSO58	ELEVIDYS 38.5-39.4 KG81	ELEVIDYS 68.5-69.4 KG81
ELEPSIA XR TB2413	ELEVIDYS 39.5-40.4 KG81	ELEVIDYS 69.5 KG PLUS81
eletriptan hydrobromide75	ELEVIDYS 40.5-41.4 KG81	ELIDEL (Use pimecrolimus)49
ELEVIDYS 10.0-10.4 KG81	ELEVIDYS 41.5-42.4 KG81	ELIGARD KIT SC 7.5 MG30
ELEVIDYS 10.5-11.4 KG81	ELEVIDYS 42.5-43.4 KG81	ELIGARD SC 22.5 MG, 30 MG, 45
ELEVIDYS 11.5-12.4 KG81	ELEVIDYS 43.5-44.4 KG81	MG30
ELEVIDYS 12.5-13.4 KG81	ELEVIDYS 44.5-45.4 KG81	ELIQUIS DVT/PE STARTER PACK
ELEVIDYS 13.5-14.4 KG81	ELEVIDYS 45.5-46.4 KG81	TBPK12
ELEVIDYS 14.5-15.4 KG81		ELIQUIS TABS12
ELEVIDYS 15.5-16.4 KG81		

ELLA41	35	EPIFOAM FOAM47
ELLENCE SOLN30	EMTRIVA SOLN35	epinastine hcl (ophth)85
ELLUME COVID-19 HOME TEST KIT51	EMVERM CHEW9	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML95
ELMIRON CAPS56	enalapril maleate & hydrochlorothiazide26	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML95
ELOCTATE57	enalapril maleate TABS25	epinephrine (anaphylaxis) SOAJ ..95
eltrombopag olamine PACK 12.5 MG58	ENBREL MINI SOCT5	epinephrine hcl (nasal)80
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG58	ENBREL SOLN5	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))95
EMBECTA AUTOSHIELD DUO ..71	ENBREL SOSY5	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))95
EMBECTA PEN NEEDLE NANO .71	ENBREL SURECLICK SOAJ5	EPIVIR SOLN (Use lamivudine) ...35
EMBECTA PEN NEEDLE NANO 2 GEN71	ENCARE SUPP 100 MG94	EPIVIR TABS 150 MG (Use lamivudine)35
EMBECTA PEN NEEDLE ULTRAFINE71	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML78	EPIVIR TABS 300 MG (Use lamivudine)35
EMBRACE LANCETS ULTRA THIN 30G64	ENERGIX-B SUSP 20 MCG/ML ...92	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML59
EMBRACE PRESSURE ACTIVATED 21G64	ENERGIX-B SUSY92	epoprostenol sodium39
EMBRACE PRESSURE ACTIVATED 28G64	enoxaparin sodium SOLN IJ 300 MG/3ML12	EPRONTIA SOLN 25 MG/ML (Use topiramate)13
EMCYT30	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML12	EPZICOM (Use abacavir sulfate- lamivudine)35
EMGALITY (300 MG DOSE) SOSY 75	enoxaparin sodium SOSY 30 MG/0.3ML12	EQ PROBIOTIC CAPS20
EMGALITY SOAJ75	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML12	EQ PROBIOTIC CPDR20
EMGALITY SOSY75	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML12	EQ SPACE CHAMBER ANTI- STATIC DEVI73
EMPLICITI29	ENTADFI56	EQ SPACE CHAMBER ANTI- STATIC L DEVI72
emtricitabine CAPS34	ENTRESTO CPSP38	EQ SPACE CHAMBER ANTI- STATIC M DEVI72
emtricitabine- rilpivirine-tenofovir disoproxil fumarate34	ENTRESTO TABS38	EQ SPACE CHAMBER ANTI- STATIC S DEVI73
emtricitabine-tenofovir disoproxil fumarate35	ENTYVIO PEN SOAJ55	
EMTRIVA CAPS (Use emtricitabine) .	ENVIVE CAPS20	
	EPCLUSA PACK36	
	EPCLUSA TABS36	

EQL ALCOHOL SWABS	70	escitalopram oxalate TABS	15	EVENITY	52
EQL DAILY PROBIOTIC CAPS ...	20	esomeprazole magnesium CPDR .	90	everolimus (immunosuppressant) .	76
EQL DRY MOUTH ORAL RINSE SOLN	77	esomeprazole magnesium PACK .	90	everolimus TABS	31
EQL PROBIOTIC COLON SUPPORT CAPS	20	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 57		everolimus TBSO	31
ERBITUX	29	estazolam	60	EVOMELA IV	28
ergocalciferol CAPS	96	estradiol & norethindrone acetate TABs	54	EVOTAZ	35
ergoloid mesylates TABS	88	estradiol PTTW	55	EVRYSDI	82
ergotamine w/ caffeine TABS	75	estradiol PTWK	55	EVRYSDI PO 5 MG	82
eribulin mesylate	32	estradiol TABS	55	EXELON 13.3 MG/24HR (Use rivastigmine)	87
ERIVEDGE	29	estradiol vaginal CREA	95	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	87
ERLEADA 60 MG	30	estradiol vaginal TABS	95	exemestane	30
erlotinib hcl	29	ESTROVEN SLIMBIOTICS CAPS	20	exenatide SOPN 10 MCG/0.04ML .	17
ertapenem sodium IJ	27	eszopiclone	60	exenatide SOPN 5 MCG/0.02ML ..	17
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61	ethambutol hcl TABS	28	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	26
erythromycin (acne aid) GEL	44	ethosuximide CAPS	14	EXONDYS 51	81
erythromycin (acne aid) SOLN	44	ethosuximide SOLN	14	EYLEA SOLN	83
erythromycin (ophth)	83	ethynodiol diacet & eth estrad	40	EYSUVIS SUSP	84
ERYTHROMYCIN	83	etodolac CAPS	5	ezetimibe	25
erythromycin base CPEP	61	etodolac TABS	5	ezetimibe-simvastatin	24
erythromycin base TABS	61	etodolac TB24	5	EZ-LETS LANCETS 21G	64
erythromycin base TBEC	61	etonogestrel-ethinyl estradiol	41	EZ-LETS LANCETS 26G	64
erythromycin ethylsuccinate SUSR 61		etoposide CAPS	32	EZ-LETS LANCETS 28G	64
erythromycin ethylsuccinate TABS	61	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	EZ-LETS LANCETS 30G	64
ERZOFRI 351 MG/2.25ML	33	etravirine 100 MG	35	FABRAZYME	53
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	33	etravirine 200 MG	35	FALESSA	40
escitalopram oxalate SOLN	15	EUFLEXXA SOSY	80	famciclovir	37
		EULEXIN	30	famotidine TABS 10 MG	90
				famotidine TABS 20 MG, 40 MG ..	90

FASENRA PEN SOAJ	10	ferrous sulfate dried TBCR	59	FLEBOGAMMA DIF SOLN	85
FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	59	flecainide acetate	10
FASTEP COVID-19 ANTIGEN TEST KIT	51	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	59	FLEXICHAMBER DEVI	73
FEIBA	57	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	59	FLORA VANCE CAPS	20
felbamate SUSP	14	ferrous sulfate TBEC 325 MG	59	FLORAJEN DIGESTION CAPS ...	20
felbamate TABS	14	ferrous sulfate TBEC	59	FLORAJEN KIDS CAPS	20
felodipine	38	fesoterodine fumarate	91	FLORASAVE CPDR	20
FEM-DOPHILUS WOMENS CAPS 20		FEVERALL JUNIOR STRENGTH SUPP	6	FLORASTOR ADVANCED CAPS .20	
fenofibrate CAPS	25	fexofenadine hcl SUSP	24	FLORASTOR DIGEST DE-STRESS CAPS	20
fenofibrate micronized 134 MG, 200 MG	25	fexofenadine hcl TABS 180 MG ...	24	FLORASTOR SELECT GUT BOOST CAPS	20
fenofibrate micronized 43 MG, 90 MG, 130 MG	25	fexofenadine hcl TABS 60 MG	24	FLORASTOR SELECT IMMUNITY BOOS CAPS	20
fenofibrate micronized 67 MG	25	FIBRICOR (Use fenofibric acid) ..	25	FLORRAXIS CAPS	20
fenofibrate TABS 40 MG, 120 MG .25		FIBRYGA	57	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	
fenofibrate TABS 54 MG	25	FIFTY50 ALCOHOL PREP	70	FLOVENT DISKUS AEPB	11
fenofibric acid	25	FIFTY50 SAFETY SEAL LANCETS . 64		FLOWFLEX COVID-19 AG HOME TEST KIT	51
FENSOLVI (6 MONTH) SC	53	FIFTY50 UNILET LANCETS 33G .64		FLUAD	92
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FILTER AIR PP MISC	73	FLUAD QUADRIVALENT	92
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	finasteride	56	FLUARIX QUADRIVALENT SUSY 92	
FERRETTS TABS	59	FINE 30	64	FLUARIX SUSY	92
FERRIPROX SOLN	22	FINGERSTIX LANCETS	64	FLUBLOK QUADRIVALENT	92
ferrous fumarate TABS	59	fingolimod hcl	88	FLUBLOK SOSY	92
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	59	FIRDAPSE	28	FLUCELVAX QUADRIVALENT SUSP	92
FERROUS GLUCONATE TABS 324 MG	59	FIRMAGON (240 MG DOSE)	30	FLUCELVAX QUADRIVALENT SUSY	92
ferrous gluconate TABS	59	FIRMAGON 80 MG	30	FLUCELVAX SUSP	92
		FIRST-PROGESTERONE VGS SUPP	95	FLUCELVAX SUSY	93
		flavoxate hcl	91		

fluconazole SUSR	23	fluoxetine hcl (pmdd) TABS 10 MG 88	MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	12	
fluconazole TABS 100 MG	24	fluoxetine hcl (pmdd) TABS 20 MG 88	fluticasone-salmeterol AERO	12	
fluconazole TABS 150 MG	24	fluoxetine hcl CAPS	15	fluvastatin sodium CAPS	25
fluconazole TABS 200 MG	23	fluoxetine hcl CPDR	15	fluvastatin sodium TB24	25
fluconazole TABS 50 MG	24	fluoxetine hcl SOLN	15	fluvoxamine maleate CP24	15
fludarabine phosphate SOLN	28	FLUOXETINE HCL TABS (Use fluoxetine hcl)	15	fluvoxamine maleate TABS	15
FLUDARABINE PHOSPHATE SOLN	28	fluoxetine hcl TABS 10 MG	15	FLUZONE HIGH-DOSE QUADRIVALENT	93
fludarabine phosphate SOLR	28	fluoxetine hcl TABS 20 MG	15	FLUZONE HIGH-DOSE SUSY	93
fludrocortisone acetate TABS	43	fluoxetine hcl TABS 60 MG	15	FLUZONE QUADRIVALENT SUSP 93	
FLULAVAL QUADRIVALENT SUSY . 93		fluphenazine decanoate	34	FLUZONE QUADRIVALENT SUSY 93	
FLULAVAL SUSY	93	fluphenazine hcl TABS	34	FLUZONE SUSP	93
FLUMIST	93	flurandrenolide CREA	48	FLUZONE SUSY	93
FLUMIST QUADRIVALENT	93	flurandrenolide LOTN	48	FLYP HYPERSONIQ CARTRIDGE MISC	73
flunisolide (nasal)	80	flurandrenolide OINT	48	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2
fluocinolone acetonide (otic)	85	flurazepam hcl	60	folic acid TABS 1 MG	58
fluocinolone acetonide CREA	47	flurbiprofen sodium	85	folic acid TABS 400 MCG, 800 MCG . 58	
fluocinolone acetonide OIL	47	flurbiprofen TABS	5	FOLOTYN	28
fluocinolone acetonide OINT	47	fluticasone propionate (inhalation) AEPB	11	fondaparinux sodium	12
fluocinolone acetonide SOLN	47	fluticasone propionate (nasal) SUSP . 80		FORA LANCETS	64
fluocinonide CREA 0.05 %	47	fluticasone propionate CREA 0.05 % 48		FORFIVO XL TB24 (Use bupropion hcl)	15
fluocinonide CREA 0.1 %	47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	FORTIFY 30 BILLION PROBIOT 50+ CPDR	20
fluocinonide emulsified base	47	fluticasone propionate hfa 44 MCG/ACT	11	FORTIFY 50 BILLION PROBIOT 50+ CPDR	20
fluocinonide GEL	47	fluticasone propionate LOTN	48	FORTIFY DAILY PROBIOTIC CAPS .	
fluocinonide OINT	47	fluticasone propionate OINT	48		
fluocinonide SOLN	48	fluticasone-salmeterol AEPB 100			
fluorometholone (ophth) SUSP	84				
fluorouracil (topical) CREA 0.5 % .	45				
fluorouracil (topical) CREA 5 % ...	45				
fluorouracil (topical) SOLN	45				

20	FREESTYLE LIBRE READER64	85
FORTIFY DAILY PROBIOTIC EX ST CPDR20	FREESTYLE UNISTICK II LANCETS65	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML85
FORTIFY OPTIMA PROBIOTIC CPDR20	frovatriptan succinate75	GAMMAPLEX SOLN85
FORTIFY OPTIMA WOMENS ADV CARE CPDR20	FT ACIDOPHILUS PROBIOTIC BLEND CAPS20	GAMUNEX-C85
FORTIFY PROBIOTIC WOMENS CPDR20	FT GLUCOSE CHEW 4 GM16	GARDASIL 9 SUSP 0.5 ML93
FORTIFY PROBIOTIC WOMENS EX ST CPDR20	FT PROBIOTIC ADVANCED CAPS 20	GARDASIL 9 SUSY 0.5 ML93
fosamprenavir calcium TABS35	FT SALINE NASAL SPRAY SOLN 80	gatifloxacin (ophth)83
fosinopril sodium & hydrochlorothiazide26	FULL KIT NEBULIZER SET MISC 73	GATTEX56
fosinopril sodium25	FULPHILA59	GAUZE SPONGES65
FRAGMIN SOLN 10000 UNIT/4ML 12	furosemide SOLN PO 8 MG/ML, 10 MG/ML52	GAZYVA29
FREDS PHARMACY UNILET LANC 28G64	furosemide TABS52	gefitinib29
FREDS PHARMACY UNILET LANC 30G64	FYLNETRA59	GEL-ONE80
FREESTYLE LANCETS64	gabapentin CAPS 100 MG13	GELSYN-3 SOSY80
FREESTYLE LIBRE 14 DAY READER64	gabapentin CAPS 300 MG, 400 MG . 13	gemfibrozil TABS25
FREESTYLE LIBRE 14 DAY SENSOR64	gabapentin SOLN13	GEMTESA91
FREESTYLE LIBRE 2 PLUS SENSOR64	gabapentin TABS 600 MG, 800 MG 13	GENABIO COVID-19 RAPID TEST KIT51
FREESTYLE LIBRE 2 READER ..64	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML79	GENORAVANCE CAPS20
FREESTYLE LIBRE 2 SENSOR ..64	GALAFOLD53	GENOTROPIN CART SC53
FREESTYLE LIBRE 3 PLUS SENSOR64	galantamine hydrobromide CP24 ..87	GENOTROPIN MINIQUEL PRSY 53
FREESTYLE LIBRE 3 READER ..64	galantamine hydrobromide SOLN .87	gentamicin sulfat (ophth) SOLN ..83
FREESTYLE LIBRE 3 SENSOR ..64	galantamine hydrobromide TABS .87	gentamicin sulfat (topical) CREA .45
	GAMASTAN85	gentamicin sulfat (topical) OINT ..45
	GAMIFANT 10 MG/2ML, 50 MG/10ML76	GENTEEL BUTTERFLY TOUCH LANCET65
	GAMMAGARD85	GENTLE-LET GP LANCETS65
	GAMMAGARD S/D LESS IGA SOLR.	GENTLE-LET LANCETS65

GILENYA (Use fingolimod hcl)88	glycerin (laxative) SUPP 2 GM 61	GVOKE KIT SOLN17
GILENYA88	glycine diluent 86	GYNAZOLE-194
GILOTRIF 29	glycopyrrolate TABS 1 MG, 2 MG .90	HADLIMA PUSHTOUCH SOAJ 4
ginger (zingiber officinalis) CAPS 250 MG2	GLYXAMBI 16	HADLIMA SOSY 4
GLASSIA SOLN89	GNP ACIDOPHILUS HIGH POTENCY CAPS 20	HAEMOLANCE 65
glatiramer acetate SOSY 88	GNP ADVANCED PROBIOTIC CAPS20	HAEMOLANCE LOW FLOW LANCETS 65
glimepiride 1 MG, 2 MG18	GNP ALCOHOL SWABS70	HAEMOLANCE PLUS 65
glimepiride 3 MG18	GNP GLUCOSE CHEW 17	HAEMOLANCE PLUS HIGH FLOW . 65
glimepiride 4 MG18	GNP PROBIOTIC COLON SUPPORT CAPS 20	HAEMOLANCE PLUS LOW FLOW . 65
glipizide TABS 2.5 MG18	GNP PROBIOTIC EXTRA STRENGTH CAPS22	HAEMOLANCE PLUS MAX FLOW 65
glipizide TABS 5 MG, 10 MG 18	GNP STERILE LANCETS 28G ... 65	HAEMOLANCE PLUS PEDIATRIC FLOW65
glipizide TB2418	GNP STERILE LANCETS 30G ... 65	halcinonide CREA 48
glipizide-metformin hcl 16	GNP STERILE LANCETS 33G ... 65	halobetasol propionate CREA 48
GLOBAL ALCOHOL PREP EASE 70	GOJJI STERILE LANCETS65	halobetasol propionate FOAM48
GLOBAL INJECT EASE LANCETS 28G65	GOODSENSE ALCOHOL SWABS 70	halobetasol propionate OINT 48
GLOBAL INJECT EASE LANCETS 30G65	GOTOKNOW COVID-19 ANTIGEN RAPI KIT51	haloperidol decanoate33
GLUCAGEN HYPOKIT16	granisetron hcl TABS 23	haloperidol lactate CONC33
glucagon (rdna)16	GRANIX SOLN59	haloperidol lactate SOLN33
GLUCAGON EMERGENCY (Use glucagon (rdna)) 16	GRANIX SOSY59	haloperidol TABS 33
GLUCO TO GO CHEW16	griseofulvin microsize SUSP23	HARVONI PACK36
GLUCOCOM LANCETS 28G65	griseofulvin microsize TABS23	HARVONI TABS36
GLUCOCOM LANCETS 30G65	griseofulvin ultramicrosize23	HAVRIX 1440 EL U/ML93
GLUCOCOM LANCETS 33G65	guaifenesin-codeine SOLN 43	HAVRIX IM 720 EL U/0.5ML 93
GLUCOSE CHEW 16	guaifenesin-codeine SYRP 43	HEALTHY ACCENTS UNILET LANCETS 65
glyburide micronized 1.5 MG, 3 MG, 6 MG 18	guanfacine hcl (adhd) 2	H-E-B INCONTROL ALCOHOL ...70
glyburide TABS 18	guanfacine hcl26	H-E-B INCONTROL LANCETS 28G .
glyburide-metformin16		

65	HUMALOG MIX 50/50 SUSP	17	HYCANTIN CAPS	32
H-E-B INCONTROL LANCETS 30G . 65	HUMALOG MIX 75/25 KWIKPEN SUPN	17	hydralazine hcl TABS	27
H-E-B INCONTROL LANCETS 33G . 65	HUMALOG MIX 75/25 SUSP	17	hydrochlorothiazide CAPS	52
HEMATINIC PLUS VIT/MINERALS TABS	HUMALOG SOLN IJ	17	hydrochlorothiazide TABS 25 MG, 50 MG	52
HEMGENIX	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone bitartrate CP12	6
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	HUMATE-P SOLR	57	hydrocodone bitartrate-homatropine methylobromide SOLN	43
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7
HEPAGAM B SOLN IJ	HUMIRA (2 PEN) AJKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG	7
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	HUMIRA (2 SYRINGE) PSKT	4	hydrocodone-acetaminophen TABS 325 MG-5 MG	7
HEPLISAV-B SOSY	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7
HERCEPTIN HYLECTA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocortisone (intrarectal)	8
HIBERIX SOLR IJ	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocortisone (rectal) EX 1 %	8
HIGH POTENCY PROBIOTIC CAPS 20	HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocortisone (rectal) EX 2.5 % ...	9
HIZENTRA SOLN	HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocortisone (topical) CREA 0.5 % 48	
HIZENTRA SOSY 10 GM/50ML ...	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocortisone (topical) CREA 1 % 48	
HM STERILE ALCOHOL PREP ..	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	hydrocortisone (topical) CREA 2.5 % 48	
HULIO (2 PEN) AJKT	HUMULIN 70/30 SUSP	17	hydrocortisone (topical) LOTN 1 % 48	
HULIO (2 SYRINGE) PSKT	HUMULIN N SUSP	17	hydrocortisone (topical) LOTN 2.5 % . 48	
HUMALOG JUNIOR KWIKPEN SOPN	HUMULIN R SOLN IJ	17	hydrocortisone (topical) OINT 0.5 % . 48	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 1 % .48	
HUMALOG MIX 50/50 KWIKPEN SUPN	HUMULIN R U-500 KWIKPEN SOPN SC	17	hydrocortisone (topical) OINT 2.5 % .	
	HYALGAN SOLN	80		
	HYALGAN SOSY	80		

48	100 MG	10	HY-VEE LANCETS	65
hydrocortisone (topical) SOLN	48	hydroxyzine pamoate CAPS 50 MG	65	HY-VEE THIN LANCETS
hydrocortisone acetate (topical)		10	ibandronate sodium SOLN	52
CREA 1 %	48	HYMOVIS	80	ibandronate sodium TABS
hydrocortisone acetate (topical) OINT	48	hyoscyamine sulfate ELIX	90	IBRANCE CAPS
HYDROCORTISONE ACETATE		hyoscyamine sulfate SOLN PO 0.125	90	IBSRELA
CREA	48	MG/ML	90	ibuprofen CHEW
hydrocortisone butyrate CREA	48	hyoscyamine sulfate SUBL 0.125 MG	90	ibuprofen SUSP
hydrocortisone butyrate hydrophilic			90	ibuprofen TABS 200 MG, 400 MG,
lipo base	48	hyoscyamine sulfate TABS 0.125 MG	90	600 MG, 800 MG
hydrocortisone butyrate LOTN	48	hyoscyamine sulfate TB12 0.375 MG	90	ibuprofen-diphenhydramine citrate
hydrocortisone butyrate OINT	48	90	60	
hydrocortisone butyrate SOLN	48	hyoscyamine sulfate TBDP 0.125 MG	90	ibuprofen-diphenhydramine hcl
hydrocortisone TABS	43		90	60
hydrocortisone vaginal	95	HYPERHEP B SOLN IM	86	icatibant acetate SOSY
hydrocortisone valerate CREA	48	HYPERHEP B SOSY	86	58
hydrocortisone valerate OINT	48	HYPERRHO S/D SOSY IM 1500	86	ICLUSIG 15 MG, 45 MG
hydrocortisone w/acetic acid	85	UNIT	86	31
HYDROMORPHONE HCL SUPP	6	HYPERRHO S/D SOSY IM 250 UNIT	86	ID NOW COVID-19
hydromorphone hcl TABS	6		86	51
hydromorphone hcl TB24	6	HYQVIA	86	ID NOW COVID-19 2.0 CONTROL
HYDROXATE GEL	48	HYRIMOZ SOAJ	4	51
HYDROXYM GEL	48	HYRIMOZ SOSY	4	ID NOW COVID-19 2.0 TEST
hydroxyprogesterone caproate		HYRIMOZ-CROHNS/UC STARTER	4	51
(antineoplastic)	30	SOAJ	4	ID NOW COVID-19 CONTROL
hydroxyurea	31	HYRIMOZ-PED<40KG CROHN	4	51
hydroxyzine hcl SOLN 25 MG/ML, 50	9	STARTER SOSY	4	IDACIO (2 PEN) AJKT
MG/ML	9	HYRIMOZ-PED>=40KG CROHN	4	4
hydroxyzine hcl SYRP	9	START SOSY	4	IDACIO (2 SYRINGE) PSKT
hydroxyzine hcl TABS	9	HYRIMOZ-PLAQ PSOR/UEIT	4	4
hydroxyzine pamoate CAPS 25 MG,		START SOAJ	4	IDACIO-CROHNS/UC STARTER
		HYRIMOZ-PLAQUE PSORIASIS	4	AJKT
		START SOAJ	4	4
			4	IDACIO-PSORIASIS STARTER
			4	AJKT
			4	4
			4	IDELVION
			4	57
			4	IGALMI FILM
			4	60
			4	IHEALTH COVID-19 RAPID TEST
			4	KIT
			4	51
			4	ILEVRO
			4	85
			4	ILUVIEN
			4	84

imatinib mesylate TABS	31	INSPIRACHAMBER/MOUTHPIECE DEVI	73	INVOKANA	18
IMBRUVICA CAPS 140 MG	31	INSPIRACHAMBER/SMALL DEVI	73	IPOL	93
IMBRUVICA CAPS 70 MG	31	INSPIREASE MISC	73	ipratropium bromide (nasal) 0.03 %	80
IMBRUVICA TABS	31	INSPIREASE RESERVOIR BAGS	73	ipratropium bromide (nasal) 0.06 %	80
IMCIVREE	1	INSULIN ASP PROT & ASP FLEXPEN SUPN	17	ipratropium bromide SOLN 0.02 %	10
imipramine hcl TABS	16	INSULIN ASPART PROT & ASPART SUSP	17	ipratropium-albuterol SOLN	12
imipramine pamoate	16	INSULIN GLARGINE SOLN	18	irbesartan	26
imiquimod 5 %	49	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	18	irbesartan-hydrochlorothiazide	26
IMLYGIC	32	INSULIN GLARGINE-YFGN SOLN	18	irinotecan hcl	32
IMOVAX RABIES SUSR	93	INSULIN GLARGINE-YFGN SOPN	18	IRON CHEWS PEDIATRIC CHEW	59
IMPEKLO LOTN	48	INSULIN LISPRO (1 UNIT DIAL) SOPN	18	IRON TABS 28 MG	59
IN TOUCH STERILE LANCETS 30G	65	INSULIN LISPRO JUNIOR KWIKPEN SOPN	18	ISENTRESS CHEW 100 MG	35
INCRELEX	53	INSULIN LISPRO PROT & LISPRO SUPN	18	ISENTRESS CHEW 25 MG	35
indapamide TABS 1.25 MG, 2.5 MG .	52	INSULIN LISPRO SOLN IJ	18	ISENTRESS PACK	35
INDICAID COVID-19 RAPID TEST KIT	51	INSULIN SYRINGES	71	ISENTRESS TABS	35
indomethacin CAPS 25 MG, 50 MG	5	INTELENCE (Use etravirine)	35	isoniazid SYRP	28
indomethacin CPR	5	INTELENCE	35	isoniazid TABS	28
INFANRIX	90	INTELENCE 200 MG (Use etravirine)	35	ISOPTO ATROPINE SOLN	83
INFANTS ADVIL SUSP (Use ibuprofen)	5	INTELISWAB COVID-19 RAPID TEST KIT	51	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
INGREZZA CAPS	88	INVEGA HAFYERA	33	isosorbide mononitrate TABS	9
INGREZZA CPSP	88	INVEGA SUSTENNA	33	ISOSORBIDE MONONITRATE TABS	9
INLYTA	29	INVEGA TRINZA	33	isosorbide mononitrate TB24	9
INNOSPIRE REPLACEMENT FILTER MISC	73			isotretinoin 10 MG, 20 MG, 40 MG	44
INPEFA	38			isradipine CAPS	38
INSPIRACHAMBER/LARGE DEVI	73			ITCH RELIEF CREA	45
INSPIRACHAMBER/MEDIUM DEVI .	73			itraconazole CAPS	24
				itraconazole SOLN	24

ivermectin (pediculicide)	50	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	35	KINRIX SUSY	90
ivermectin	9	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	35	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	2
IXCHIQ	93	KALYDECO PACK 50 MG, 75 MG	89	KLOXXADO LIQD	23
IXEMPRA KIT	32	KALYDECO TABS	89	KOATE SOLR	57
IXIARO	93	KANJINTI 420 MG	29	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	57
IXINITY SOLR	57	KANUMA	53	KOGENATE FS KIT	57
IYUZEH SOLN	85	KAZANO (Use alogliptin-metformin hcl)	16	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	16
JAKAFI	31	KCENTRA	57	KONVOMEK SUSR	91
JANUMET TABS	16	KEMOPLAT SOLN	28	KOVALTRY	57
JANUMET XR TB24	16	KEPIVANCE 6.25 MG	31	KRINTAFEL	28
JANUVIA	17	KESIMPTA	88	KROGER HEALTHPRO LANCET 26G	65
JARDIANCE	18	ketoconazole (topical) CREA	45	KROGER LANCETS	65
JARRO-DOPHILUS EPS CPDR	20	ketoconazole (topical) SHAM 2 %	45	KROGER LANCETS SUPER THIN 65	65
JARRO-DOPHILUS EPS PROBIOTIC CPDR	20	KETONE TEST STRP	51	KROGER LANCETS THIN	65
JARRO-DOPHILUS HYPOALLERGENIC CAPS	20	ketoprofen CAPS 50 MG	5	KRYSTEXXA	57
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	20	ketoprofen CP24	5	KYLEENA	42
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	20	ketorolac tromethamine (ophth) 0.4 %	85	KYMRIAH	29
JENTADUETO TABS	16	ketorolac tromethamine (ophth) 0.5 %	85	KYPROLIS	31
JEVTANA	32	ketorolac tromethamine TABS	5	labetalol hcl TABS 100 MG	37
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	57	KETOSTIX STRP	51	labetalol hcl TABS 200 MG	37
JOURNAVX	6	ketotifen fumarate (ophth) 0.035 % 85	85	labetalol hcl TABS 300 MG	37
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	KEY-E CHEW	96	labetalol hcl TABS 400 MG	37
JYNNEOS	93	KEYTRUDA	29	LACTEROL CAPS	20
KADCYLA	29	KHAPZORY	31	lactic acid (ammonium lactate) CREA	49
KALBITOR	58	KINNEY LANCETS	65	lactic acid (ammonium lactate) LOTN 12 %	49
KALETRA SOLN	35	KINNEY THIN LANCETS	65		

LACTOVIVE CAPS	20	LANREOTIDE ACETATE	54	levamlodipine maleate	38
lactulose (encephalopathy)	56	lansoprazole CPDR	90	LEVEMIR FLEXPEN SOPN	18
lactulose SOLN	61	lansoprazole TBDD	90	LEVEMIR SOLN	18
LAGEVRIO	37	lanthanum carbonate CHEW	56	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13
lamivudine SOLN	35	lapatinib ditosylate	31	levetiracetam TABS	13
lamivudine TABS 150 MG	35	LEDIPASVIR-SOFOSBUVIR TABS 36		levetiracetam TB24	13
lamivudine TABS 300 MG	35	leflunomide	5	levobunolol hcl 0.5 %	83
lamivudine-zidovudine	35	lenalidomide	76	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	54
lamotrigine CHEW	13	LENVIMA (10 MG DAILY DOSE) ..	29	levocarnitine (metabolic modifiers) TABs	54
lamotrigine KIT 25 MG	13	LENVIMA (12 MG DAILY DOSE) ..	29	levocetirizine dihydrochloride SOLN 24	
lamotrigine TABS	13	LENVIMA (14 MG DAILY DOSE) ..	29	levofloxacin (ophth) 0.5 %	83
lamotrigine TB24	13	LENVIMA (18 MG DAILY DOSE) ..	29	levofloxacin SOLN PO	55
lamotrigine TBDP	13	LENVIMA (20 MG DAILY DOSE) ..	29	levofloxacin TABS	55
LANCETS	65	LENVIMA (24 MG DAILY DOSE) ..	29	levoleucovorin calcium SOLN	31
LANCETS 28G THIN	65	LENVIMA (4 MG DAILY DOSE) ..	29	levoleucovorin calcium SOLR	31
LANCETS 30G	65	LENVIMA (8 MG DAILY DOSE) ..	29	levonorgestrel & eth estradiol TABS 40	
LANCETS 33G	65	LEQVIO	25	levonorgestrel (emergency oc) 1.5 MG	42
LANCETS MICRO THIN 33G	65	LETAIRIS (Use ambrisentan)	39	levonorgestrel-eth estradiol (triphasic)	40
LANCETS SUPER THIN	65	letrozole	30	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	40
LANCETS SUPER THIN 28G	65	leucovorin calcium TABS 5 MG, 25 MG	31	levonorgestrel-ethinyl estradiol (continuous)	40
LANCETS THIN	65	LEUKERAN	28	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	89
LANCETS ULTRA THIN	65	LEUKINE SOLR IJ	59	levothyroxine sodium TABS	89
LANCETS ULTRA THIN 30G	65	leuprolide acetate (3 month) INJ 22.5 MG	30		
lanolin (topical) CREA	50	leuprolide acetate KIT IJ 1 MG/0.2ML	30		
lanolin XX	87	LEUPROLIDE ACETATE- BUPIVACAINE	30		
LANOLIN XX	87	levalbuterol hcl	12		
LANOLOR CREA	50	levalbuterol tartrate	12		
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	38				
lanreotide acetate	54				

LEVULAN KERASTICK SOLR 45	LITE TOUCH LANCETS 66	loratadine SOLN 24
LEXIVA SUSP 35	LITETOUCH LANCETS 66	loratadine TABS 24
LEXIVA TABS (Use fosamprenavir calcium) 35	LITETOUCH MASK LARGE MISC 73	loratadine TBDP 10 MG 24
LIALDA TBEC (Use mesalamine) . 55	LITETOUCH MASK MEDIUM MISC . 73	lorazepam CONC 10
LIBERTY MEDICAL LANCETS ... 65	LITETOUCH MASK SMALL MISC .73	lorazepam TABS 0.5 MG, 2 MG ... 10
LIBERVANT FILM 13	LITFULO 49	lorazepam TABS 1 MG 10
LIBTAYO 29	lithium 32	LORBRENA 31
LICEMD GEL 50	lithium carbonate CAPS 33	LOREEV XR CS24 10
lidocaine CREA 4 % 49	lithium carbonate TABS 33	losartan potassium & hydrochlorothiazide 26
LIDOCAINE CREA 49	lithium carbonate TBCR 33	losartan potassium 26
lidocaine hcl (mouth-throat) 2 % ... 77	LITHOBID TBCR (Use lithium carbonate) 33	lovastatin TABS 10 MG, 20 MG ... 25
lidocaine hcl CREA 3 % 49	LITTLE REMEDIES SALINE SOLN 80	lovastatin TABS 40 MG 25
lidocaine hcl CREA 4 % 49	LIVE BETTER LANCET SUPER	loxapine succinate 33
lidocaine hcl GEL 2 % 49	THIN 66	LUCENTIS SOSY 83
lidocaine hcl PRSY 49	LIVE BETTER LANCET ULTRA	LUCIRA CHECK IT COVID-19 TEST KIT 51
lidocaine-prilocaine CREA 49	THIN 66	LUCIRA COVID-19 ALL-IN-ONE KIT 51
LILETTA (52 MG) 42	LO LOESTRIN FE TABS 40	luliconazole 45
lindane SHAM 50	LOCOID LIPOCREAM 48	LUMIZYME 54
LINZESS 56	LOKELMA 77	LUMOXITI 29
LIORESAL SOLN IT 79	LONSURF 30	LUPRON DEPOT (1-MONTH) KIT IM 30
liothyronine sodium TABS 89	loperamide hcl CAPS 22	LUPRON DEPOT (3-MONTH) KIT IM 30
LIPOFEN CAPS (Use fenofibrate) .25	loperamide hcl TABS 22	LUPRON DEPOT (4-MONTH) IM . 30
LIQREV SUSP 39	lopinavir-ritonavir SOLN 35	LUPRON DEPOT (6-MONTH) IM . 30
liraglutide 17	lopinavir-ritonavir TABS 25 MG-100 MG 35	LUPRON DEPOT-PED (1-MONTH) . 53
lisdexamfetamine dimesylate CAPS 1	lopinavir-ritonavir TABS 50 MG-200 MG 35	LUPRON DEPOT-PED (3-MONTH) . 53
lisdexamfetamine dimesylate CHEW . 1	loratadine CAPS 24	
lisinopril & hydrochlorothiazide ... 26	loratadine CHEW 24	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 25		

LUPRON DEPOT-PED (6-MONTH) IM53	MAYZENT STARTER PACK TBPK 0.25 MG88	MEIJER ALCOHOL SWABS70
lurasidone hcl33	MAYZENT TABS88	MEIJER LANCETS66
LUTATHERA31	meclizine hcl CHEW23	MEIJER LANCETS UNIVERSAL 21G66
LUTRATE DEPOT INJ 22.5 MG ...30	meclizine hcl TABS 12.5 MG, 25 MG 23	MEIJER LANCETS UNIVERSAL 30G66
LUZU (Use luliconazole)45	MEDICHOICE SAFETY LANCET .66	MEIJER LANCETS UNIVERSAL 33G66
LYBALVI87	MEDICHOICE SAFETY LANCET EXTRA66	MEKINIST TABS31
LYFGENIA58	MEDICHOICE SAFETY LANCET NORM66	MEKTOVI31
LYRA DIRECT SARS-COV-2 ASSAY51	MEDLANCE EXTRA 21G66	melatonin TABS 3 MG, 5 MG2
LYRA SARS-COV-2 ASSAY51	MEDLANCE LITE 25G66	meloxicam TABS5
LYSODREN30	MEDLANCE PLUS EXTRA 21G ..66	melphalan28
LYUMJEV TEMPO PEN SOPN ...18	MEDLANCE PLUS LANCETS66	melphalan hcl IV28
LYVISPAH PACK79	MEDLANCE PLUS LITE 25G66	memantine hcl CP2487
MACI79	MEDLANCE PLUS SPECIAL 0.8MM66	memantine hcl SOLN87
MAGE CPDR20	MEDLANCE PLUS SUPERLITE 30G66	memantine hcl TABS87
magnesium citrate 1.745 GM/30ML 61	MEDLANCE PLUS UNIVERSAL 21G66	MENACTRA91
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML61	MEDLANCE UNIVERSAL 21G ...66	MENQUADFI 0.5 ML91
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG 76	medroxyprogesterone acetate (contraceptive) SUSP IM42	MENVEO SOLN91
magnesium oxide TABS 400 MG ...9	medroxyprogesterone acetate (contraceptive) SUSY IM42	MENVEO SOLR91
malathion50	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG87	meperidine hcl SOLN PO 50 MG/5ML6
maraviroc TABS 150 MG35	mefloquine hcl28	meperidine hcl TABS 50 MG6
maraviroc TABS 300 MG35	MEGA PROBIOTIC CAPS20	meprobamate10
MATULANE31	megestrol acetate SUSP30	mercaptopurine SUSP 2000 MG/100ML28
MAVYRET PACK36	megestrol acetate TABS30	mercaptopurine TABS28
MAVYRET TABS36		mesalamine ENEM55
MAXI-TUSS PE LIQD43		mesalamine SUPP55
		mesalamine TBEC 1.2 GM55
		mesalamine TBEC 800 MG55

mesalamine w/ cleanser	55	MG/10ML, 1000 MG/40ML	28	TABS	26
mesna SOLN	31	methotrexate sodium TABS 2.5 MG		metoprolol succinate TB24 200 MG	
mesna TABS	31	28		37	
MESNEX TABS	31	methsuximide	14	metoprolol succinate TB24 25 MG,	
META BIOTIC/BIO-ACTIVE 12		methyldopa TABS	26	50 MG, 100 MG	37
CAPS	21	methylergonovine maleate TABS ..	85	metoprolol tartrate TABS 100 MG	.37
METAMUCIL CAPS	60	METHYLIN SOLN (Use		metoprolol tartrate TABS 25 MG, 50	
metaxalone	79	methylphenidate hcl)	2	MG	37
METAXALONE 640 MG	79	methylphenidate hcl CHEW	2	metoprolol tartrate TABS 37.5 MG,	
metformin hcl SOLN	16	methylphenidate hcl CP24 10 MG, 20		75 MG	37
metformin hcl TABS 500 MG, 850		MG, 30 MG, 40 MG	2	metronidazole (topical) CREA	50
MG, 1000 MG	16	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 %	
metformin hcl TABS 625 MG, 750		methylphenidate hcl CP24	2	50	
MG	16	methylphenidate hcl CPR	2	metronidazole (topical) LOTN	50
metformin hcl TB24 500 MG, 1000		methylphenidate hcl SOLN	2	metronidazole TABS 250 MG, 500	
MG	16	methylphenidate hcl TABS	2	MG	27
metformin hcl TB24 500 MG, 750 MG		methylphenidate hcl TB24	2	metronidazole vaginal	95
.....	16	methylphenidate hcl TBCR 10 MG,		metyrosine	26
methadone hcl TABS 10 MG	6	20 MG	2	MICONAZOLE 7 SUPP 100 MG ..	95
methadone hcl TABS 5 MG	6	methylphenidate hcl TBCR 18 MG,		miconazole nitrate (topical) CREA	.45
methamphetamine hcl	1	27 MG, 36 MG, 54 MG	2	miconazole nitrate vaginal CREA 2 %	
methazolamide TABS	52	methylphenidate hcl TBCR 45 MG,			95
methenamine mandelate	27	63 MG	2	miconazole nitrate vaginal KIT	95
methenamine-hyosc-methylene blue-		methylprednisolone TABS 4 MG, 8		miconazole nitrate vaginal SUPP 100	
sod phos-phenyl sal TABS 81.6 MG		MG	43	MG	95
27		methylprednisolone TBP	43	miconazole nitrate vaginal SUPP 200	
methimazole TABS	89	methyltestosterone TABS	8	MG	95
methocarbamol TABS 500 MG	79	metoclopramide hcl SOLN PO 5		MICRHOGAM ULTRA-FILTERED	
methocarbamol TABS 750 MG, 1000		MG/5ML, 10 MG/10ML	55	PLUS SOSY IM	86
MG	79	metoclopramide hcl TABS 10 MG	.55	MICROCHAMBER DEVI	73
METHOCARBAMOL TABS	79	metoclopramide hcl TABS 5 MG ..	55	MICROCHAMBER MISC	73
methotrexate sodium SOLN 1		metolazone	52	MICROFLOR 33 CAPS	21
GM/40ML, 50 MG/2ML, 250		metoprolol & hydrochlorothiazide		MICROFLOR CAPS	21

MICROLET LANCETS	66	MODERNA COVID-19 VAC 6M-11Y SUSY	93	MOTPOLY XR CP24	13
MICROSPACER MISC	73	MODERNA COVID-19 VACCINE SUSP	93	MOTRIN CHILDRENS CHEW (Use ibuprofen)	5
midazolam hcl SOLN IJ	60	moexipril hcl	26	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5
MIDAZOLAM HCL SOLN IJ	60	MOI-STIR SOLN	77	MOUNJARO	17
midodrine hcl	95	mometasone furoate (nasal) SUSP 80		MOUTH KOTE REMINT SOLN	77
MIEBO	85	mometasone furoate CREA	48	MOUTH KOTE SOLN	77
mifepristone (hyperglycemia)	17	mometasone furoate OINT	48	MOVANTIK	56
miglitol	16	mometasone furoate SOLN	48	moxifloxacin hcl (ophth) SOLN OP	83
miglustat	58	MOMMY'S BLISS PROBIOTIC PACK	21	moxifloxacin hcl TABS	55
MINIELITE FILTER REPLACEMENTS MISC	73	MONISTAT 3 CREA	95	MPD SAFETY LANCET 21G	66
minocycline hcl CAPS	89	MONOLET LANCETS	66	MPD SAFETY LANCET 23G	66
minoxidil 2.5 MG, 10 MG	27	MONOLET OPD LANCETS	66	MPD SAFETY LANCET 28G	66
mirabegron TB24	91	MONOLETTOR SAFETY LANCETS 66		MPD SAFETY LANCET 30G	66
MIRCERA	59	MONOVISC	80	MULPLETA	59
MIRENA (52 MG)	42	montelukast sodium CHEW	10	MULTIPLE VITAMINS TABS-ASSORTED BRAND	78
mirtazapine TABS	14	montelukast sodium PACK	11	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	78
mirtazapine TBDP	14	montelukast sodium TABS	11	multiple vitamins w/ iron TABS	78
misoprostol	91	morphine sulfate beads	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	78
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	30	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	78
MIUDELLA INTRAUTERINE COPPER	41	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	7	MULTIVITAMIN DROPS/IRON SOLN	78
MM TWIST LANCETS	66	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	7	MULTIVITAMIN INFANT & TODDLER SOLN	79
M-M-R II SOLR	93	morphine sulfate SUPP	7	mupirocin calcium (topical)	45
MOBILE LANCETS 30G	66	morphine sulfate TABS	7	mupirocin OINT	45
MODERNA COVID-19 BIVAL 6M-5Y	93	morphine sulfate TBCR	7		
MODERNA COVID-19 BIVALENT 93					
MODERNA COVID-19 VAC 6M-11Y SUSP	93				

MVASI	29	NAMENDA TITRATION PAK TABS (Use memantine hcl)	87	neomycin-polymy-dexameth OINT	84
MVW COMPL FORM PROBIOTIC- KIDS CPDR	21	naphazoline w/ pheniramine 0.3 %- 0.025 %	84	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	84
MVW COMPLETE FORMULATION SOLN	78	naphazoline w/ pheniramine 0.315 %-0.027 %	84	neomycin-polymyxin w/ pramoxine	45
MVW COMPLETE PROBIOTIC CPDR	21	naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-gramicidin ...	83
MYALEPT	54	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (ophth) ...	84
mycophenolate mofetil CAPS	76	naproxen sodium-diphenhydramine hcl	60	neomycin-polymyxin-hc (otic) SOLN .	85
mycophenolate mofetil hcl	76	naproxen SUSP	5	neomycin-polymyxin-hc (otic) SUSP .	85
mycophenolate mofetil SUSR	76	naproxen TABS	5	NESINA (Use alogliptin benzoate)	17
mycophenolate mofetil TABS	76	naproxen TBEC	5	NEULASTA ONPRO PSKT	59
mycophenolate sodium	77	naproxen-esomeprazole magnesium	5	NEULASTA SOSY	59
MYFEMBREE	54	naratriptan hcl	75	NEUPOGEN SOLN	59
MYGLUCOHEALTH LANCETS 30G 66		NARCAN LIQD (Use naloxone hcl) 23		NEUPOGEN SOSY	59
MYLERAN TABS	28	NATAZIA	40	nevirapine SUSP	35
MYOBLOC	82	nateglinide	18	nevirapine TABS	35
MYRBETRIQ TB24 (Use mirabegron)	91	NATROBA (Use spinosad)	50	nevirapine TB24 100 MG	35
NABI-HB SOLN IM	86	NATRUL PROBIOTIC CAPS	21	nevirapine TB24 400 MG	35
nabumetone	5	NATURAL FIBER LAXATIVE POWD 60		NEXABIOTIC CPDR	21
nadolol TABS 20 MG, 40 MG, 80 MG	37	NEBULIZER AIR TUBE/PLUGS MISC	73	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	90
NAGLAZYME	54	nefazodone hcl	15	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	90
naloxone hcl LIQD	23	NEFFY SOLN NA	95	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	90
naloxone hcl SOCT	23	neomycin sulfate TABS	2	NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium)	90
naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin-bacitracin zn-polymyxin	83	NEXPLANON	42
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin-bacitracin-polymyxin OINT	45	NGENLA	53
naloxone hcl SOSY 0.4 MG/ML ...	23				
naloxone hcl SOSY 2 MG/2ML	23				
naltrexone hcl	23				

niacin (antihyperlipidemic) TBCR ..25	NIVA THYROID TABS89	norgestrel & ethinyl estradiol 30 MCG-0.3 MG41
niacin CPCR 250 MG, 500 MG96	NIVESTYM SOLN59	NORLIQVA SOLN38
NIACIN ER CPCR96	NIVESTYM SOSY59	NORPACE CAPS (Use disopyramide phosphate)10
NIACIN ER TBCR96	NIX LICE KILLING SPRAY LIQD XX .50	nortriptyline hcl CAPS16
niacin TABS 500 MG96	NIZORAL SHAM45	nortriptyline hcl SOLN16
niacin TBCR96	NORDITROPIN FLEXPPO SOPN .53	NORVIR CAPS35
nicardipine hcl CAPS38	norelgestromin-ethinyl estradiol ..41	NORVIR PACK35
NICOTINE KIT88	norethin acet & estrad-fe CAPS ...40	NORVIR TABS (Use ritonavir)35
nicotine polacrilex GUM88	norethin acet & estrad-fe CHEW ...40	NOSE CLIP MISC73
nicotine polacrilex LOZG88	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG40	NOVA SAFETY LANCETS 23G ..66
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR88	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG41	NOVA SAFETY LANCETS 28G ..66
NICOTROL INHA88	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...41	NOVA SUREFLEX LANCETS66
NICOTROL NS SOLN88	norethindrone & eth estradiol 35 MCG-1 MG41	NOVAREL IM53
nifedipine CAPS38	norethindrone & ethinyl estradiol-fe 41	NOVAVAX COVID-19 VACCINE SUSP94
nifedipine TB24 30 MG, 90 MG38	norethindrone (contraceptive)42	NOVAVAX COVID-19 VACCINE SUSY94
nifedipine TB24 60 MG38	norethindrone acet & eth estra TABS 41	NOVOEIGHT57
nilotinib hcl 50 MG, 150 MG, 200 MG31	norethindrone acetate TABS87	NOVOLOG 70/30 FLEXPEN RELION SUPN18
nimodipine CAPS38	norethindrone acetate-ethinyl estradiol54	NOVOLOG MIX 70/30 FLEXPEN SUPN18
NINLARO31	norethindrone acetate-ethinyl estradiol-fe41	NOVOLOG MIX 70/30 RELION SUSP18
nisoldipine38	norethindrone-eth estradiol (triphasic)41	NOVOLOG MIX 70/30 SUSP18
nitisinone CAPS54	norgestimate-ethinyl estradiol (triphasic)41	NOVOSEVEN RT57
NITRO-BID OINT9	norgestimate-ethinyl estradiol41	NP THYROID TABS89
nitrofurantoin27		NPLATE 250 MCG, 500 MCG59
nitrofurantoin macrocrystal 50 MG, 100 MG27		NUCALA SOAJ10
nitrofurantoin monohyd macro27		NUCALA SOLR10
nitroglycerin CPCR9		
nitroglycerin PT249		
nitroglycerin SUBL9		

NUCALA SOSY	10	OHC COVID-19 ANTIGEN SELF TEST KIT	51	OMVOH SOLN	55
NULOJIX	77	OHTUVAYRE	11	OMVOH SOSY	55
NUMOISYN LIQD	77	olanzapine SOLR	33	ON/GO COVID-19 ANTIGEN TEST KIT	51
NUPLAZID CAPS	33	olanzapine TABS	33	ON/GO ONE COVID-19 HOME TEST KIT	51
NUPLAZID TABS 10 MG	33	olanzapine TBDP	33	ONCASPAR	31
NURTEC	75	olmesartan medoxomil	26	ondansetron hcl SOLN PO 4 MG/5ML	23
NUVESSA	95	olmesartan medoxomil-amlodipine- hydrochlorothiazide	26	ondansetron hcl TABS 4 MG, 8 MG 23	
NUWIQ KIT	57	olmesartan medoxomil- hydrochlorothiazide	26	ondansetron TBDP 16 MG	23
NUWIQ SOLR	57	olopatadine hcl (nasal)	80	ondansetron TBDP 4 MG, 8 MG ..	23
nystatin (mouth-throat)	77	olopatadine hcl	85	ONETOUCH DELICA PLUS LANCET30G	66
nystatin (topical) CREA	45	OLPRUVA (2 GM DOSE) THPK ..	54	ONETOUCH DELICA PLUS LANCET33G	66
nystatin (topical) OINT	45	OLPRUVA (3 GM DOSE) THPK ..	54	ONETOUCH DELICA SAFETY LANCING	66
nystatin (topical) POWD EX	45	OLPRUVA (4 GM DOSE) THPK ..	54	ONETOUCH ULTRASOFT 2 LANCETS	66
nystatin TABS	23	OLPRUVA (5 GM DOSE) THPK ..	54	ONGLYZA (Use saxagliptin hcl) ..	17
nystatin-triamcinolone CREA	45	OLPRUVA (6 GM DOSE) THPK ..	54	ONPATTRO	88
nystatin-triamcinolone OINT	45	OLPRUVA (6.67 GM DOSE) THPK 54		ONYDA XR SUER	2
NYVEPRIA	59	OLUMIANT	3	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29
OBIZUR	57	omega-3-acid ethyl esters	24	OPIPZA FILM	34
OALIVA	55	omeprazole CPDR	90	OPSYNVI	38
OCREVUS ZUNOVO	88	omeprazole TBEC	90	OPTICHAMBER DIAMOND DEVI .	73
OCTAGAM SOLN	86	omeprazole-sodium bicarbonate CAPS	91	OPTICHAMBER DIAMOND MISC .	73
octreotide acetate KIT	54	omeprazole-sodium bicarbonate PACK	91	OPTICHAMBER DIAMOND-LG MASK DEVI	73
octreotide acetate SOLN	54	OMNITROPE SOCT	53	OPTICHAMBER DIAMOND-MD MASK MISC	73
octreotide acetate SOSY	54	OMVOH (300 MG DOSE) SOAJ ..	55		
ODEFSEY	35	OMVOH (300 MG DOSE) SOSY ..	55		
ODOMZO	29	OMVOH SOAJ	55		
OFEV	89				
ofloxacin (ophth)	84				
ofloxacin (otic)	85				
ofloxacin 300 MG, 400 MG	55				

OPTICHAMBER DIAMOND-SM	MG/0.4ML, 20 MG/0.4ML, 22.5	OZOBAX DS SOLN PO (Use
MASK MISC73	MG/0.4ML, 25 MG/0.4ML3	baclofen) 79
OPTIONS GYNOL II	oxaprozin TABS5	OZOBAX SOLN PO (Use baclofen)
CONTRACEPTIVE GEL94	OXAYDO TABS 5 MG7	80
OPVEE NA23	oxazepam CAPS10	OZURDEX IMPL84
OPZELURA49	oxcarbazepine SUSP13	PACLITAXEL PROTEIN-BOUND
ORAL RELIEF SPRAY SOLN78	oxcarbazepine TABS13	PART32
ORALAIR SUBL2	OXERVATE84	paclitaxel protein-bound particles .32
ORENITRAM MONTH 1 TEPK39	oxiconazole nitrate CREA45	paliperidone33
ORENITRAM MONTH 2 TEPK39	oxybutynin chloride SOLN91	PALYNZIQ54
ORENITRAM MONTH 3 TEPK39	oxybutynin chloride TABS 2.5 MG .91	pamidronate disodium SOLN 30
ORFADIN SUSP54	oxybutynin chloride TABS 5 MG ...91	MG/10ML, 90 MG/10ML52
ORIAHNN54	oxybutynin chloride TB2491	PAMIDRONATE DISODIUM SOLN
ORILISSA53	oxycodone hcl CAPS7	52
ORKAMBI PACK89	oxycodone hcl CONC 100 MG/5ML 7	pantoprazole sodium PACK90
ORKAMBI TABS89	oxycodone hcl SOLN7	pantoprazole sodium TBEC 20 MG
orphenadrine citrate TB1279	oxycodone hcl T12A 10 MG, 20 MG,	90
orphenadrine w/ aspirin & caff80	40 MG7	pantoprazole sodium TBEC 40 MG
orphenadrine w/ aspirin & caff 385	oxycodone hcl T12A 80 MG7	90
MG-30 MG-25 MG80	oxycodone hcl TABS7	PANZYGA86
ORTHOVISC80	oxycodone w/ acetaminophen TABS	PARAGARD INTRAUTERINE
oseltamivir phosphate CAPS 30 MG .	325 MG-10 MG, 325 MG-5 MG, 325	COPPER41
37	MG-7.5 MG7	PARI ALTERA NEBULIZER
oseltamivir phosphate CAPS 45 MG,	oxymorphone hcl TB12 15 MG7	HANDSET MISC73
75 MG37	oxymorphone hcl TB12 5 MG, 7.5	PARI BABY CONVERSION KIT
oseltamivir phosphate SUSR37	MG, 10 MG, 20 MG, 30 MG, 40 MG 7	MISC73
OSENI 15 MG-25 MG, 30 MG-12.5	oyster shell76	PARI ERAPID NEBULIZER
MG, 30 MG-25 MG, 45 MG-25 MG	OZEMPIC (0.25 OR 0.5 MG/DOSE)	HANDSET MISC73
(Use alogliptin-pioglitazone)16	SOPN17	PARI EXPIRATORY FILTER SET
OTEZLA TABS5	OZEMPIC (1 MG/DOSE) SOPN 4	DEVI73
OTEZLA TBPK5	MG/3ML17	PARI MASK SET MISC73
OTREXUP SOAJ 10 MG/0.4ML, 12.5	OZEMPIC (2 MG/DOSE) SOPN ...17	PARI SOFT PLASTIC ADULT MASK
MG/0.4ML, 15 MG/0.4ML, 17.5		MISC74
		PARI SOFT PLASTIC PED MASK
		MISC74

PARI VORTEX ADULT MASK74	peg 3350-potassium chloride-sod bicarbonate-sod chloride61	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP94
paricalcitol SOLN54	PEGASYS SOLN36	PFIZER-BIONT COVID-19 VAC-TRIS SUSP94
paroxetine hcl TABS15	PEGASYS SOSY36	PFIZER-BIONTECH COVID-19 VACC SUSP94
paroxetine hcl TB2415	pemetrexed disodium SOLR 100 MG, 500 MG28	PFLEX MISC74
paroxetine mesylate (vasomotor) .88	PENBRAYA91	PHARMACIST CHOICE ALCOHOL .70
PARSABIV54	penciclovir46	PHARMACIST CHOICE LANCETS .66
PAXLOVID (150/100)36	penicillamine TABS76	PHARMACIST CHOICE MASK WIPES MISC74
PAXLOVID (300/100 & 150/100) .36	penicillin v potassium SOLR86	PHEBURANE PLLT54
PAXLOVID (300/100)36	penicillin v potassium TABS86	phenazopyridine hcl TABS 100 MG, 200 MG56
pazopanib hcl31	PENTACEL90	phenelzine sulfate15
PC LANCETS SUPER THIN 30G .66	pentoxifylline58	phenobarbital ELIX60
PC PEDIATRIC POLY-VITA/FE DROP SOLN79	PERFECT LANCETS 28G66	phenobarbital TABS60
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO79	PERFECT LANCETS 30G66	phenylephrine hcl (mydriatic) SOLN 2.5 %83
PEARLS IC CAPS21	PERFECT POINT SAFETY LANCETS66	phenylephrine hcl (oral) TABS80
ped multivitamins w/fl & iron SOLN 78	perindopril erbumine26	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML43
PEDIARIX SUSY90	PERJETA29	phenylephrine-dm SOLN43
PEDIATRIC MOUTHPIECE MISC .74	permethrin AERO50	phenylephrine-shark liver oil-cocoa butter8
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND78	permethrin CREA50	phenylephrine-shark liver oil-mineral oil-petrolatum8
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...78	permethrin LIQD EX50	phenytoin CHEW14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND78	perphenazine TABS34	phenytoin sodium extended 100 MG, 200 MG, 300 MG14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC78	perphenazine-amitriptyline87	phenytoin sodium extended 200 MG, 300 MG14
pediatric vitamins acd w/ fluoride SOLN78	PFIZER COVID-19 BIVAL 6MO-4YR94	
PEDVAX HIB SUSP91	PFIZER COVID-19 VAC BIVAL 5-1194	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR61	PFIZER COVID-19 VAC BIVALENT .94	
	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP94	

phenytoin SUSP	14	POCKET SPACER DEVI	74	MEQ	76
PHILLIPS COLON HEALTH CAPS 21		podofilox SOLN	49	potassium citrate (alkalinizer) TBCR . 56	
PHOTOFRIN	31	POLIVY 140 MG	29	potassium citrate-citric acid PACK .	56
phytonadione TABS 5 MG	96	polyethylene glycol 3350 PACK ...	61	potassium iodide (expectorant) SOLN	44
PIFELTRO	35	polyethylene glycol 3350 POWD ..	61	POTELIGEO	29
PILLOW MASK/ADULT MISC	74	polymyxin b-trimethoprim	84	PRADAXA CAPS (Use dabigatran etexilate mesylate)	13
PILLOW MASK/CHILD MISC	74	polysaccharide iron complex CAPS 59		PRADAXA PACK	13
PILLOW MASK/PEDIATRIC MISC	74	polyvinyl alcohol 1.4 %	82	pralatrexate	29
pilocarpine hcl (oral) 5 MG	78	POLY-VI-SOL SOLN PO	79	PRALUENT SOAJ	25
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 83		POLY-VITA SOLN PO	79	pramipexole dihydrochloride TABS 32	
PILOT COVID-19 AT-HOME TEST KIT	51	POLY-VITA/IRON SOLN	79	pramipexole dihydrochloride TB24	32
pimecrolimus	49	POLY-VITE PEDIATRIC SOLN PO 79		pramoxine hcl (rectal) FOAM EX ...	8
PIN RID CHEW	9	POLY-VITE/IRON SOLN	79	pramoxine-hc-chloroxylenol	85
pindolol TABS	37	POMALYST	30	prasugrel hcl	58
pioglitazone hcl	18	PONVORY STARTER PACK TBPk 88		pravastatin sodium	25
pioglitazone hcl-glimepiride	16	PONVORY TABS	88	prazosin hcl CAPS	26
pioglitazone hcl-metformin hcl TABS . 16		PORTRAZZA	29	PRECISION THINS GP LANCETS 67	
PIP LANCETS 28G	66	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	76	PRED MILD	84
PIP LANCETS 30G	67	potassium bicarbonate TBEF	76	prednisolone acetate (ophth)	84
pirfenidone CAPS	89	potassium chloride CPCR 10 MEQ 76		PREDNISOLONE ACETATE P-F .	84
pirfenidone TABS 534 MG	89	potassium chloride CPCR 8 MEQ .	76	PREDNISOLONE SODIUM PHOSPHATE	84
piroxicam CAPS	5	potassium chloride microencapsulated crystals er ...	76	prednisolone sodium phosphate SOLN 15 MG/5ML	43
PLEGRIDY SOSY IM	88	potassium chloride PACK PO 20 MEQ	76	prednisolone sodium phosphate SOLN 20 MG/5ML	43
plerixafor	59	potassium chloride SOLN PO 10 %, 20 %, 10 %	76	prednisolone sodium phosphate SOLN 5 MG/5ML	43
PNEUMOVAX 23 SOLN	91	potassium chloride TBCR 8 MEQ, 10			
PNEUMOVAX 23 SOSY	91				
POCKET CHAMBER DEVI	74				

prednisolone SOLN	43	PRIALT	6	CAPS	21
PREDNISONE INTENSOL CONC	43	PRIMADOPHILUS BIFIDUS CPDR		PROBIOTIC + OMEGA-3 CAPS ..	21
prednisone SOLN	43	21		PROBIOTIC + TURMERIC	
prednisone TABS	43	PRIMIDAR CAPS	21	EXTRACT CAPS	21
prednisone TBPk	43	primidone 125 MG	13	PROBIOTIC 10 ULTRA STRENGTH	
pregabalin CAPS	13	primidone 50 MG, 250 MG	13	CAPS	21
pregabalin SOLN	13	PRIORIX SUSR	94	PROBIOTIC ADVANCED FORMULA	
PREGNYL IM	53	PRIVIGEN SOLN	86	CAPS	21
PREHEVBRIO	94	PRO COMFORT ALCOHOL	70	PROBIOTIC BLEND CAPS	21
PREMARIN	95	PRO COMFORT LANCETS 30G ..	67	PROBIOTIC COLON SUPPORT	
PREMARIN TABS	55	PRO COMFORT LANCETS 31G ..	67	CAPS	21
PREMPHASE	54	PRO COMFORT SAFETY LANCETS		PROBIOTIC DAILY CAPS	21
PREMPRO	54	30G	67	PROBIOTIC DIGESTIVE SUPP	
PRENATAL VITAMINS-ASSORTED		PRO COMFORT SPACER ADULT		CAPS	21
BRAND	79	MISC	74	PROBIOTIC DIGESTIVE SUPPORT	
PRENATAL VITAMINS-ASSORTED		PRO COMFORT SPACER CHILD		CAPS	22
GENERIC	79	MISC	74	PROBIOTIC MATURE ADULT CAPS	
PREORBOTIC CAPS	21	PRO COMFORT SPACER INFANT			21
PREPARATION H EX 1 %	9	DEVI	74	PROBIOTIC PEARLS ADVANTAGE	
PREPARATION H SOOTHING		PROAIR DIGIHALER	12	CAPS	21
RELIEF EX 1 %	9	probenecid	57	PROBIOTIC PEARLS CAPS	21
PREVNAR 13	91	PROBINATE CAPS	21	PROBIOTIC PEARLS MAX	
PREVNAR 20	91	PROBIO DEFENSE CAPS	21	POTENCY CAPS	21
PREVYMIS SOLN	36	PROBIOFLEXX CAPS	21	PROBIOTIC PEARLS WOMENS	
PREVYMIS TABS	36	PROBIOMAX COMPLETE DF CAPS		CAPS	21
PREZCOBIX	35		21	PROBIOTIC PRODUCT CAPS	21
PREZISTA SUSP	35	PROBIOMAX DAILY DF CAPS ...	21	PROBIOTIC/PREBIOTIC/CRANBER	
PREZISTA TABS (Use darunavir) .	35	PROBIOMAX IG 26 DF CAPS	21	RY CAPS	21
PREZISTA TABS 150 MG	35	PROBIOMAX LEAN DF CAPS	21	PROBITROL CAPS	21
PREZISTA TABS 75 MG, 600 MG,		PROBIOMAX SB DF CAPS	21	PROBIZEN CAPS	21
800 MG	35	PROBIONEXX CAPS	21	PROCARE SPACER/ADULT MASK	
		PROBIOTIC & ACIDOPHILUS EX ST		DEVI	74
				PROCARE SPACER/CHILD MASK	
				DEVI	74

PROCHAMBER VHC DEVI	74	MG/5ML	24	PURE COMFORT LANCETS 30G	67
prochlorperazine	34	promethazine hcl TABS	24	PURE COMFORT SPACER	
prochlorperazine edisylate 10		promethazine w/codeine SOLN	43	CHAMBER DEVI	74
MG/2ML	34	promethazine w/codeine SYRP	43	PX LANCETS MICROTHIN 33G	67
prochlorperazine maleate TABS	34	PRONEB ULTRA FILTER SET MISC	74	PX LANCETS ULTRA THIN	67
PROCRT	59			PX LANCETS ULTRA THIN 28G	67
PROCYSBI CPDR	56	propafenone hcl TABS	10	pyrantel pamoate SUSP	9
PROCYSBI PACK	56	propranolol hcl CP24	37	pyrazinamide	28
PRODIGY LANCETS 28G	67	propranolol hcl SOLN PO 20		pyrethrins-piperonyl butoxide LIQD 3	
PRODIGY SAFETY LANCETS 26G	67	MG/5ML, 40 MG/5ML	37	%-2.4 %-0.3 %-1.2 %	50
		propranolol hcl TABS	37	pyrethrins-piperonyl butoxide SHAM	
PRODIGY TWIST TOP LANCETS		propylthiouracil	89	4 %-0.33 %	50
28G	67	PROQUAD SUSR	94	pyrethrins-piperonyl butoxide-	
PROFILNINE	57	PROTONIX PACK (Use pantoprazole		permethrin-nit remover 4 %-0.33 %-	
PRO-FLORA IMMUNE CAPS	21	sodium)	91	0.5 %	50
progesterone CAPS 100 MG	87	protriptyline hcl	16	pyridostigmine bromide TABS 60 MG	
progesterone CAPS 200 MG	87	PROVENGE	29		28
PROGLYCEM (Use diazoxide)	17	PROVENTIL HFA AERS (Use		pyridostigmine bromide TBCR	28
PROGRAF PACK	77	albuterol sulfate)	12	pyridoxine hcl TABS 25 MG, 50 MG,	
PROGRAF SOLN	77	pseudoephedrine hcl TABS	80	100 MG	96
PROLASTIN-C SOLR	89	pseudoephedrine hcl TB12	80	pyrimethamine	28
PROLEUKIN	31	pseudoephedrine-ibuprofen TABS	44	QC ALCOHOL SWABS	70
PROLIA SOSY	53	PSS SELECT GP LANCETS	67	QC LANCETS SUPER THIN 30G	67
PROMELLA IN PREBIOTIC CAPS	21	PSS SELECT SAFETY LANCETS	67	QC LANCETS ULTRA THIN	67
				QC UNILET LANCETS 28G	67
PROMEROL CAPS	21	psyllium CAPS 0.52 GM	60	QC UNILET LANCETS MICRO THIN	67
promethazine & phenylephrine SYRP	43	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	60	QELBREE	2
		PULMICORT FLEXHALER AEPB	11	QUAD-PROBIOTIC CAPS	21
promethazine hcl SOLN PO 6.25		PULMOZYME	89	QUADRACEL SUSP	90
MG/5ML, 12.5 MG/10ML	24	PURE COMFORT ALCOHOL PREP		QUADRACEL SUSY	90
promethazine hcl SUPP	24		70	quetiapine fumarate TABS	33
PROMETHAZINE HCL SYRP 6.25					

quetiapine fumarate TB24	33	RAPID RESPONSE COVID-19 ...	51	30G	67
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	3	REMODULIN SOLN IJ	39
QUICKVUE SARS ANTIGEN TEST . 51		RAVICTI	54	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	89
quinapril hcl	26	READYLANCE SAFETY LANCETS . 67		REVELA TABS (Use sevelamer carbonate)	56
quinapril-hydrochlorothiazide 12.5 MG-10 MG	26	REALITY LANCETS	67	repaglinide	18
quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	REALITY SWABS	70	REPATHA PUSHTRONEX SYSTEM SOCT	25
quinapril-hydrochlorothiazide 25 MG- 20 MG	26	REALITY TRIGGER LANCETS ...	67	REPATHA SOSY	25
quinidine gluconate TBCR	10	REBINYN	57	REPATHA SURECLICK SOAJ	25
quinidine sulfate TABS	10	RECOMBINATE SOLR	57	REPLACEMENT AIR FILTER MISC . 74	
QULIPTA	75	RECOMBIVAX HB SUSP	94	REPLACEMENT FILTERS MISC .	74
QUVIVIQ	60	RECOMBIVAX HB SUSY	94	RESTASIS EMUL (Use cyclosporine (ophth))	84
RA ALCOHOL SWABS	70	RELEUKO SOLN	59	RESTASIS MULTIDOSE EMUL ...	84
RA DRY MOUTH SOLN	78	RELEUKO SOSY	59	RESTORA CAPS	22
RA PROBIOTIC COLON CARE CAPS	21	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RETACRIT	59
RA PROBIOTIC COMPLEX CAPS 21		RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)	2	RETIN-A CREA (Use tretinoin)	44
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	21	RELIBIOTIC CAPS	22	RETIN-A GEL (Use tretinoin)	44
RA PROBIOTIC MAX STRENGTH CAPS	21	RELION ALCOHOL SWABS	70	RETISERT	84
RABAVERT	94	RELION KETONE TEST STRP ...	51	RETROVIR CAPS (Use zidovudine) . 35	
rabeprazole sodium TBEC	91	RELION LANCET DEVICES 30G .	67	RETROVIR SYRP (Use zidovudine) . 35	
raloxifene hcl	53	RELION LANCETS	67	REVCovi	54
ramelteon	60	RELION LANCETS MICRO-THIN 33G	67	REVLIMID	76
ramipril CAPS	26	RELION LANCETS THIN 26G ...	67	REXTOVY LIQD	23
ranolazine TB12	9	RELION LANCETS ULTRA-THIN 30G	67	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	35
RAPAFLO 4 MG (Use silodosin) ..	56	RELION ULTRA THIN LANCETS		REYATAZ PACK	35

RHOGAM ULTRA-FILTERED PLUS SOSY IM	86	rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE	67
RHOPHYLAC SOSY IJ	86	rivastigmine 13.3 MG/24HR	87	SAFE-T-LANCE PLUS	67
RIASTAP	57	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	87	SAFETY LANCET 30G/PRESSURE ACT	67
ribavirin (hepatitis c) CAPS	36	rivastigmine tartrate CAPS	87	SAFETY LANCETS	67
ribavirin (hepatitis c) TABS 200 MG 36		RIXUBIS SOLR	57	SAFETY LANCETS 21G	67
riboflavin TABS	96	rizatriptan benzoate TABS	75	SAFETY LANCETS 23G	67
rifampin CAPS	28	rizatriptan benzoate TBDP	75	SAFETY LANCETS 28G	67
RIGHTEST GL300 LANCETS	67	ROCKLATAN	84	salicylic acid GEL 6 %	49
riluzole TABS	81	ROCTAVIAN	57	saline SOLN 0.65 %	80
rimantadine hydrochloride TABS ..	37	ROLVEDON	59	salsalate	6
RINVOQ LQ SOLN	3	romidepsin SOLR	31	SAMI THE SEAL FILTERS MISC .	74
RINVOQ TB24	3	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	32	SANDIMMUNE CAPS (Use cyclosporine)	77
RISAQUAD CAPS	22	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	32	SANDIMMUNE SOLN IV 50 MG/ML .	77
RISAQUAD-2 CAPS	22	ropinirole hydrochloride TB24	32	sapropterin dihydrochloride PACK .	54
risedronate sodium TABS 150 MG	53	rosuvastatin calcium TABS	25	sapropterin dihydrochloride TABS .	54
risedronate sodium TABS 35 MG .	53	ROTARIX SUSP	94	SAPS CARE ALCOHOL PREP ...	70
risedronate sodium TABS 5 MG, 30 MG	53	ROTARIX SUSR	94	SAPS HEALTH ALCOHOL PREP	70
risedronate sodium TBEC	53	ROTATEQ SOLN	94	SAPS HEALTH CARE ALCOHOL PREP	70
RISPERDAL CONSTA (Use risperidone microspheres)	33	RUBRACA	31	SAPS HEALTH PLUS LANCETS .	67
risperidone microspheres	33	RUCONEST	58	SAPS HEALTH TWIST TOP LANCETS	67
risperidone SOLN	33	rufinamide SUSP	13	SAPS TWIST TOP LANCETS	67
risperidone TABS	33	RUKOBIA	36	SAPSCARE TWIST TOP LANCETS	67
risperidone TBDP	33	RYALTRIS	80	SAVELLA TABS	87
RITEFLO DEVI	74	RYBELSUS TABS	17	SAVELLA TITRATION PACK MISC	87
ritonavir TABS	36	RYKINDO SRER	33	saxagliptin hcl	17
RITUXAN	29	SABRIL PACK (Use vigabatrin) ...	14		
rivaroxaban SUSR 1 MG/ML	12	SABRIL TABS (Use vigabatrin)	14		
		sacubitril-valsartan TABS	38		

saxagliptin-metformin hcl	16	30G	67	SIMLANDI (2 SYRINGE) PSKT	4
SAXENDA	1	SHOPKO UNILET LANCETS 28G 67		SIMPLYTHICK EASY MIX	86
SB ALCOHOL PREP	70	SHOPKO UNILET LANCETS 30G 68		SIMPLYTHICK EASYMIX LEVEL 1 . 86	
SB LANCETS THIN	67	SIDESTREAM ADULT FACE MASK MISC	74	SIMPLYTHICK EASYMIX LEVEL 2 . 86	
SB LANCETS ULTRA THIN	67	SIDESTREAM PEDIATRIC FACE MASK MISC	74	SIMPLYTHICK EASYMIX LEVEL 3 . 86	
SCHOOLTIME SHAMPOO SHAM 50		SIDESTREAM PLS ADULT FACE MASK MISC	74	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	22	SIGNIFOR	54	simvastatin TABS 80 MG	25
selegiline hcl CAPS	32	SIGNIFOR LAR	54	SINGLE-LET	68
selegiline hcl TABS	32	SIKLOS TABS	58	sirolimus SOLN	77
selenium sulfide LOTN 1 %	46	sildenafil citrate (pulmonary hypertension) SOLN	39	sirolimus TABS	77
selenium sulfide LOTN 2.5 %	46	sildenafil citrate (pulmonary hypertension) SUSR	39	SITAGLIPTIN	17
selenium sulfide SHAM 1 %	46	sildenafil citrate (pulmonary hypertension) TABS	39	SITAGLIPTIN BASE-METFORMIN HCL TABS	16
SELZENTRY SOLN	36	SILICONE MASK/ADULT MISC ..	74	SIVEXTRO TABS	27
SELZENTRY TABS 25 MG, 75 MG 36		SILICONE MASK/INFANT MISC ..	74	SKLICE (Use ivermectin (pediculicide))	50
SEMGLEE (YFGN) SOLN	18	SILICONE MASK/PEDIATRIC MISC . 74		SKYLA	42
SEMGLEE (YFGN) SOPN	18	silodosin	56	SKYRIZI PEN SOAJ	46
SEMGLEE SOPN	18	silver sulfadiazine	46	SKYRIZI SOCT	55
sennosides TABS 8.6 MG	61	SIMBRINZA	83	SKYRIZI SOLN	55
sennosides-docusate sodium TABS 61		simethicone CHEW 80 MG	55	SKYRIZI SOSY	46
SEREVENT DISKUS	12	simethicone LIQD PO	55	SKYSONA	87
sertraline hcl CONC	15	simethicone SUSP	55	SKYTROFA	53
sertraline hcl TABS	15	SIMLANDI (1 PEN) AJKT	4	SM ADVANCED PROBIOTIC CAPS . 22	
sevelamer carbonate PACK	56	SIMLANDI (1 SYRINGE) PSKT	4	SM ALCOHOL PREP	70
sevelamer carbonate TABS	56	SIMLANDI (2 PEN) AJKT	4	SM IPECAC SYRUP	23
sevelamer hcl	56			SMARTEST LANCETS 28G	68
SEVENFACT	57				
SHINGRIX	94				
SHOPKO ON-THE-GO LANCETS					

SOAANZ TABS 20 MG 52	SOLUS V2 TWIST LANCETS 30G 68	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) . 10
sodium bicarbonate (antacid) TABS 325 MG, 650 MG 9	SOLUVITA ACD WITH FLUORIDE SOLN 78	spironolactone & hydrochlorothiazide 52
sodium chloride (gu irrigant) 0.9 % 56	SOLUVITA SOLN 76	spironolactone TABS 52
sodium chloride (inhalant) AERS .. 44	SOMATULINE DEPOT 54	STAMARIL SUSR 94
sodium chloride (inhalant) NEBU 0.9 %, 7 % 44	SOMAVERT 53	stannous fluoride CONC 77
sodium citrate & citric acid 56	SOOTHENEB NBL 100 ADULT MASK MISC 74	stavudine CAPS 36
sodium fluoride (dental) CREA 77	SOOTHENEB NBL 100 CHILD MASK MISC 74	STERILANCE TL 68
sodium fluoride (dental) GEL 77	SOOTHENEB NBL 100 MED CUP MISC 74	STERILE DILUENT FLOLAN PH 12 . 87
sodium fluoride (dental) SOLN 0.2 % 77	SOOTHENEB NBL 100 MESH CAP MISC 75	STIMUFEND 59
sodium fluoride CHEW 76	sorafenib tosylate 31	STIOLTO RESPIMAT 12
sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML 76	SORBITOL PO 70 % 61	STIVARGA 31
SODIUM OXYBATE SOLN 87	SORILUX FOAM 46	STRENSIQ 54
sodium phenylbutyrate POWD 54	sotalol hcl (afib/afi) 37	STRIBILD 36
sodium phenylbutyrate TABS 54	sotalol hcl TABS 240 MG 37	STROMECTOL (Use ivermectin) .. 9
sodium phosphates ENEM 61	sotalol hcl TABS 80 MG, 120 MG, 160 MG 37	SUBLOCADE SOSY 8
sodium polystyrene sulfonate POWD 77	SOTYKTU 46	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 8
sodium polystyrene sulfonate SUSP CO 15 GM/60ML 77	SOVALDI PACK 36	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 8
SOFIA SARS ANTIGEN FIA 51	SOVALDI TABS 36	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 8
SOFIA2 SARS ANTIGEN FIA 51	SPEEDY SWAB COVID-19 ANTIGEN KIT 51	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 8
SOFOSBUVIR-VELPATASVIR TABS 36	SPEVIGO SOLN 46	SUCRAID 52
SOGROYA 53	SPEVIGO SOSY 46	sucralfate SUSP 90
SOLESTA 76	SPIKEVAX SUSP 94	sucralfate TABS 90
solifenacin succinate TABS 91	SPIKEVAX SUSY 94	SUDAFED CHILDRENS LIQD 80
SOLIRIS 58	spinosad 50	
SOLUS V2 LANCETS 28G 68	SPINRAZA 82	

SUDAFED PE CHILDRENS SOLN 80	SUNLENCA TBPK 300 MG36	SYMTUZA36
sulfacetamide sodium (acne) 44	SUPARTZ FX SOSY80	SYNAGIS SOLN86
sulfacetamide sodium (ophth) SOLN . 84	SUPER PROBIOTIC CAPS 22	SYNAREL 53
sulfacetamide sodium LIQD 46	SUPER PROBIOTIC DIGESTIVE CAPS22	SYNOJOYNT SOSY80
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %44	SUPER THIN LANCETS68	SYNRIBO31
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %44	SUPERIOR PROBIOTIC CAPS ... 22	SYNTHROID TABS (Use levothyroxine sodium) 89
sulfacetamide sod-prednisolone SOLN84	SUPPRELIN LA 53	SYNVISC ONE SOSY 80
sulfamethoxazole-trimethoprim SUSP27	SURE COMFORT ALCOHOL PREP70	SYNVISC SOSY 80
sulfamethoxazole-trimethoprim TABS27	SURE COMFORT LANCETS 18G 68	TAB-A-VITE/IRON/BETA CAROTENE TABS78
sulfasalazine TABS55	SURE COMFORT LANCETS 21G 68	TABLOID 29
sulfasalazine TBEC56	SURE COMFORT LANCETS 23G 68	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)48
sulindac TABS5	SURE COMFORT LANCETS 28G 68	tacrolimus (topical) OINT 0.03 % ..49
sumatriptan75	SURE COMFORT LANCETS 30G 68	tacrolimus (topical) OINT 0.1 % ... 49
sumatriptan succinate SOAJ 4 MG/0.5ML75	SUREBIOTIC PROBIOTIC SUPPORT CAPS 22	tacrolimus CAPS77
sumatriptan succinate SOAJ 6 MG/0.5ML75	SURELITE LANCETS68	tadalafil (pulmonary hypertension) TABS39
sumatriptan succinate SOCT 4 MG/0.5ML75	SV PROBIOTIC EXTRA STRENGTH CAPS22	TADLIQ SUSP 39
sumatriptan succinate SOCT 6 MG/0.5ML75	SYLVANT77	TAFINLAR CAPS 31
sumatriptan succinate SOLN 6 MG/0.5ML75	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)12	TAGRISSO29
sumatriptan succinate TABS75	SYMDEKO 89	TAKHZYRO SOLN58
sumatriptan-naproxen sodium 75	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)36	TALTZ SOSY 46
sunitinib malate31	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)36	TALZENNA 0.25 MG, 1 MG 31
SUNLENCA TABS PO 300 MG ... 36		tamoxifen citrate TABS 30
		tamsulosin hcl56
		TASCENSO ODT 88
		tasimelteon CAPS 60
		TAVALISSE 58
		tazarotene CREA 46

TDVAX SUSP	90	testosterone cypionate SOLN IM 200 MG/ML	8	THRESHOLD IMT MISC	75
TECENTRIQ	29	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	THROMBATE III	58
TECHLITE AST LANCETS	68	testosterone GEL TD 1 %	8	THYMOGLOBULIN	77
TECHLITE LANCETS	68	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	8	THYROGEN 0.9 MG	50
TECHLITE LANCETS 26G	68	testosterone SOLN	8	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	89
TECHLITE LANCETS 30G	68	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	90	tiagabine hcl 12 MG, 16 MG	14
TEGLUTIK SUSP	81	tetrabenazine	88	tiagabine hcl 2 MG, 4 MG	14
TEGRETOL-XR TB12 (Use carbamazepine)	13	tetracaine hcl (ophth)	84	TIBSOVO	31
TEGSEDI	88	tetrahydrozoline hcl (ophth) 0.05 % 84		ticagrelor 60 MG, 90 MG	58
telmisartan	26	TEZSPIRE SOAJ	10	TICOVAC	94
telmisartan-amlodipine	26	TEZSPIRE SOSY	10	TIGLUTIK SUSP	81
telmisartan-hydrochlorothiazide ..	27	THALOMID	76	timolol maleate (ophth) SOLG 0.25 %	83
temazepam 15 MG, 30 MG	60	THEO-24 CP24 100 MG	12	timolol maleate (ophth) SOLN 0.5 % . 83	
temazepam 7.5 MG, 22.5 MG	60	THEO-24 CP24 200 MG, 300 MG, 400 MG	12	timolol maleate (ophth) SOLN	83
TEMODAR SOLR	28	theophylline ELIX	12	timolol maleate TABS	37
temozolomide CAPS	28	theophylline SOLN	12	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 % .83	
temsirolimus	31	theophylline TB12 100 MG, 200 MG, 300 MG	12	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	83
TENIVAC INJ	90	theophylline TB12 450 MG	12	tioconazole vaginal 6.5 %	95
tenofovir disoproxil fumarate TABS 36		theophylline TB24	12	tiopronin TABS	57
terazosin hcl	26	thiamine hcl TABS	96	tiotropium bromide monohydrate CAPS	10
terbinafine hcl (topical) CREA	45	thiamine mononitrate TABS 100 MG . 96		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	89
terbinafine hcl TABS	23	THINLETS GP LANCETS	68	TIVICAY PD TBSO	36
terbutaline sulfate TABS	12	thioridazine hcl	34	TIVICAY TABS	36
terconazole vaginal CREA 0.4 % ..	95	thiothixene	34		
terconazole vaginal CREA 0.8 % ..	95				
terconazole vaginal SUPP	95				
teriparatide SOPN	53				
TERIPARATIDE SOPN	53				
TESTOPEL PLLT	8				

tizanidine hcl CAPS	80	200 MG	14	TRAVEL LANCETS ADVANCED 28G	68
tizanidine hcl TABS	80	topotecan hcl SOLN	32	travoprost SOLN	85
TOBI NEBU (Use tobramycin)	3	TOPOTECAN HCL SOLN	32	trazodone hcl TABS 300 MG	15
TOBRADEX OINT	84	topotecan hcl SOLR	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15
tobramycin (ophth) SOLN	84	toremifene citrate	30	TRECATOR	28
tobramycin NEBU	3	torsemide TABS 20 MG	52	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	torsemide TABS 5 MG, 10 MG, 100 MG	52	TRELSTAR MIXJECT 3.75 MG ...	30
tobramycin sulfate SOLR	3	TOVIAZ (Use fesoterodine fumarate)	91	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	56
tobramycin-dexamethasone SUSP 84		TPOXX CAPS	37	TREMFYA PEN SOAJ SC 200 MG/2ML	56
TOBREX OINT	84	TRACLEER TABS (Use bosentan) 39		TREMFYA SOLN IV	56
TODAYS HEALTH THIN LANCETS 28G	68	TRADJENTA	17	TREMFYA SOSY SC 200 MG/2ML 56	
TODAYS HEALTH THIN LANCETS 30G	68	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	treprostinil SOLN IJ	39
TOFIDENCE	4	TRAMADOL HCL SOLN (Use tramadol hcl)	7	tretinoin (chemotherapy)	31
tolmetin sodium CAPS	5	tramadol hcl SOLN	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	45
tolmetin sodium TABS 600 MG	5	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin CREA 0.025 %	45
tolnaftate CREA	45	tramadol hcl TABS 50 MG	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	45
tolterodine tartrate CP24	91	tramadol hcl TB24	7	tretinoin microsphere	44
tolterodine tartrate TABS	91	tramadol-acetaminophen	7	TRETTEN	57
tolvaptan TABS	54	trandolapril 1 MG, 2 MG	26	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29
tolvaptan TBPK	54	trandolapril 4 MG	26	triamcinolone acetonide (mouth) ..	77
TOPAMAX SPRINKLE CPSP (Use topiramate)	13	trandolapril-verapamil hcl	27	triamcinolone acetonide (topical) AERS	48
topiramate CPSP 15 MG, 25 MG ..	13	tranexamic acid TABS	60	triamcinolone acetonide (topical) CREA 0.025 %	48
topiramate CPSP 50 MG	13	tranylcypromine sulfate	15	triamcinolone acetonide (topical)	
topiramate SOLN 25 MG/ML	13	TRAVATAN Z SOLN (Use travoprost)	85	triamcinolone acetonide (topical)	
topiramate TABS 25 MG	14	TRAVEL LANCETS	68		
topiramate TABS 50 MG, 100 MG,					

CREA 0.1 %	48	tropicamide SOLN 1 %	83	TYENNE SOLN	4
triamcinolone acetonide (topical) CREA 0.5 %	48	tropium chloride CP24	91	TYENNE SOSY	4
triamcinolone acetonide (topical) LOTN	48	tropium chloride TABS	91	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	6
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	49	TRUBIOTICS CAPS	22	TYPHIM VI SOLN	91
triamcinolone acetonide (topical) OINT 0.05 %	49	TRUBIOTICS DIGEST + IMM HEALTH CAPS	22	TYPHIM VI SOSY	91
triamcinolone acetonide (topical) OINT 0.5 %	49	TRUE COMFORT ALCOHOL PREP PADS	70	UBRELVY	75
triamcinolone acetonide-dimethicone- silicone	49	TRUE COMFORT PRO ALCOHOL PREP	70	UDENYCA ONBODY SOSY	59
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52	TRUE COMFORT SAFETY LANCETS	68	UDENYCA SOAJ	59
triamterene & hydrochlorothiazide TABS	52	TRUE COMFORT TWIST TOP LANCETS	68	UDENYCA SOSY	59
triazolam	60	TRUEPLUS GLUCOSE CHEW	17	ULTICARE ALCOHOL SWABS	70
trientine hcl 250 MG	76	TRUEPLUS GLUCOSE ON THE GO CHEW	17	ULTILET ALCOHOL SWABS	70
trifluoperazine hcl TABS	34	TRUEPLUS LANCETS 26G	68	ULTILET CLASSIC LANCETS	68
trihexyphenidyl hcl SOLN	32	TRUEPLUS LANCETS 28G	68	ULTILET LANCETS	68
trihexyphenidyl hcl TABS	32	TRUEPLUS LANCETS 30G	68	ULTILET SAFETY LANCETS	68
TRIKAFTA TBPK 100 MG-50 MG	89	TRUEPLUS LANCETS 33G	68	ULTILET SAFETY LANCETS 23G 68	
TRILEPTAL SUSP (Use oxcarbazepine)	14	TRUEPLUS SAFETY LANCETS 28G 68		ULTRA THIN LANCETS 31G	68
TRILURON SOSY	80	TRULICITY	17	ULTRA-CARE ALCOHOL PREP PADS	70
trimethoprim TABS	27	TRUMENBA 0.5 ML	91	ULTRA-CARE LANCETS 30G	68
trimipramine maleate CAPS	16	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	36	ULTRA-THIN II AUTO LANCET	68
TRIUMEQ PD TBSO	36	TUBING/WING TIP MISC	75	ULTRA-THIN II LANCETS	68
TRIUMEQ TABS	36	TWINRIX SUSY	94	UNILET COMFORTOUCH LANCET 68	
TRIVISC SOSY	80	TWIST TOP LANCETS 30G	68	UNILET EXCELITE	68
TRIZIVIR	36	TYBLUME CHEW	41	UNILET EXCELITE II	68
tropicamide SOLN 0.5 %	83	TYBOST	36	UNILET G.P. LANCET	68
		TYENNE SOAJ	4	UNILET G.P. SUPERLITE LANCET	

68	23G	69	VALTOCO 10 MG DOSE LIQD	13	
UNILET GP 28 ULTRA THIN	68	UNISTIK TOUCH SAFETY LANC	VALTOCO 15 MG DOSE LQPK 7.5		
UNILET LANCET	69	28G	MG/0.1ML	13	
UNILET MICRO-THIN 33G	69	UNISTIK TOUCH SAFETY LANC	VALTOCO 20 MG DOSE LQPK 10		
UNILET SUPERLITE LANCET	69	30G	MG/0.1ML	13	
UNILET SUPER-THIN 30G	69	UNITUXIN	29	VALTOCO 5 MG DOSE LIQD	13
UNILET ULTRA-THIN 28G	69	UP4 PROBIOTICS ADULT CAPS	22	VALUMARK LANCET SUPER THIN	
UNISTIK 1	69	UP4 PROBIOTICS MENS CAPS	22	30G	69
UNISTIK 2	69	UP4 PROBIOTICS ULTRA CAPS	22	VALUMARK LANCET ULTRA THIN	
UNISTIK 2 COMFORT	69	UP4 PROBIOTICS WOMENS CAPS	22	28G	69
UNISTIK 2 EXTRA	69	22	vancomycin hcl CAPS 125 MG	27	
UNISTIK 2 NEONATAL	69	urea CREA 40 %	49	vancomycin hcl CAPS 250 MG	27
UNISTIK 2 NORMAL	69	urea LOTN 40 %	49	vancomycin hcl SOLR IV 1 GM	27
UNISTIK 2 SUPER	69	URETRON D/S TABS 81.6 MG	27	VANCOMYCIN HCL SOLR IV 1 GM	27
UNISTIK 3	69	ursodiol CAPS	55	vancomycin hcl SOLR IV 500 MG	27
UNISTIK 3 COMFORT	69	ursodiol TABS 250 MG	55	VANCOMYCIN HCL SOLR IV 500	
UNISTIK 3 EXTRA	69	UZEDY SUSY 100 MG/0.28ML, 150		MG	27
UNISTIK 3 GENTLE	69	MG/0.42ML, 200 MG/0.56ML, 250		vancomycin hcl SOLR PO 25 MG/ML	27
UNISTIK 3 NEONATAL	69	MG/0.7ML	33		
UNISTIK 3 NORMAL	69	UZEDY SUSY 50 MG/0.14ML, 75		VANDAZOLE	95
UNISTIK 3 SUPER	69	MG/0.21ML, 125 MG/0.35ML	33	VAQTA	94
UNISTIK CZT COMFORT	69	VABRINTY KIT SC 22.5 MG, 45 MG	30	varenicline tartrate TABS	88
UNISTIK CZT NORMAL	69	valacyclovir hcl 1 GM	37	varenicline tartrate TBPK	88
UNISTIK NORMAL	69	valacyclovir hcl 500 MG	37	VARIVAX SUSR	94
UNISTIK PRO SAFETY LANCET	69	valganciclovir hcl TABS	36	VAXCHORA	92
UNISTIK SAFETY LANCETS 28G	69	valproate sodium SOLN PO 250		VAXELIS SUSP	90
		MG/5ML, 500 MG/10ML	14	VAXELIS SUSY	90
UNISTIK SAFETY LANCETS 30G	69	valproic acid CAPS	14	VAXNEUVANCE	92
		valrubicin	30	VCF VAGINAL CONTRACEPTIVE	
UNISTIK TOUCH SAFETY LANC		valsartan SOLN	26	FILM	94
21G	69	valsartan TABS	26	VCF VAGINAL CONTRACEPTIVE	
UNISTIK TOUCH SAFETY LANC		valsartan-hydrochlorothiazide	27	GEL	94

VECAMYL	27		69	VISBIOME GI CARE CAPS	22
VECTIBIX 100 MG/5ML, 400 MG/20ML	29	VERIFINE SAFE LANCET MINI 30G	69	VISCO-3 SOSY	80
VELSIPITY	56	VERIFINE UNIVERSAL LANCETS 28G	69	VISTOGARD	23
VELTASSA	77	VERIFINE UNIVERSAL LANCETS 30G	69	VISUDYNE	84
VENCLEXTA STARTING PACK TBPk	29	VERIFINE UNIVERSAL LANCETS 33G	69	VITAMIN D3 LIQD PO 125 MCG/ML . 96	
VENCLEXTA TABS	29	VESICARE LS SUSP	91	vitamin e CAPS	96
VENLAFAXINE BESYLATE ER ...	15	VEVYE SOLN	84	VITAMIN E CAPS	96
venlafaxine hcl CP24 150 MG	15	VH ESSENTIALS OPTIBALANCE CAPS	22	VITAMIN E CHEW	96
venlafaxine hcl CP24 37.5 MG	15	VIActiv DIGESTIVE HEALTH CHEW	22	VITAMINS ACD-FLUORIDE SOLN 78	
venlafaxine hcl CP24 75 MG	15	VICTOZA (Use liraglutide)	17	vitamins w/ lipotropics CAPS	79
venlafaxine hcl TABS	15	VIDA MIA UNILET LANCETS 28G 69		VITRAKVI CAPS	31
venlafaxine hcl TB24	15	VIDA MIA UNILET LANCETS 30G 69		VITRAKVI SOLN	31
VENTOLIN HFA AERS (Use albuterol sulfate)	12	vigabatrin PACK	14	VIVAGUARD LANCETS	69
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	38	vigabatrin TABS	14	VIVAGUARD LANCETS 30G	69
verapamil hcl CP24 300 MG	38	VIGAFYDE SOLN	14	VIVAGUARD SAFETY LANCETS 28G	69
verapamil hcl CP24 360 MG	38	VIJOICE TBPk	77	VIVIMUSTA SOLN	28
VERAPAMIL HCL ER CP24 (Use verapamil hcl)	38	VILTEPSO	81	VIVITROL	23
verapamil hcl TABS	38	VIMIZIM	54	VIVOTIF	92
verapamil hcl TBCR	38	vincristine sulfate	32	VIZIMPRO	29
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	38	VIRACEPT TABS 250 MG	36	VOGELXO PUMP GEL TD (Use testosterone)	8
VERELAN PM CP24 300 MG (Use verapamil hcl)	38	VIRACEPT TABS 625 MG	36	VONVENDI	57
VERIFINE SAFE LANCET MINI 21G	69	VIREAD POWD	36	VORAXAZE	32
VERIFINE SAFE LANCET MINI 23G	69	VIREAD TABS (Use tenofovir disoproxil fumarate)	36	VORTEX HOLD CHMBR/MASK/CHILD DEVI	75
VERIFINE SAFE LANCET MINI 28G		VIREAD TABS	36	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	75
				VORTEX VALVE CHAMBER-PEDI MASK DEVI	75

ZEPBOUND SOAJ	1 53	ZOLGENSMA 5.6-6.0 KG	82
ZEPBOUND SOLN	1	ZOLEDRONIC ACID SOLN	53
ZEPOSIA STARTER KIT CPPK ...	88	ZOLGENSMA 20.6-21.0 KG	82
ZEVALIN Y-90	29	ZOLGENSMA 10.1-10.5 KG	82
ZEVRX STERILE ALCOHOL PREP		ZOLGENSMA 10.6-11.0 KG	82
PAD	71	ZOLGENSMA 11.1-11.5 KG	82
ZEVRX TWIST TOP LANCETS 30G		ZOLGENSMA 11.6-12.0 KG	82
69		ZOLGENSMA 12.1-12.5 KG	82
ZIAGEN SOLN (Use abacavir		ZOLGENSMA 12.6-13.0 KG	82
sulfate)	36	ZOLGENSMA 13.1-13.5 KG	82
ZIAGEN TABS (Use abacavir sulfate)		ZOLGENSMA 13.6-14.0 KG	82
.....	36	ZOLGENSMA 14.1-14.5 KG	82
zidovudine CAPS	36	ZOLGENSMA 14.6-15.0 KG	82
zidovudine SYRP	36	ZOLGENSMA 15.1-15.5 KG	82
zidovudine TABS	36	ZOLGENSMA 15.6-16.0 KG	82
ZIEXTENZO	59	ZOLGENSMA 16.1-16.5 KG	82
zileuton TB12	11	ZOLGENSMA 16.6-17.0 KG	82
ZILRETTA SRER	43	ZOLGENSMA 17.1-17.5 KG	82
ZIMHI SOSY	23	ZOLGENSMA 17.6-18.0 KG	82
zinc oxide (topical) OINT 20 %	50	ZOLGENSMA 18.1-18.5 KG	82
zinc sulfate CAPS	76	ZOLGENSMA 18.6-19.0 KG	82
ZINPLAVA	86	ZOLGENSMA 19.1-19.5 KG	82
ziprasidone hcl	33	ZOLGENSMA 19.6-20.0 KG	82
ziprasidone mesylate	33	ZOLGENSMA 2.6-3.0 KG	82
ZITUVIMET TABS	16	ZOLGENSMA 20.1-20.5 KG	82
ZITUVIO	17	ZOLGENSMA 3.1-3.5 KG	82
ZOLADEX 10.8 MG	30	ZOLGENSMA 3.6-4.0 KG	82
ZOLADEX 3.6 MG	30	ZOLGENSMA 4.1-4.5 KG	82
zoledronic acid CONC	53	ZOLGENSMA 4.6-5.0 KG	82
zoledronic acid SOLN 4 MG/100ML	53	ZOLGENSMA 5.1-5.5 KG	82
zoledronic acid SOLN 5 MG/100ML			

ZOLGENSMA 5.6-6.0 KG	82
ZOLGENSMA 6.1-6.5 KG	82
ZOLGENSMA 6.6-7.0 KG	82
ZOLGENSMA 7.1-7.5 KG	82
ZOLGENSMA 7.6-8.0 KG	82
ZOLGENSMA 8.1-8.5 KG	82
ZOLGENSMA 8.6-9.0 KG	82
ZOLGENSMA 9.1-9.5 KG	82
ZOLGENSMA 9.6-10.0 KG	82
ZOLINZA	31
zolmitriptan SOLN 2.5 MG	75
zolmitriptan TABS	75
zolmitriptan TBDP	75
ZOLPIDEM TARTRATE CAPS	60
zolpidem tartrate SUBL	60
zolpidem tartrate TABS	60
zolpidem tartrate TBCR	60
ZOMIG SOLN 2.5 MG (Use	
zolmitriptan)	75
ZONISADE SUSP	14
zonisamide CAPS	14
ZORYVE CREA EX 0.3 %	50
ZOVIRAX CREA (Use acyclovir	
topical)	46
ZOVIRAX OINT (Use acyclovir	
topical)	46
ZTALMY	14
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8

ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZULRESSO	15
ZURZUVAE	15
ZYDELIG	31
ZYKADIA TABS	31
ZYMFENTRA (1 PEN) AJKT	56
ZYMFENTRA (2 PEN) AJKT	56
ZYMFENTRA (2 SYRINGE) PSKT	56
ZYNTEGLO	58
ZYPREXA RELPREVV	33