

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, Antihyperkinesis, 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 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 CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	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	1	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	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	2	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	NP	PA
ZEPBOUND SOLN	NP	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
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NP	Generic for Focalin XR; MP; PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	2	Generic for Methylin; MP; PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); 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
RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	2	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
Alternative Medicine - M's		
<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
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	
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	SP; PA
RINVOQ LQ SOLN	2	SP	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 SYRINGE) PSKT	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(CD/UC/HS STRT) 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-ADBM(PS/UV STARTER) AJKT	2	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	SP; PA	AMJEVITA SOAJ	NP	SP; PA
			AMJEVITA SOSY	NP	SP; PA
			CYLTEZO (2 PEN) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (1 PEN) AJKT	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 40 MG/0.4ML	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
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA	TYENNE SOAJ	NP	SP; PA
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA	TYENNE SOLN	NP	SP; PA
			TYENNE SOSY	NP	SP; PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ADVIL TABS (<i>Use ibuprofen</i>)	0	MP
			<i>celecoxib</i>	1	QL(2 EA daily); PA
			CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC	<i>naproxen TABS</i>	1	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
<i>diclofenac sodium TB24</i>	1	MP	<i>oxaprozin TABS</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>piroxicam CAPS</i>	1	MP
<i>etodolac CAPS</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>etodolac TABS</i>	1	MP	TOLECTIN 600 TABS	2	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 (Use ibuprofen)	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 (Use ibuprofen)	0	MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	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>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>naproxen-esomeprazole magnesium</i>	1	PA	<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)
<i>naproxen SUSP</i>	1	MP	Analgesics Other		
			<i>acetaminophen CHEW</i>	0	
			<i>acetaminophen ELIX</i>	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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
ACETAMINOPHEN SUPP	0	QL(12 EA per fill retail)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
<i>acetaminophen 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>hydrocodone bitartrate CP12</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	0		<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
Analgesics-Peptide Channel Blockers			<i>hydromorphone hcl TB24</i>	1	PA
PRIALT	2	SP; PA	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
Salicylates			<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
<i>aspirin CHEW</i>	0		<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)	<i>morphine sulfate beads</i>	1	PA
<i>aspirin TABS 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>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diflunisal TABS</i>	1	MP	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)
ECOTRIN ARTHRTIS PAIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)
ECOTRIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate TABS</i>	1	QL(6 EA daily)
<i>salsalate</i>	1		<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			OXAYDO TABS 5 MG	2	QL(6 EA daily)
Opioid Agonists					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP	testosterone GEL TD 1 %	2	
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(3 EA daily)	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(6 EA daily)	testosterone SOLN	1	PA
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(2 EA daily)	VOGELXO PUMP GEL TD (Use testosterone)	NP	
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(12 EA daily)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)	Intrarectal Steroids		
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)	hydrocortisone (intrarectal)	1	QL(420 ML per fill retail)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)	Rectal Combinations		
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)	phenylephrine-shark liver oil-cocoa butter	1	QL(48 EA per fill retail)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)	phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 GM per fill retail)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)	Rectal Local Anesthetics		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			pramoxine hcl (rectal) FOAM EX	1	QL(15 GM per fill retail)
Androgens			Rectal Steroids		
AVEED SOLN	2	SP; PA	ANUSOL-HC EX (Use hydrocortisone (rectal))	2	QL(30 GM per fill retail)
methyltestosterone TABS	1		hydrocortisone (rectal) EX 1 %	1	RX/OTC
TESTOPEL PLLT	2	SP; PA	hydrocortisone (rectal) EX 2.5 %	1	QL(30 GM per fill retail)
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)	ANTACIDS		
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1		Antacid Combinations		
			alum & mag hydrox-simethicone LIQD	1	QL(16.53 ML daily)
			alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	1	QL(16.53 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antacids - Aluminum Salts			ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
ALUMINUM HYDROXIDE GEL SUSP	2		<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
Antacids - Bicarbonate			NITRO-BID OINT	2	MP
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)	<i>nitroglycerin CPCR</i>	1	MP
Antacids - Calcium Salts			<i>nitroglycerin PT24</i>	1	MP
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1		<i>nitroglycerin SUBL</i>	1	MP
Antacids - Magnesium Salts			ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
<i>magnesium oxide TABS 400 MG</i>	1		Antianxiety Agents - Misc.		
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>buspirone hcl</i>	1	MP
Anthelmintics			<i>droperidol SOLN 2.5 MG/ML</i>	1	
BENZNIDAZOLE	2	SP; PA	<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)	<i>hydroxyzine hcl SYRP</i>	1	
PIN RID CHEW	2	QL(4 EA per fill retail)	<i>hydroxyzine hcl TABS</i>	1	MP
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
Antianginals-Other			<i>meprobamate</i>	1	
ASPRUZYO SPRINKLE PACK	NP		Benzodiazepines		
<i>ranolazine TB12</i>	1		ALPRAZOLAM INTENSOL CONC	2	
Nitrates			<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP	<i>alprazolam TB24</i>	1	
<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP	<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 PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
			<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP
<i>zafirlukast</i>	1	
<i>zileuton TB12</i>	1	
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	
ASMANEX (120 METERED DOSES) AEPB	2	
ASMANEX (14 METERED DOSES) AEPB	2	
ASMANEX (30 METERED DOSES) AEPB	2	
ASMANEX (60 METERED DOSES) AEPB	2	
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	2	QL(2 EA daily)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	<i>albuterol sulfate SYRP</i>	1	MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	<i>albuterol sulfate TABS</i>	1	
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)	BEVESPI AEROSPHERE	NP	
Sympathomimetics			BREO ELLIPTA	2	
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	2	QL(2 EA daily)	BREZTRI AEROSPHERE	NP	
ADVAIR HFA AERO (Use fluticasone-salmeterol)	2		<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 GM per 30 day(s) retail)
AIRDUO DIGIHALER	NP		COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	2		DULERA 50 MCG/ACT-5 MCG/ACT	2	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	2		DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	2		<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
AIRSUPRA	NP		<i>fluticasone-salmeterol AERO</i>	1	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)	<i>ipratropium-albuterol SOLN</i>	1	QL(12 ML daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 GM daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)	<i>levalbuterol tartrate</i>	1	
<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)	PROAIR DIGIHALER	NP	
<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)	PROVENTIL HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.45 GM daily)
			SEREVENT DISKUS	2	QL(2 EA daily)
			STIOLTO RESPIMAT	2	
			SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	2	QL(11 GM per 30 day(s) retail)
			<i>terbutaline sulfate TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(1.2 GM daily)	<i>enoxaparin sodium SOSY</i> 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.54 GM daily)	<i>enoxaparin sodium SOSY</i> 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
XOPENEX HFA (Use levalbuterol tartrate)	2		<i>enoxaparin sodium SOSY</i> 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
Xanthines			<i>enoxaparin sodium SOSY</i> 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		<i>fondaparinux sodium</i>	1	PA
THEO-24 CP24 100 MG	2	MP	FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>theophylline ELIX</i>	1		<i>heparin sodium (porcine) SOLN IJ</i> 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
<i>theophylline SOLN</i>	1	QL(475 ML per fill retail); MP	Thrombin Inhibitors		
<i>theophylline TB12</i> 450 MG	1		<i>dabigatran etexilate mesylate CAPS</i>	1	
<i>theophylline TB12</i> 100 MG, 200 MG, 300 MG	1		PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	2	
<i>theophylline TB24</i>	1	MP	PRADAXA PACK	2	SP
ANTICOAGULANTS - Blood Thinners			ANTICONVULSANTS - Drugs to Treat Seizures		
Coumarin Anticoagulants			Anticonvulsants - Benzodiazepines		
<i>warfarin sodium TABS</i>	1	MP	<i>clobazam SUSP</i>	1	
Direct Factor Xa Inhibitors			<i>clobazam TABS</i>	1	
ELIQUIS DVT/PE STARTER PACK TBPk	2	QL(4 EA daily)	<i>clonazepam TABS</i>	1	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)	<i>clonazepam TBDP</i>	1	
<i>rivaroxaban TABS</i> 2.5 MG	1		LIBERVANT FILM	NP	
XARELTO STARTER PACK TBPk	2		VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
XARELTO SUSR	2		VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 15 MG	2	QL(2 EA daily)	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
Heparins And Heparinoid-Like Agents					
<i>enoxaparin sodium SOLN IJ</i> 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW 100 MG</i>	1	MP
<i>carbamazepine CHEW 200 MG</i>	1	
<i>carbamazepine CP12</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
<i>gabapentin SOLN</i>	1	MP
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>lamotrigine CHEW</i>	1	MP
<i>lamotrigine KIT 25 MG</i>	1	
<i>lamotrigine TABS</i>	1	MP
<i>lamotrigine TB24</i>	1	
<i>lamotrigine TBDP</i>	1	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
<i>levetiracetam TABS</i>	1	MP
<i>levetiracetam TB24</i>	1	MP
MOTPOLY XR CP24	NP	
<i>oxcarbazepine SUSP</i>	1	MP
<i>oxcarbazepine TABS</i>	1	MP
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>primidone 125 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide SUSP</i>	1	SP
TEGRETOL-XR TB12 (Use <i>carbamazepine</i>)	2	MP
TOPAMAX SPRINKLE CPSP (Use <i>topiramate</i>)	2	MP
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
TRILEPTAL SUSP (Use <i>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		
GABITRIL 12 MG, 16 MG (Use <i>tiagabine hcl</i>)	2	
GABITRIL 2 MG, 4 MG (Use <i>tiagabine hcl</i>)	2	MP
SABRIL PACK (Use <i>vigabatrin</i>)	2	SP; PA
SABRIL TABS (Use <i>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
Hydantoins		

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

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12 100 MG	1	QL(4 EA daily); MP
bupropion hcl TB12 150 MG	1	QL(3 EA daily); MP
bupropion hcl TB12 200 MG	1	QL(2 EA daily); MP
bupropion hcl TB24 300 MG	1	QL(1 EA daily); MP
bupropion hcl TB24 450 MG	2	
bupropion hcl TB24 150 MG	1	QL(3 EA daily); MP
FORFIVO XL TB24 (Use bupropion hcl)	NP	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
phenelzine sulfate	1	
tranylcypromine sulfate	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	2	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide TABS	1	MP
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS	1	MP
fluoxetine hcl CAPS	1	MP
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 10 MG	1	AL(At least 7 yrs old); MP
fluoxetine hcl TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl TABS 60 MG</i>	1		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP
FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	2		<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP
<i>fluvoxamine maleate CP24</i>	1		<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP
<i>fluvoxamine maleate TABS</i>	1		<i>venlafaxine hcl TABS</i>	1	MP
<i>paroxetine hcl TABS</i>	1	MP	<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)
<i>paroxetine hcl TB24</i>	1		Tricyclic Agents		
SERTRALINE HCL CAPS	2	PA	<i>amitriptyline hcl TABS</i>	1	MP
<i>sertraline hcl CONC</i>	1		<i>amoxapine</i>	1	
<i>sertraline hcl TABS</i>	1	MP	<i>clomipramine hcl</i>	1	
Serotonin Modulators			<i>desipramine hcl TABS</i>	1	
<i>nefazodone hcl</i>	1		<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP	<i>doxepin hcl CAPS 150 MG</i>	1	
<i>trazodone hcl TABS 300 MG</i>	1		<i>doxepin hcl CONC</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine hcl TABS</i>	1	
CYMBALTA CPEP 20 MG, 30 MG (Use <i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>imipramine pamoate</i>	1	
CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>nortriptyline hcl CAPS</i>	1	
DESVENLAFAXINE ER	2		<i>nortriptyline hcl SOLN</i>	1	
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP	<i>protriptyline hcl</i>	1	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP	<i>trimipramine maleate CAPS</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	Alpha-Glucosidase Inhibitors		
VENLAFAXINE BESYLATE ER	NP		<i>acarbose</i>	1	
			<i>miglitol</i>	1	
			Antidiabetic Combinations		
			<i>alogliptin-metformin hcl</i>	1	QL(2 EA daily); MP
			<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG</i>	1	QL(1 EA daily); MP
			<i>glipizide-metformin hcl</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide-metformin</i>	1	MP	CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
GLYXAMBI	2		CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP
JANUMET XR TB24	2		DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
JANUMET TABS	2		<i>diazoxide</i>	1	
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP	GLUCAGEN HYPOKIT	2	MP
KAZANO (<i>Use alogliptin-metformin hcl</i>)	2	QL(2 EA daily); MP	<i>glucagon (rdna)</i>	1	QL(1 EA per fill retail); MP
KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	2		GLUCAGON EMERGENCY (<i>Use glucagon (rdna)</i>)	2	QL(1 EA per fill retail); MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	2	QL(1 EA daily); MP	GLUCO TO GO CHEW	2	QL(1.67 EA daily); MP
<i>pioglitazone hcl-glimepiride</i>	1		GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP	GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>saxagliptin-metformin hcl</i>	1		GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
SITAGLIPTIN BASE-METFORMIN HCL TABS	2		GVOKE KIT SOLN	NP	
ZITUVIMET TABS	NP		LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
Biguanides			<i>mifepristone (hyperglycemia)</i>	1	SP; PA
<i>metformin hcl SOLN</i>	1		PROGLYCEM (<i>Use diazoxide</i>)	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP	TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TABS 625 MG</i>	1		TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP	WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1		ZEGALOGUE SOAJ	2	
Diabetic Other			ZEGALOGUE SOSY	2	
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)	<i>alogliptin benzoate</i>	1	QL(1 EA daily); MP
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP	JANUVIA	2	
			NESINA (<i>Use alogliptin benzoate</i>)	2	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA (Use saxagliptin hcl)	2		HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
saxagliptin hcl	1		HUMALOG TEMPO PEN SOPN	2	
SITAGLIPTIN	2		HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	NP		HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
Incretin Mimetic Agents			HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
BYETTA 10 MCG PEN SOPN	2	QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old)	HUMULIN R U-500 KWIKPEN SOPN SC	2	
BYETTA 5 MCG PEN SOPN	2	QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old)	HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
liraglutide	1	QL(0.3 ML daily)	INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
MOUNJARO	NP	PA	INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA	INSULIN GLARGINE SOLN	2	
OZEMPIC (2 MG/DOSE) SOPN	2	PA	INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
RYBELSUS TABS	NP		INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
TRULICITY	2	PA	INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
Insulin			INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
HUMALOG JUNIOR KWIKPEN SOPN	2		INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)	INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)	LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)	LEVEMIR FLEXPEN SOPN	2	
HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)	LEVEMIR SOLN	2	
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 SUSP	2	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	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	
INVOKANA	NP	MP
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
<i>glimepiride 3 MG</i>	1	
<i>glipizide TABS 2.5 MG</i>	1	
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TB24</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<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
ALIGN CAPS 10 MG	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC
BIOZEN CAPS	2	RX/OTC
<i>bismuth subsalicylate CHEW 262 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1		CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
COMPLETE PROBIOTIC PEARLS CAPS	2	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC	CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC
CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC	CVS PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	2		CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY CHEW	2		DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PACK	2		DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2		DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC
CULTURELLE KIDS PACK	2		DERMACINRX PROBISOL CAPS	2	RX/OTC
CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC	DERMACINRX PROBITRAN CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2		DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC
CULTURELLE PRO-WELL CAPS	2	RX/OTC	DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CHILDRENS PACK	2		DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC	ENVIVE CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC	EQ PROBIOTIC CAPS	2	RX/OTC
			EQ PROBIOTIC CPDR	2	
			EQL DAILY PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORAJEN KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
FLORASAVE CPDR	2		JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
FLORASTOR ADVANCED 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	MAGE CPDR	2	
FLORRAXIS CAPS	2	RX/OTC	MEGA PROBIOTIC CAPS	2	RX/OTC
FORTIFY 30 BILLION PROBIOT 50+ CPDR	2		META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2		MICROFLOR 33 CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC EX ST CPDR	2		MICROFLOR CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC	MOMMY'S BLISS PROBIOTIC PACK	2	
FORTIFY OPTIMA PROBIOTIC CPDR	2		MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	
FORTIFY OPTIMA WOMENS ADV CARE CPDR	2		MVW COMPLETE PROBIOTIC CPDR	2	
FORTIFY PROBIOTIC WOMENS EX ST CPDR	2		NATRUL PROBIOTIC CAPS	2	RX/OTC
FORTIFY PROBIOTIC WOMENS CPDR	2		NEXABIOTIC CPDR	2	
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	PEARLS IC CAPS	2	RX/OTC
GENORAVANCE CAPS	2	RX/OTC	PHILLIPS COLON HEALTH CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC	PREORBOTIC CAPS	2	RX/OTC
			PRIMADOPHILUS BIFIDUS CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIOTIC PRODUCT CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC	PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC	RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC	RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC	RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BIOBEADS CAPS	2	RX/OTC	RESTORA CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS	2	RX/OTC	RISAQUAD-2 CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	RISAQUAD CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUP-INULIN CAPS	2	RX/OTC	SM ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC	SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC	SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC	SUPER PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC	SUPERIOR PROBIOTIC CAPS	2	RX/OTC
			SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
UP4 PROBIOTICS MENS CAPS	2	RX/OTC
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC
VISBIOME GI CARE CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
WELLPRO 31 CAPS	2	RX/OTC
XYBIOTIC CAPS	2	RX/OTC
ZELAC CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE ADULT ULT BALANCE CAPS	2	
CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
CULTURELLE DIGESTIVE DAILY CAPS	2	
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE HEALTH (INULIN) CAPS	2	
CULTURELLE ULTIMATE STRENGTH CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
VIActiv DIGESTIVE HEALTH CHEW	2	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	2	QL(40 ML daily)
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP; PA
FERRIPROX SOLN	2	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP; PA
BRIDION SOLN	2	PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 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 (Use <i>naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 16 MG</i>	1	
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>fluconazole TABS 200 MG</i>	1	
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<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	
FIBRICOR (Use <i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>fluvastatin sodium CAPS</i>	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
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
PRALUENT SOAJ	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		
<i>metyrosine</i>	1	SP; PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 EA daily); MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
Antiadrenergic Antihypertensives			<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>clonidine hcl TABS</i>	1	MP	<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 EA daily); MP
<i>doxazosin mesylate</i>	1	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>methyldopa TABS</i>	1	MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>prazosin hcl CAPS</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>terazosin hcl</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
Antihypertensive Combinations			<i>telmisartan-amlodipine</i>	1	
ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 EA daily); MP	<i>trandolapril-verapamil hcl</i>	1	
<i>amlodipine besylate-olmesartan medoxomil</i>	1		<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>amlodipine besylate-valsartan</i>	1		Antihypertensives - Misc.		
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		VECAMYL	2	SP; PA
<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP	Vasodilators		
<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP	<i>hydralazine hcl TABS</i>	1	MP
<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 EA daily); MP	<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>captopril & hydrochlorothiazide</i>	1	QL(2 EA daily); MP	Anti-infective Agents - Misc.		
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP	<i>metronidazole TABS 250 MG, 500 MG</i>	1	
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP		<i>trimethoprim TABS</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP	Anti-infective Misc. - Combinations		
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
<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	
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 PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
DARAPRIM (Use pyrimethamine)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fludarabine phosphate SOLN</i>	1	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA
<i>fludarabine phosphate SOLR</i>	1	SP; PA
FOLOTYN	2	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA
<i>pralatrexate</i>	1	SP; PA
TABLOID	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	2	SP; PA
CYRAMZA	2	SP; PA
INLYTA	2	SP; PA
LENVIMA (10 MG DAILY DOSE)	2	SP; PA
LENVIMA (12 MG DAILY DOSE)	2	SP; PA
LENVIMA (14 MG DAILY DOSE)	2	SP; PA
LENVIMA (18 MG DAILY DOSE)	2	SP; PA
LENVIMA (20 MG DAILY DOSE)	2	SP; PA
LENVIMA (24 MG DAILY DOSE)	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (8 MG DAILY DOSE)	2	SP; PA	ERBITUX	2	SP; PA
MVASI	2	SP; PA	<i>erlotinib hcl</i>	1	SP; PA
ZALTRAP	2	SP; PA	<i>gefitinib</i>	1	SP; PA
Antineoplastic - Antibodies			GILOTRIF	2	SP; PA
ADCETRIS	2	SP; PA	PORTRAZZA	2	SP; PA
ARZERRA	2	SP; PA	TAGRISSE	2	SP; PA
BLINCYTO	2	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
DARZALEX	2	SP; PA	VIZIMPRO	2	SP; PA
EMPLICITI	2	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
GAZYVA	2	SP; PA	DAURISMO	2	SP; PA
KADCYLA	2	SP; PA	ERIVEDGE	2	SP; PA
KEYTRUDA	2	SP; PA	ODOMZO	2	SP; PA
LIBTAYO	2	SP; PA	Antineoplastic - Hormonal and Related Agents		
LUMOXITI	2	SP; PA	<i>abiraterone acetate</i>	1	SP; PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA	<i>anastrozole</i>	1	MP
POLIVY 140 MG	2	SP; PA	<i>bicalutamide</i>	1	QL(1 EA daily)
POTELIGEO	2	SP; PA	CAMCEVI	2	SP
RITUXAN	2	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
TECENTRIQ	2	SP; PA	ELIGARD KIT SC 7.5 MG	2	SP; PA
UNITUXIN	2	SP; PA	EMCYT	2	SP; PA
YERVOY	2	SP; PA	ERLEADA 60 MG	2	SP; PA
ZEVALIN Y-90	2	SP; PA	EULEXIN	2	
Antineoplastic - Anti-HER2 Agents			<i>exemestane</i>	1	
KANJINTI 420 MG	2	SP; PA	FIRMAGON 80 MG	2	SP; PA
PERJETA	2	SP; PA	FIRMAGON (240 MG DOSE)	2	SP; PA
Antineoplastic - BCL-2 Inhibitors			<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
VENCLEXTA STARTING PACK TBPB	2	SP; PA	<i>letrozole</i>	1	QL(1 EA daily); MP
VENCLEXTA TABS	2	SP; PA	LEUPROLIDE ACETATE (3 MONTH) INJ	2	
Antineoplastic - Cellular Immunotherapy			LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA
KYMRIAH	2	SP; PA			
PROVENGE	2	SP; PA			
YESCARTA	2	SP; PA			
Antineoplastic - EGFR Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	BOSULIF TABS 100 MG, 500 MG	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	BRAFTOVI 75 MG	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	CABOMETYX TABS	2	SP; PA
LYSODREN	2	SP; PA	CAPRELSA	2	SP; PA
<i>megestrol acetate SUSP</i>	1		COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA
<i>megestrol acetate TABS</i>	1		COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
<i>tamoxifen citrate TABS</i>	1	MP	COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
<i>toremifene citrate</i>	1	PA	COTELLIC	2	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA	<i>dasatinib</i>	1	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA	<i>everolimus TABS</i>	1	SP; PA
XTANDI CAPS	2	SP; PA	<i>everolimus TBSO</i>	1	SP; PA
ZOLADEX 10.8 MG	2	SP; PA	IBRANCE CAPS	2	SP; PA
ZOLADEX 3.6 MG	2	SP; PA	ICLUSIG 15 MG, 45 MG	2	SP; PA
Antineoplastic - Immunomodulators			<i>imatinib mesylate TABS</i>	1	SP; PA
POMALYST	2	SP; PA	IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
Antineoplastic Antibiotics			IMBRUVICA CAPS 140 MG	2	SP; PA
<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA	IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
ELLECE SOLN	2	SP; PA	JAKAFI	2	SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA	KYPROLIS	2	SP; PA
<i>valrubicin</i>	1	SP; PA	<i>lapatinib ditosylate</i>	1	SP; PA
Antineoplastic Combinations			LORBRENA	2	SP; PA
HERCEPTIN HYLECTA	2	SP; PA	MEKINIST TABS	2	SP; PA
LONSURF	2	SP; PA	MEKTOVI	2	SP; PA
Antineoplastic Enzyme Inhibitors			NINLARO	2	SP; PA
ALECENSA	2	SP; PA	<i>pazopanib hcl</i>	1	SP; PA
BELEODAQ	2	SP; PA	<i>romidepsin SOLR</i>	1	SP; PA
			RUBRACA	2	SP; PA
			<i>sorafenib tosylate</i>	1	SP; PA
			STIVARGA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
TASIGNA	2	SP; PA
<i>temsirolimus</i>	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VOTRIENT	2	SP; PA
XALKORI CAPS	2	SP; PA
XOSPATA	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	SP; PA
Antineoplastic Enzymes		
ONCASPAR	2	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Adjuncts		

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
<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

Drug Name	Drug Tier	Requirements/ Limits
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		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>clozapine TBDP</i>	0	
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>loxapine succinate</i>	1	
<i>paliperidone</i>	1		<i>olanzapine SOLR</i>	1	
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP	<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP	<i>olanzapine TBDP</i>	1	
<i>risperidone SOLN</i>	1		<i>quetiapine fumarate TABS</i>	1	
<i>risperidone TABS</i>	1		<i>quetiapine fumarate TB24</i>	1	
<i>risperidone TBDP</i>	1		ZYPREXA RELPREVV	NP	SP
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	Phenothiazines		
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP	<i>chlorpromazine hcl TABS</i>	1	
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP	<i>fluphenazine decanoate</i>	1	
Butyrophenones			<i>fluphenazine hcl TABS</i>	1	
<i>haloperidol decanoate</i>	1		<i>perphenazine TABS</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>prochlorperazine</i>	1	
<i>haloperidol lactate SOLN</i>	1		<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>haloperidol TABS</i>	1		<i>prochlorperazine maleate TABS</i>	1	
Dibenzapines			<i>thioridazine hcl</i>	1	
<i>clozapine TABS</i>	0		<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Thioxanthenes			EMTRIVA CAPS (Use <i>emtricitabine</i>)	0	QL(1 EA daily)
<i>thiothixene</i>	1		EMTRIVA SOLN	0	QL(24 ML daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EPIVIR SOLN (Use <i>lamivudine</i>)	0	QL(30 ML daily)
Antiretrovirals			EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	0	QL(2 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EVOTAZ	0	QL(1 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		GENVOYA	0	QL(1 EA daily)
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	0	QL(2 EA daily)	INTELENCE	0	QL(4 EA daily)
COMPLERA	0	QL(1 EA daily)	INTELENCE (Use <i>etravirine</i>)	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	INTELENCE 200 MG (Use <i>etravirine</i>)	0	QL(2 EA daily)
DELSTRIGO	0	QL(1 EA daily)	ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
DESCOVY 120 MG-15 MG	2		ISENTRESS PACK	0	QL(2 EA daily)
DOVATO	0		ISENTRESS TABS	0	QL(2 EA daily)
EDURANT	0	QL(1 EA daily)	KALETRA SOLN	0	QL(160 ML per fill retail)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)	KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	0	QL(4 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine SOLN</i>	0	QL(30 ML daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)
<i>efavirenz TABS</i>	0	QL(1 EA daily)			
<i>emtricitabine CAPS</i>	0	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)	<i>ritonavir TABS</i>	0	QL(12 EA daily)
<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)	RUKOBIA	0	
LEXIVA SUSP	0	QL(56 ML daily)	SELZENTRY SOLN	0	QL(35 ML daily)
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	0	QL(4 EA daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)	<i>stavudine CAPS</i>	0	QL(2 EA daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)	STRIBILD	0	
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)	SUNLENCA TBPK 300 MG	2	SP
<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)	SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	0	QL(1 EA daily)
<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)	SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	0	QL(2 EA daily)
<i>nevirapine SUSP</i>	0	QL(40 ML daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	0	QL(3 EA daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)
NORVIR CAPS	0	QL(12 EA daily)	TIVICAY PD TBSO	0	
NORVIR PACK	0		TIVICAY TABS	0	
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 EA daily)	TRIUMEQ PD TBSO	0	
ODEFSEY	0		TRIUMEQ TABS	0	
PIFELTRO	0	QL(1 EA daily)	TRIZIVIR	0	QL(2 EA daily)
PREZCOBIX	0	QL(1 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)	TYBOST	0	QL(1 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)	VIRACEPT TABS 250 MG	0	QL(9 EA daily)
PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 EA daily)	VIRACEPT TABS 625 MG	0	QL(4 EA daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)	VIREAD POWD	0	
RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 EA daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ML daily)	VIREAD TABS	0	QL(1 EA 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
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ML daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 EA daily)
zidovudine CAPS	0	QL(6 EA daily)
zidovudine SYRP	0	QL(60 ML daily)
zidovudine TABS	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
valganciclovir hcl TABS	1	QL(2 EA daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
ribavirin (<i>hepatitis c</i>) CAPS	1	SP; PA
ribavirin (<i>hepatitis c</i>) TABS 200 MG	1	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VIEKIRA PAK TBPk	NP	SP; PA
VOSEVI	NP	SP; PA
ZEPATIER	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents		
acyclovir CAPS	1	QL(50 EA per 30 day(s) retail)
acyclovir SUSP	1	QL(400 ML per 30 day(s) retail)
acyclovir TABS PO 800 MG	1	QL(50 EA per 30 day(s) retail)
acyclovir TABS PO 400 MG	1	QL(3 EA daily)
famciclovir	1	
valacyclovir hcl 1 GM	1	QL(42 EA per 21 day(s) retail)
valacyclovir hcl 500 MG	1	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 30 MG	1	QL(20 EA per fill retail)
oseltamivir phosphate CAPS 45 MG, 75 MG	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(120 ML per fill retail)
rimantadine hydrochloride TABS	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		
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	1	QL(3 EA daily); MP
carvedilol 25 MG	1	QL(4 EA daily); MP
carvedilol phosphate	1	QL(1 EA daily); MP
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP	CONJUPRI (Use <i>levamlodipine maleate</i>)	2	
Beta Blockers Cardio-Selective			<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>acebutolol hcl CAPS</i>	1	MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>betaxolol hcl</i>	1		<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP	<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1		<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>felodipine</i>	1	QL(1 EA daily); MP
Beta Blockers Non-Selective			<i>isradipine CAPS</i>	1	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>levamlodipine maleate</i>	1	
<i>pindolol TABS</i>	1	MP	<i>nicardipine hcl CAPS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>sotalol hcl (afib/af)</i>	1	QL(2 EA daily); MP	<i>nimodipine CAPS</i>	1	
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nisoldipine</i>	1	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	NORLIQVA SOLN	NP	
<i>timolol maleate TABS</i>	1	MP	VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	2	QL(2 EA daily); MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily); MP
Calcium Channel Blockers					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 EA daily); MP	ORENITRAM MONTH 2 TEPK	NP	SP
<i>verapamil hcl CP24 300 MG</i>	1	MP	ORENITRAM MONTH 3 TEPK	NP	SP
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP	REMODULIN SOLN IJ	NP	SP; PA
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP	<i>treprostinil SOLN IJ</i>	1	SP; PA
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	MP	Pulmonary Hypertension - Endothelin Receptor Antagonists		
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily); MP	<i>ambrisentan</i>	1	SP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			<i>bosentan TABS</i>	1	SP
Cardiac Glycosides			LETAIRIS (<i>Use ambrisentan</i>)	NP	SP
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP	TRACLEER TABS (<i>Use bosentan</i>)	NP	SP
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP	LIQREV SUSP	NP	SP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
Cardiovascular Agents Misc. - Combinations			<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>amlodipine besylate-atorvastatin calcium</i>	1		<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
ENTRESTO CPSP	NP		<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
ENTRESTO TABS	2		TADLIQ SUSP	NP	SP; PA
OPSYNVI	NP	SP	Transthyretin Stabilizers		
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			VYNDAMAX	2	QL(1 EA daily); SP; PA
INPEFA	NP		VYNDAQEL	2	QL(4 EA daily); SP; PA
Prostaglandin Vasodilators			CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
<i>epoprostenol sodium</i>	1	SP; PA	Cephalosporins - 1st Generation		
ORENITRAM MONTH 1 TEPK	NP	SP	<i>cefadroxil CAPS</i>	1	
			<i>cefadroxil SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil TABS</i>	1		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cephalexin CAPS 250 MG, 500 MG</i>	1		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cephalexin SUSR</i>	1		<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Cephalosporins - 2nd Generation			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>CEFACLOR ER TB12</i>	2		<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefaclor CAPS</i>	1		FALESSA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1		<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)	<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<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>cefдинир CAPS</i>	1	QL(20 EA per fill retail)			
<i>cefдинир SUSR</i>	1	QL(60 ML per fill retail)			
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & ethinyl estradiol-fe</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>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	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
Combination Contraceptives - Transdermal					
<i>norelgestromin-ethinyl estradiol</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
Combination Contraceptives - Vaginal					
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<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
Copper Contraceptives - IUD					
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV			
Emergency Contraceptives			Progestin Contraceptives - IUD		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	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					

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide TB24</i>	1	
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)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<i>hydrocortisone TABS</i>	1	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
<i>methylprednisolone TBPk</i>	1	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone SOLN</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
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 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 EA daily); AL(At least 12 yrs old)
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>adapalene CREA</i>	1	
MAXI-TUSS PE LIQD	2		<i>adapalene GEL</i>	1	RX/OTC
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>adapalene GEL</i>	1	
<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)	ADAPALENE SOLN	2	
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	AKLIEF	NP	
<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1	
Expectorants			<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1	
<i>acetylcysteine SOLN</i>	1		DIFFERIN CREA (Use adapalene)	2	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN GEL 0.3 % (Use adapalene)	2	
Acne Products			DIFFERIN LOTN	2	
			<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)
			<i>erythromycin (acne aid) SOLN</i>	1	
			<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA (Use tretinoin)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	neomycin-polymyxin w/ pramoxine	1	QL(28.3 GM per fill retail)
RETIN-A GEL (Use tretinoin)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	Antifungals - Topical		
sulfacetamide sodium (acne)	1	QL(120 ML per fill retail)	ciclopirox SOLN	1	PA
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(60 GM per fill retail)	clotrimazole (topical) CREA	1	QL(60 GM per fill retail); RX/OTC
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	1	QL(30 GM per fill retail)	clotrimazole (topical) SOLN	1	QL(60 ML per fill retail); RX/OTC
tretinoin microsphere	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	clotrimazole w/ betamethasone CREA	1	QL(45 GM per fill retail)
tretinoin CREA 0.025 %	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)	clotrimazole w/ betamethasone LOTN	1	QL(30 ML per fill retail)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	econazole nitrate CREA	1	QL(85 GM per fill retail)
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	ketoconazole (topical) CREA	1	QL(60 GM per fill retail)
Antibiotics - Topical			ketoconazole (topical) SHAM 2 %	1	QL(120 ML per fill retail)
bacitracin (topical) OINT	1	QL(453.9 EA per fill retail)	luliconazole	2	PA
bacitracin zinc OINT	1	QL(453.6 GM per fill retail)	LUZU (Use luliconazole)	NP	PA
gentamicin sulfate (topical) CREA	1	QL(30 GM per fill retail)	miconazole nitrate (topical) CREA	1	QL(92 GM per fill retail)
gentamicin sulfate (topical) OINT	1	QL(30 GM per fill retail)	NIZORAL SHAM	2	QL(200 ML per fill retail)
mupirocin calcium (topical)	1		nystatin (topical) CREA	1	QL(30 GM per fill retail)
mupirocin OINT	1	QL(30 GM per fill retail)	nystatin (topical) OINT	1	QL(30 GM per fill retail)
neomycin-bacitracin-polymyxin OINT	1	QL(56 GM per fill retail)	nystatin (topical) POWD EX	1	QL(60 GM per fill retail)
			nystatin-triamcinolone CREA	1	QL(60 GM per fill retail)
			nystatin-triamcinolone OINT	1	QL(60 GM per fill retail)
			oxiconazole nitrate CREA	1	PA
			terbinafine hcl (topical) CREA	1	QL(42 GM per fill retail)
			tolnaftate CREA	1	QL(30 GM per fill retail)
			Antihistamines-Topical		
			ITCH RELIEF CREA	2	

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

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	SP; PA
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
TREMFYA SOAJ 200 MG/2ML	NP	SP; PA
TREMFYA SOLN	NP	SP; PA
TREMFYA SOSY 200 MG/2ML	NP	SP; PA
VTAMA	NP	
ZORYVE 0.3 %	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (Use <i>penciclovir</i>)	2	
<i>penciclovir</i>	1	
ZOVIRAX CREA (Use <i>acyclovir topical</i>)	2	QL(1 GM daily)
ZOVIRAX OINT (Use <i>acyclovir topical</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA</i>	1	
<i>amcinonide LOTN</i>	1	
<i>amcinonide OINT</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 GM per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1	
<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)
<i>betamethasone valerate FOAM</i>	1	
<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)
<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	
CAPEX SHAM	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate emulsion</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate FOAM</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate LIQD</i>	1	
<i>clobetasol propionate LOTN</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>clobetasol propionate SHAM</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>clocortolone pivalate</i>	1	
CLODAN	NP	
CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>desonide LOTN</i>	1	
<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>desoximetasone CREA 0.25 %</i>	1	
<i>desoximetasone CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>desoximetasone GEL</i>	1	
<i>desoximetasone LIQD</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone OINT</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	QL(453.6 GM per fill retail)
<i>diflorasone diacetate CREA</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>diflorasone diacetate OINT</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 GM per fill retail); RX/OTC
EPIFOAM FOAM	2		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	QL(59 ML per fill retail)
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone (topical) OINT 0.5 %</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
<i>fluocinolone acetonide SOLN</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)
<i>fluocinonide emulsified base</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone (topical) SOLN 1 %</i>	1	
<i>fluocinonide CREA 0.1 %</i>	1		<i>hydrocortisone (topical) acetate (topical) CREA 1 %</i>	1	
<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone acetate (topical) OINT</i>	1	
<i>fluocinonide GEL</i>	1	QL(60 GM per fill retail)	HYDROCORTISONE ACETATE CREA	2	
<i>fluocinonide OINT</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>fluocinonide SOLN</i>	1	QL(60 ML per fill retail)	<i>hydrocortisone butyrate CREA</i>	1	
<i>flurandrenolide CREA</i>	1		<i>hydrocortisone butyrate LOTN</i>	1	
<i>flurandrenolide LOTN</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>flurandrenolide OINT</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ML per fill retail)
<i>fluticasone propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone valerate CREA</i>	1	
<i>fluticasone propionate LOTN</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluticasone propionate OINT</i>	1	QL(60 GM per fill retail)	HYDROXATE GEL	NP	
<i>halcinonide CREA</i>	1		HYDROXYM GEL	NP	
<i>halobetasol propionate CREA</i>	1		IMPEKLO LOTN	NP	
<i>halobetasol propionate FOAM</i>	1				
<i>halobetasol propionate OINT</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM	NP		urea CREA 40 %	1	QL(85.05 GM per fill retail); RX/OTC
mometasone furoate CREA	1	QL(50 GM per fill retail)	urea LOTN 40 %	1	QL(325 GM per fill retail)
mometasone furoate OINT	1	QL(45 GM per fill retail)	Emollients		
mometasone furoate SOLN	1	QL(60 ML per fill retail)	lactic acid (ammonium lactate) CREA	1	QL(385 GM per fill retail); RX/OTC
prednicarbate OINT	1	QL(60 GM per fill retail)	lactic acid (ammonium lactate) LOTN 12 %	1	QL(57 GM per fill retail); RX/OTC
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP		Hair Growth Agents		
triamcinolone acetonide (topical) AERS	1		LITFULO	NP	SP; PA
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)	Immunomodulating Agents - Topical		
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 GM per fill retail)	imiquimod 5 %	1	QL(48 EA per 180 day(s) retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 GM per fill retail)	Immunosuppressive Agents - Topical		
triamcinolone acetonide (topical) LOTN	1	QL(60 ML per fill retail)	ELIDEL (Use pimecrolimus)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) OINT 0.05 %	1		pimecrolimus	1	QL(1 GM daily); AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	NP	PA
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 GM per fill retail)	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	NP	QL(1 GM daily); AL(At least 2 yrs old); PA
triamcinolone acetonide-dimethicone-silicone	1		tacrolimus (topical) OINT 0.03 %	1	QL(1 GM daily); AL(At least 2 yrs old); PA
Eczema Agents			tacrolimus (topical) OINT 0.1 %	1	PA
ADBRY SOAJ	2	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
ADBRY SOSY	2	SP; PA	podofilox SOLN	1	QL(4 ML per fill retail)
CIBINQO	NP	SP; PA	salicylic acid GEL 6 %	1	QL(40 GM per fill retail)
DUPIXENT SOAJ	2	SP; PA			
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA			
OPZELURA	NP	PA			
Emollient/Keratolytic Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Local Anesthetics - Topical			LICEMD GEL	2	
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)	<i>lindane SHAM</i>	1	
<i>capsaicin CREA 0.035 %</i>	1	QL(42.5 GM per fill retail)	<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)	NATROBA (Use <i>spinosad</i>)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)	NIX LICE KILLING SPRAY LIQD XX	2	
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)	<i>permethrin AERO</i>	1	
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail	<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)	<i>permethrin LIQD EX</i>	1	
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail)	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
LIDOCAINE CREA	2	QL(85 GM per fill retail)	SCHOOLTIME SHAMPOO SHAM	2	
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)	SKLICE (Use <i>ivermectin (pediculicide)</i>)	NP	
Misc. 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)
CVS LANOLIN CREA	2		Tar Products		
<i>lanolin (topical) CREA</i>	1		<i>coal tar extract SHAM 0.5 %</i>	1	
LANOLOR CREA	2		Wound Care Products		
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)	APLIGRAF DISK	2	PA
Rosacea Agents			DIAGNOSTIC PRODUCTS		
<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)			
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)			
<i>metronidazole (topical) LOTN</i>	1				
Scabicides & Pediculicides					
<i>ivermectin (pediculicide)</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Drugs			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
<i>cosyntropin SOLR</i>	1	SP; PA	GENABIO COVID-19 RAPID TEST KIT	0	
THYROGEN 0.9 MG	2	SP; PA	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
Diagnostic Tests			ID NOW COVID-19	0	
ACCUA SARS-COV-2	0		ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	0		ID NOW COVID-19 2.0 TEST	0	
BD VERITOR SYSTEM SARS-COV-2	0		ID NOW COVID-19 CONTROL	0	RX/OTC
BINAXNOW COVID-19 AG CARD	0		IHEALTH COVID-19 RAPID TEST KIT	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0		INDICAID COVID-19 RAPID TEST KIT	0	
CARESTART COVID-19 HOME TEST KIT	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
CHEMSTRIP K STRP	2		KETONE TEST STRP	2	
CLEARDETECT COVID-19 AG HOME KIT	0		KETOSTIX STRP	2	
CLINITEST RAPID COVID-19 TEST KIT	0		LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC
COBAS LIAT SARS-COV-2 ASSAY	0		LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC	LYRA DIRECT SARS-COV-2 ASSAY	0	
COVID-19 AT HOME ANTIGEN TEST KIT	0		LYRA SARS-COV-2 ASSAY	0	
COVID-19 AT-HOME TEST KIT	0		OHC COVID-19 ANTIGEN SELF TEST KIT	0	
COVID-19 OTC ANTIGEN 1-PACK KIT	0		ON/GO COVID-19 ANTIGEN TEST KIT	0	
COVID-19 OTC ANTIGEN 2-PACK KIT	0		ON/GO ONE COVID-19 HOME TEST KIT	0	
CVS COVID-19 AT HOME TEST KIT KIT	0				
DIATRUST COVID-19 HOME TEST KIT	0				
ELLUME COVID-19 HOME TEST KIT	0				
FASTEP COVID-19 ANTIGEN TEST KIT	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUGH ULTRA BLUE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	QUICKVUE SARS ANTIGEN TEST	0	
ONETOUGH ULTRA TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	RAPID RESPONSE COVID-19	0	
ONETOUGH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	RELION KETONE TEST STRP	2	
ONETOUGH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	SOFIA SARS ANTIGEN FIA	0	
PILOT COVID-19 AT-HOME TEST KIT	0		SOFIA2 SARS ANTIGEN FIA	0	
QUICKVUE AT-HOME COVID-19 TEST KIT	0		SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
			XPERT XPRESS SARS-COV-2	0	
			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
			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		

Drug Name	Drug Tier	Requirements/ Limits
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
<i>SOAANZ TABS 20 MG</i>	2	MP
<i>torsemide TABS 20 MG</i>	1	MP
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<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)
<i>EVENITY</i>	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS</i>	1	PA
<i>NATPARA</i>	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
<i>PAMIDRONATE DISODIUM SOLN</i>	2	SP; PA
<i>PROLIA SOSY</i>	2	SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<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 TBEC</i>	1	
<i>teriparatide SOPN</i>	1	SP; PA
<i>XGEVA SOLN</i>	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>ZOLEDRONIC ACID SOLN</i>	2	SP; PA
Corticotropin		
<i>ACTHAR GEL</i>	2	SP; PA
<i>CORTROPHIN GEL</i>	2	SP; PA
Fertility Regulators		
<i>CHORIONIC GONADOTROPIN IM</i>	2	PA
<i>NOVAREL IM</i>	2	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REVCovi	2	SP; PA	Estrogen Combinations		
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA	COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA	<i>estradiol & norethindrone acetate TABS</i>	1	
<i>sodium phenylbutyrate POWD</i>	1	SP; PA	MYFEMBREE	2	
<i>sodium phenylbutyrate TABS</i>	1	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	0	
STRENSIQ	2	SP; PA	ORIAHNN	2	PA
VIMIZIM	2	SP; PA	PREMPHASE	2	QL(1 EA daily)
XPHOZAH	NP	SP	PREMPRO	2	QL(1 EA daily)
Posterior Pituitary Hormones			Estrogens		
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)	<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA	<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA	<i>estradiol TABS</i>	1	MP
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)	PREMARIN TABS	2	QL(1 EA daily)
Somatostatic Agents			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
<i>lanreotide acetate</i>	1	SP; PA	Fluoroquinolones		
LANREOTIDE ACETATE	2	SP; PA	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>octreotide acetate KIT</i>	1	SP; PA	<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
<i>octreotide acetate SOLN</i>	1	SP; PA	<i>ciprofloxacin SUSR</i>	1	
<i>octreotide acetate SOSY</i>	1	SP; PA	CIPRO SUSR	2	
SIGNIFOR	2	SP; PA	<i>levofloxacin SOLN PO</i>	1	
SIGNIFOR LAR	2	SP; PA	<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
SOMATULINE DEPOT	2	SP; PA	<i>moxifloxacin hcl TABS</i>	1	
Vasopressin Receptor Antagonists			<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 EA per fill retail)
JYNARQUE TABS	2	SP; PA	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
JYNARQUE TBPk	2	SP; PA			
<i>tolvaptan TABS</i>	1	SP; PA			
ESTROGENS - Hormone Replacement/Modifying Drugs					

Drug Name	Drug Tier	Requirements/ Limits
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		
OALIVA	2	SP; PA
Gallstone Solubilizing Agents		
CHENODAL	2	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 5 MG</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1	
Inflammatory Bowel Agents		
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	QL(3 EA daily)
<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>)	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	1	
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
<i>sulfasalazine TBEC</i>	1	MP
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	
RENAGEL (<i>Use sevelamer hcl</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate</i> PACK	1	
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid</i> PACK	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		
SODIUM CHLORIDE 0.9 %	2	
<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

Drug Name	Drug Tier	Requirements/ Limits
RAPAFLO 4 MG (<i>Use silodosin</i>)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	1	
Urinary Stone Agents		
<i>tiopronin</i> TABS	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		
<i>allopurinol</i> 100 MG, 300 MG	1	MP
<i>colchicine</i> TABS	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA
Uricosurics		
<i>probenecid</i>	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	2	SP; PA
ADYNOVATE	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA
ALPHANATE SOLR	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ALPROLIX	2	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	2	SP; PA
CORIFACT	2	SP; PA
ELOCTATE	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
FEIBA	2	SP; PA
FIBRYGA	2	SP; PA
HEMGENIX	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
HUMATE-P SOLR	2	SP; PA
IDELVION	2	SP; PA
IXINITY SOLR	2	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
KCENTRA	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
KOATE SOLR	2	SP; PA
KOGENATE FS KIT	2	SP; PA
KOVALTRY	2	SP; PA
NOVOEIGHT	2	SP; PA
NOVOSEVEN RT	2	SP; PA
NUWIQ KIT	2	SP; PA
NUWIQ SOLR	2	SP; PA
OBIZUR	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE	2	SP; PA
REBINYN	2	SP; PA
RECOMBINATE SOLR	2	SP; PA
RIASTAP	2	SP; PA
RIXUBIS SOLR	2	SP; PA
ROCTAVIAN	2	SP; PA
SEVENFACT	2	SP; PA
TRETTEN	2	SP; PA
VONVENDI	2	SP; PA
WILATE KIT	2	SP; PA
XYNTHA	2	SP; PA
XYNTHA SOLOFUSE	2	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
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	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cilostazol</i>	1	QL(2 EA daily); MP	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
<i>clopidogrel bisulfate 300 MG</i>	1		FULPHILA	NP	SP; PA
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP	FYLNETRA	NP	SP
<i>dipyridamole</i>	1	MP	GRANIX SOLN	NP	SP; PA
<i>prasugrel hcl</i>	1	QL(1 EA daily)	GRANIX SOSY	NP	SP; PA
YOSPRALA 81 MG-40 MG	2		LEUKINE SOLR IJ	NP	SP; PA
Thrombolytic Agent - Misc			MIRCERA	NP	SP; PA
DEFITELIO	2	SP; PA	MULPLETA	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			NEULASTA ONPRO PSKT	NP	SP; PA
Agents for Gaucher Disease			NEULASTA SOSY	NP	SP; PA
CERDELGA	2	SP; PA	NEUPOGEN SOLN	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA	NEUPOGEN SOSY	2	SP; PA
ELELYSO	2	SP; PA	NIVESTYM SOLN	NP	SP; PA
<i>miglustat</i>	1	SP; PA	NIVESTYM SOSY	NP	SP; PA
VPRIV	2	SP; PA	NPLATE 250 MCG, 500 MCG	2	SP; PA
Agents for Sickle Cell Disease			NYVEPRIA	2	SP; PA
CASGEVY	2	SP; PA	PROCRIT	NP	SP; PA
DROXIA CAPS	2		PROCRIT	NP	SP; PA
LYFGENIA	NP	SP; PA	PROMACTA PACK 12.5 MG	2	SP; PA
SIKLOS TABS	2	PA	PROMACTA TABS	2	SP; PA
Cobalamins			RELEUKO SOLN	NP	SP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1		RELEUKO SOSY	NP	SP
Folic Acid/Folates			RETACRIT	2	SP; PA
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC	ROLVEDON	NP	SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)	STIMUFEND	NP	SP
Hematopoietic Gene Therapy			UDENYCA ONBODY SOSY	NP	SP
ZYNTGLO	2	SP; PA	UDENYCA SOAJ	NP	SP
Hematopoietic Growth Factors			UDENYCA SOSY	NP	SP; PA
DOPTELET	2	SP; PA	ZARXIO	NP	SP; PA
			ZIEXTENZO	NP	SP
			Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)	<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)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Iron			Antihistamine Hypnotics		
FERRETT'S TABS	2	QL(2 EA daily)	<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)	<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>ferrous gluconate TABS</i>	1		<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
FERROUS GLUCONATE TABS 324 MG	2		<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>ferrous sulfate dried TBCR</i>	1		<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)	<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)	<i>doxylamine succinate (sleep)</i>	1	
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP	<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP	<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>ferrous sulfate TBEC</i>	1		<i>naproxen sodium-diphenhydramine hcl</i>	1	
IRON CHEWS PEDIATRIC CHEW	2		Barbiturate Hypnotics		
IRON TABS 28 MG	2		<i>phenobarbital ELIX</i>	1	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)	<i>phenobarbital TABS</i>	1	
Stem Cell Mobilizers			Hypnotics - Tricyclic Agents		
<i>plerixafor</i>	1	SP; PA	<i>doxepin hcl (sleep)</i>	1	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			Non-Barbiturate Hypnotics		
Hemostatics - Systemic			<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<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>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>estazolam</i>	1		<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
<i>eszopiclone</i>	1		Laxatives - Miscellaneous		
<i>flurazepam hcl</i>	1	QL(1 EA daily)	<i>glycerin (laxative) SUPP 2 GM</i>	1	
IGALMI FILM	NP		<i>lactulose SOLN</i>	1	
<i>midazolam hcl SOLN IJ</i>	1		<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1		<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)	SORBITOL PO 70 %	2	
<i>triazolam</i>	1	QL(1 EA daily)	Saline Laxatives		
<i>zaleplon</i>	1	QL(1 EA daily)	<i>magnesium citrate 1.745 GM/30ML</i>	1	
ZOLPIDEM TARTRATE CAPS	2		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)
<i>zolpidem tartrate SUBL</i>	1		<i>sodium phosphates ENEM</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)	Stimulant Laxatives		
<i>zolpidem tartrate TBCR</i>	1		<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
Orexin Receptor Antagonists			<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
QUVIVIQ	NP		<i>sennosides TABS 8.6 MG</i>	1	
Selective Melatonin Receptor Agonists			Surfactant Laxatives		
<i>ramelteon</i>	1		<i>docusate sodium CAPS 50 MG</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA	<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
LAXATIVES - Bowel Treatment Drugs			<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
Bulk Laxatives			DOCUSATE SODIUM SYRP	2	
<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)	<i>docusate sodium TABS</i>	1	
NATURAL FIBER LAXATIVE POWD	2		MACROLIDES - Drugs to Treat Bacterial Infections		
<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					
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Azithromycin			1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)	ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)	ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)	ACCUTREND PLUS	2	
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)	ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
Clarithromycin			ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)	ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)	ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC
Erythromycins			ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2		ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2		ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base CPEP</i>	1		ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base TABS</i>	1		AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin base TBEC</i>	1		AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1		AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1		AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEDICAL DEVICES AND SUPPLIES			ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
Bandages-Dressings-Tape			ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS-MISC	2	OTC	ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC
Contraceptives			ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC
CONDOMS-MISC	2	QL(36 ea per fill retail)			
Diabetic Supplies					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC	CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC	CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
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 21G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
			CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
DRUG MART LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EQL COLOR LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC	E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	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
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
FINE 30	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA	GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP 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	GNP LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA	GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA	GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily); RX/OTC
			GOODSENSE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
			GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily); RX/OTC
			GOODSENSE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
			GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS ULTRATHIN 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LIFESCAN UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	LIFESCAN UNISTIK II LANCETS	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH CLUB LANCETS FINE PT	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH FINEPOINT LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC			
MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC			
MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH VERIO LIQD	2		PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	SMART SENSE SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC	SMART SENSE THIN LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC	SMARTTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 EA daily); RX/OTC
SM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	TGT LANCET ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC
			UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC
			UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC	WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily); RX/OTC
UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	WALGREENS LANCETS	2	QL(6.67 EA daily); RX/OTC
UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily); RX/OTC	WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	Misc. Devices		
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC	ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC	ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	RA ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC	REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS PREP	2	QL(6.67 EA daily); RX/OTC	SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC	ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ZEV RX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC
MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	HUDSON RCI AEROSOL MASK ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SOOTHENE NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENE NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<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)
ZOMIG SOLN 2.5 MG (Use zolmitriptan)	NP	
MINERALS & ELECTROLYTES		
Calcium		
<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 0.125 MG/DROP</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLUVITA SOLN	2	RX/OTC	REVLIMID	2	SP; PA
Magnesium			THALOMID	2	SP; PA
<i>magnesium oxide (mg supplement) TABS</i>	1		Immunosuppressive Agents		
Phosphate			ASTAGRAF XL CP24	2	PA
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)	ATGAM	2	SP; PA
Potassium			<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>potassium bicarbonate TBEF</i>	1		<i>azathioprine TABS 50 MG</i>	1	MP
<i>potassium chloride microencapsulated crystals er</i>	1	MP	<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>potassium chloride CPCR 10 MEQ</i>	1	MP	<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP	<i>cyclosporine CAPS</i>	1	PA
<i>potassium chloride PACK PO 20 MEQ</i>	1		<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP	<i>everolimus (immunosuppressant)</i>	1	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP	GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
Zinc			<i>mycophenolate mofetil hcl</i>	1	PA
<i>zinc sulfate CAPS</i>	1		<i>mycophenolate mofetil CAPS</i>	1	PA
MISCELLANEOUS THERAPEUTIC CLASSES			<i>mycophenolate mofetil SUSR</i>	1	PA
Chelating Agents			<i>mycophenolate mofetil TABS</i>	1	PA
<i>penicillamine TABS</i>	1		<i>mycophenolate sodium</i>	1	PA
<i>trientine hcl 250 MG</i>	1	SP; PA	NULOJIX	2	SP; PA
Enzymes			PROGRAF PACK	2	PA
XIAFLEX	2	SP; PA	PROGRAF SOLN	2	PA
Fecal Incontinence Bulking Agents			SANDIMMUNE CAPS (Use cyclosporine)	2	PA
SOLESTA	2	SP; PA	SANDIMMUNE SOLN IV 50 MG/ML	2	PA
Immunomodulators			<i>sirolimus SOLN</i>	1	PA
<i>lenalidomide</i>	1	SP; PA	<i>sirolimus TABS</i>	1	PA
			<i>tacrolimus CAPS</i>	1	PA
			THYMOGLOBULIN	2	SP; PA
			Lymphatic Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYLVANT	2	SP; PA	AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			BIOTENE DRY MOUTH MOISTURIZING 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	2		EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)	MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
Systemic Lupus Erythematosus Agents			MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
BENLYSTA SOLR	2	SP; PA	MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH/THROAT/DENTAL AGENTS			NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
Anesthetics Topical Oral			ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)	<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
Anti-infectives - Throat			RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)	MULTIVITAMINS		
Antiseptics - Mouth/Throat			B-Complex Vitamins		
<i>chlorhexidine gluconate (mouth-throat)</i>	1		<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)
Dental Products			<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)	B-Complex w/ C		
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)	<i>b complex w/ c CAPS</i>	1	QL(1 EA daily)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1		B-Complex w/ Folic Acid		
<i>stannous fluoride CONC</i>	1	RX/OTC	<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC
Periodontal Products					
ARESTIN	2	SP; PA			
Steroids - Mouth/Throat/Dental					
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)			
Throat Products - Misc.					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
Multiple Vitamins w/ Iron			PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)	SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Multiple Vitamins w/ Minerals			VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC	Ped MV w/ Iron		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
Multivitamins			MULTIVITAMIN DROPS/IRON SOLN	2	
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	MULTIVITAMIN INFANT & TODDLER SOLN	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
Ped Multi Vitamins w/Fl & FE			POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITE/IRON SOLN	2	
Ped Multiple Vitamins w/ Minerals			Pediatric Multiple Vitamins		
AQUADEKS SOLN	2		BPROTECTED PEDIA POLY-VITE SOLN PO	2	
MVW COMPLETE FORMULATION SOLN	2		PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
Ped MV w/ Fluoride			POLY-VI-SOL SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN PO	2	
			Prenatal Vitamins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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			GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)	LIORESAL SOLN IT	2	SP; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			LYVISPAH PACK	NP	
Articular Cartilage Repair Therapy			<i>metaxalone</i>	1	
MACI	2	SP; PA	<i>methocarbamol TABS 500 MG</i>	1	MP
Central Muscle Relaxants			<i>methocarbamol TABS 750 MG</i>	1	
<i>baclofen SOLN PO 5 MG/5ML</i>	1		<i>orphenadrine citrate TB12</i>	1	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	OZOBAX DS SOLN PO (Use <i>baclofen</i>)	NP	
<i>baclofen SOLN PO 10 MG/5ML</i>	2		OZOBAX SOLN PO (Use <i>baclofen</i>)	2	
<i>baclofen SOLN PO 10 MG/5ML</i>	2		<i>tizanidine hcl CAPS</i>	1	
<i>baclofen SUSP</i>	1		<i>tizanidine hcl TABS</i>	1	
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP	Direct Muscle Relaxants		
<i>baclofen TABS 5 MG</i>	1	PA	<i>dantrolene sodium CAPS</i>	1	
<i>baclofen TABS 15 MG</i>	1		Muscle Relaxant Combinations		
<i>carisoprodol TABS 350 MG</i>	1	MP; PA	<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
<i>carisoprodol TABS 250 MG</i>	1	PA	<i>orphenadrine w/ aspirin & caff</i>	1	
<i>chlorzoxazone TABS 500 MG</i>	1	MP	Viscosupplements		
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1		EUFLEXXA SOSY	2	SP; PA
<i>cyclobenzaprine hcl CP24</i>	1		GEL-ONE	2	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORTHOVISC	2	SP; PA	<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
SUPARTZ FX SOSY	2	SP; PA	Sympathomimetic Decongestants		
SYNOJOYNT SOSY	2	SP; PA	<i>epinephrine hcl (nasal)</i>	1	
SYNVISC ONE SOSY	2	SP; PA	<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)
SYNVISC SOSY	2	SP; PA	<i>pseudoephedrine hcl TABS</i>	1	
TRILURON SOSY	2	SP; PA	<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)
TRIVISC SOSY	2	SP; PA	SUDAFED CHILDRENS LIQD	2	
VISCO-3 SOSY	2	SP; PA	SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Nasal Agent Combinations			ALS Agents		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1		<i>riluzole TABS</i>	1	PA
RYALTRIS	NP		TEGLUTIK SUSP	2	SP; PA
Nasal Agents - Misc.			TIGLUTIK SUSP	2	SP; PA
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)	Muscular Dystrophy Agents		
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)	AMONDYS 45	2	SP; PA
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)	ELEVIDYS 10.0-10.4 KG	2	SP; PA
Nasal Antiallergy			ELEVIDYS 10.5-11.4 KG	2	SP; PA
<i>azelastine hcl</i>	1	QL(30 ML per fill retail); RX/OTC	ELEVIDYS 11.5-12.4 KG	2	SP; PA
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ML per fill retail)	ELEVIDYS 12.5-13.4 KG	2	SP; PA
<i>olopatadine hcl (nasal)</i>	1		ELEVIDYS 13.5-14.4 KG	2	SP; PA
Nasal Anticholinergics			ELEVIDYS 14.5-15.4 KG	2	SP; PA
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)	ELEVIDYS 15.5-16.4 KG	2	SP; PA
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)	ELEVIDYS 16.5-17.4 KG	2	SP; PA
Nasal Steroids			ELEVIDYS 17.5-18.4 KG	2	SP; PA
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)	ELEVIDYS 18.5-19.4 KG	2	SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC	ELEVIDYS 19.5-20.4 KG	2	SP; PA
			ELEVIDYS 20.5-21.4 KG	2	SP; PA
			ELEVIDYS 21.5-22.4 KG	2	SP; PA
			ELEVIDYS 22.5-23.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 23.5-24.4 KG	2	SP; PA	ELEVIDYS 60.5-61.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA	ELEVIDYS 61.5-62.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA	ELEVIDYS 62.5-63.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA	ELEVIDYS 63.5-64.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA	ELEVIDYS 64.5-65.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA	ELEVIDYS 65.5-66.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA	ELEVIDYS 66.5-67.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA	ELEVIDYS 67.5-68.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA	ELEVIDYS 68.5-69.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA	ELEVIDYS 69.5 KG PLUS	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA	EXONDYS 51	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA	VILTEPSO	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA	VYONDYS 53	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 37.5-38.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA	DYSPOORT	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 42.5-43.4 KG	2	SP; PA	EVRYSDI	2	SP
ELEVIDYS 43.5-44.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA	ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA	ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA			
ELEVIDYS 53.5-54.4 KG	2	SP; PA			
ELEVIDYS 54.5-55.4 KG	2	SP; PA			
ELEVIDYS 55.5-56.4 KG	2	SP; PA			
ELEVIDYS 56.5-57.4 KG	2	SP; PA			
ELEVIDYS 57.5-58.4 KG	2	SP; PA			
ELEVIDYS 58.5-59.4 KG	2	SP; PA			
ELEVIDYS 59.5-60.4 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 13.6-14.0 KG	2	SP; PA	ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 14.1-14.5 KG	2	SP; PA	ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 14.6-15.0 KG	2	SP; PA	ZOLGENSMA 9.6-10.0 KG	2	SP; PA
ZOLGENSMA 15.1-15.5 KG	2	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 15.6-16.0 KG	2	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 16.1-16.5 KG	2	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)
ZOLGENSMA 16.6-17.0 KG	2	SP; PA	<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	Beta-blockers - Ophthalmic		
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	<i>brimonidine tartrate-timolol maleate</i>	1	
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
ZOLGENSMA 19.6-20.0 KG	2	SP; PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
ZOLGENSMA 2.6-3.0 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
ZOLGENSMA 20.1-20.5 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
ZOLGENSMA 3.1-3.5 KG	2	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
ZOLGENSMA 3.6-4.0 KG	2	SP; PA	<i>timolol maleate (ophth) SOLG 0.25 %</i>	1	
ZOLGENSMA 4.1-4.5 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 4.6-5.0 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN 0.5 %</i>	1	
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	
ZOLGENSMA 6.6-7.0 KG	2	SP; PA			
ZOLGENSMA 7.1-7.5 KG	2	SP; PA			
ZOLGENSMA 7.6-8.0 KG	2	SP; PA			
ZOLGENSMA 8.1-8.5 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use <i>brimonidine tartrate</i>)	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SIMBRINZA	2	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ERYTHROMYCIN	2	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) OINT</i>	1	QL(4 GM per fill retail)
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	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)
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEQUA SOLN	NP		PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
<i>cyclosporine (ophth) EMUL</i>	1		PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RESTASIS MULTIDOSE EMUL	2		RETISERT	2	SP; PA
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2		<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
VEVYE SOLN	NP		TOBRADEX OINT	2	QL(4 GM per fill retail)
Ophthalmic Integrin Antagonists			<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
XIIDRA	2	PA	YUTIQ	2	SP
Ophthalmic Kinase Inhibitors			Ophthalmics - Misc.		
ROCKLATAN	2	PA	<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
Ophthalmic Local Anesthetics			<i>bromfenac sodium (ophth)</i>	1	
<i>tetracaine hcl (ophth)</i>	1		<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)
Ophthalmic Nerve Growth Factors			CYSTARAN	2	SP; PA
OXERVATE	2	SP; PA	<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
Ophthalmic Photodynamic Therapy Agents			<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
VISUDYNE	2	SP; PA	DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
Ophthalmic Steroids			<i>epinastine hcl (ophth)</i>	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)	<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)
DEXENZA INST	2	SP; PA	ILEVRO	NP	
EYSUVIS SUSP	NP		<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ML per fill retail)
ILUVIEN	2	SP; PA	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)	MIEBO	NP	
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ML per fill retail)	<i>olopatadine hcl</i>	1	RX/OTC
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)	Prostaglandins - Ophthalmic		
OZURDEX IMPL	2	SP; PA	<i>bimatoprost SOLN</i>	1	
PRED MILD	2	QL(10 ML per fill retail)	IYUZEH SOLN	NP	
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)	TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>CETRAXAL (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		
<i>CIPRODEX (Use ciprofloxacin-dexamethasone)</i>	2	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<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-chloroxylenol</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		

Drug Name	Drug Tier	Requirements/ Limits
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
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 1500 UNIT	2	SP; PA
HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<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		
ADLARTY PTWK	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TBP</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	2	QL(1 EA daily)
EXELON 13.3 MG/24HR (Use <i>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 2 MG/ML</i>	1	QL(10 ML daily)
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP
<i>memantine hcl TABS</i>	2	QL(1 EA per 28 day(s) retail)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 EA daily)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
INGREZZA CPSP	2	SP; PA
<i>tetrabenazine</i>	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 <i>glatiramer acetate</i>)	2	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i>fingolimod hcl</i>	1	SP; PA
GILENYA (Use <i>fingolimod hcl</i>)	NP	SP; PA
GILENYA	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 EA daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK (Use <i>varenicline tartrate</i>)	0	AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHA	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
ARMOUR THYROID TABS	2	MP
<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
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP

Drug Name	Drug Tier	Requirements/ Limits
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)
DIPHThERIA-TETANUS TOXOIDS DT SUSP	0	AL (At least 19 yrs old)
INFANRIX	0	AL (At least 19 yrs old)
KINRIX SUSY	0	AL (At least 19 yrs old)
PEDIARIX SUSY	0	AL (At least 19 yrs old)
PENTACEL	0	AL (At least 19 yrs old)
QUADRACEL SUSP	0	AL (At least 19 yrs old)
QUADRACEL SUSY	0	AL (At least 19 yrs old)
TDVAX SUSP	0	AL (At least 19 yrs old)
TENIVAC INJ	0	AL (At least 19 yrs old)
TETANUS-DIPHThERIA TOXOIDS TD SUSP	0	AL (At least 19 yrs old)
VAXELIS SUSP	0	AL (At least 19 yrs old)
VAXELIS SUSY	0	AL (At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	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	
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	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	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)
VAXNEUVANCE	0	AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA SUSP	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)
AREXVY	0	QL(1 EA per fill 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)
COMIRNATY SUSP	0		FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSY	0		FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
DENG VAXIA	0	AL(At least 19 yrs old)	FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	FLULAVAL SUSY	0	1 max fill(s) per 180 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)	FLUMIST	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)	FLUMIST 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)	FLUZONE HIGH-DOSE QUADRIVALENT	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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JYNNEOS	0	AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	M-M-R II SOLR	0	AL(At least 19 yrs old)
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 BIVAL 6M-5Y	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 BIVALENT	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
HAVRIX	0	AL(At least 19 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	MODERNA COVID-19 VACC 6M-5Y SUSP	0	
IPOL	0	AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE SUSP	0	
IXCHIQ	0	AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	0	
			NOVAVAX COVID-19 VACCINE SUSY	0	
			PFIZER COVID-19 BIVAL 6MO-4YR	0	
			PFIZER COVID-19 VAC BIVAL 5-11	0	
			PFIZER COVID-19 VAC BIVALENT	0	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)	YF-VAX INJ	0	AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
RABAVERT	0	AL(At least 19 yrs old)	Spermicides		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
ROTARIX SUSP	0	AL(At least 19 yrs old)	SHUR-SEAL CONTRACEPTIVE GEL	2	QL(24 EA per fill retail)
ROTARIX SUSR	0	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
ROTATEQ SOLN	0	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	2	
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	Vaginal Anti-infectives		
SPIKEVAX COVID-19 VACCINE SUSP	0		<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 GM per fill retail)
SPIKEVAX SUSP	0		CLINDESSE	2	
SPIKEVAX SUSY	0		<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
STAMARIL SUSR	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
TICOVAC	0	AL(At least 19 yrs old)	GYNAZOLE-1	2	
TWINRIX SUSY	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
VAQTA	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
			<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
			<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)
			<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
			MONISTAT 3 CREA	2	QL(15 GM daily)
			NUVESSA	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)	EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)	EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
VANDAZOLE	NP	QL(70 GM per fill retail)	<i>droxidopa</i>	1	SP; PA
XACIATO GEL	NP		Vasopressors		
Vaginal Anti-inflammatory Agents			<i>midodrine hcl</i>	1	
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)	VITAMINS		
Vaginal Estrogens			Oil Soluble Vitamins		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol CAPS</i>	1	
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
PREMARIN	2	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 EA daily)
Vaginal Progestins			<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
CRINONE GEL	2	AL(At least 15 yrs old)	<i>ergocalciferol CAPS</i>	1	
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)	KEY-E CHEW	2	QL(2 EA daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>phytonadione TABS 5 MG</i>	1	
Anaphylaxis Therapy Agents			VITAMIN D3 LIQD PO 125 MCG/ML	2	
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>vitamin e CAPS</i>	1	QL(2 EA daily)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)	VITAMIN E CAPS	2	QL(2 EA daily)
<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)	VITAMIN E CHEW	2	QL(2 EA daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)	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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
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cetirizine hcl SYRP PO	24	cholestyramine light PACK	24	CISPLATIN SOLR	28
cetirizine hcl TABS	24	cholestyramine light POWD	24	CITALOPRAM HYDROBROMIDE CAPS	14
CETRAXAL (Use ciprofloxacin hcl (otic))	86	cholestyramine PACK	24	citalopram hydrobromide SOLN ...	14
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	89	cholestyramine POWD	24	citalopram hydrobromide TABS ...	14
CHEMET	22	CHORIONIC GONADOTROPIN IM 52		cladribine 10 MG/10ML	28
CHEMSTRIP K STRP	50	CHOSEN LANCETS 30G	62	clarithromycin SUSR	61
CHENODAL	55	CHOSEN SAFETY LANCETS 28G 62		clarithromycin TABS	61
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4			clarithromycin TB24	61
CHILDRENS MOTRIN SUSP 100				CLEANLET LANCETS 28G	62

CLEARDETECT COVID-19 AG HOME KIT	50	clobazam TABS	12	CREA	44
clemastine fumarate TABS 1.34 MG .	24	clobetasol propionate CREA 0.05 % .	46	clotrimazole w/ betamethasone LOTN	44
CLEVER CHEK LANCETS	62	clobetasol propionate emollient base 0.05 %	46	clozapine TABS	33
CLEVER CHOICE COMFORT EZ	62	clobetasol propionate emulsion ...	46	clozapine TBDP	33
CLEVER CHOICE HOLDING CHAMBER DEVI	73	clobetasol propionate FOAM	46	CO MONITOR REPLACEMENT PIECES MISC	73
CLEVER CHOICE LANCETS 21G	62	clobetasol propionate GEL 0.05 %	46	COAGADDEX	57
CLEVER CHOICE LANCETS 23G	62	clobetasol propionate LIQD	46	COAGUCHEK LANCETS	62
CLEVER CHOICE LANCETS 28G	62	clobetasol propionate LOTN	46	coal tar extract SHAM 0.5 %	49
clindamycin hcl 150 MG, 300 MG .	27	clobetasol propionate OINT 0.05 %	46	COARTEM	27
clindamycin palmitate hydrochloride .	27	clobetasol propionate SHAM	46	COBAS LIAT SARS-COV-2 ASSAY .	50
clindamycin phosphate (topical) GEL	43	clobetasol propionate SOLN 0.05 % .	46	COBAS LIAT SARS-COV-2 CONTROL	50
clindamycin phosphate (topical) LOTN	43	clocortolone pivalate	46	codeine sulfate TABS 30 MG	6
clindamycin phosphate (topical) SOLN	43	CLODAN	46	CODEINE SULFATE TABS	6
clindamycin phosphate vaginal CREA	95	CLODERM (Use clocortolone pivalate)	46	colchicine TABS	56
clindamycin phosphate-benzoyl peroxide (refrigerate)	43	clomipramine hcl	15	colchicine w/ probenecid	56
clindamycin phosphate-benzoyl peroxide GEL	43	clonazepam TABS	12	colestipol hcl GRAN	24
clindamycin phosphate-tretinoin ..	43	clonazepam TBDP	12	colestipol hcl TABS	24
CLINDESSE	95	clonidine hcl (adhd) TB12	1	COMBIGAN (Use brimonidine tartrate-timolol maleate)	83
CLINITEST RAPID COVID-19 TEST KIT	50	clonidine hcl TABS	26	COMBIPATCH PTTW	54
clobazam SUSP	12	clopidogrel bisulfate 300 MG	58	COMBIVENT RESPIMAT AERS ..	11
		clopidogrel bisulfate 75 MG	58	COMBIVIR (Use lamivudine-zidovudine)	34
		clorazepate dipotassium TABS	9	COMETRIQ (100 MG DAILY DOSE) KIT	30
		clotrimazole (topical) CREA	44	COMETRIQ (140 MG DAILY DOSE) KIT	30
		clotrimazole (topical) SOLN	44	COMETRIQ (60 MG DAILY DOSE) KIT	30
		clotrimazole vaginal CREA 1 % ...	95		
		clotrimazole vaginal CREA 2 % ...	95		
		clotrimazole w/ betamethasone			

COMFORT ASSURED LANCETS 28G	62	acetate)	88	DEF CAPS	19
COMFORT ASSURED LANCETS 33G	62	CORIFACT	57	CULTURELLE DIGESTIVE DAILY CAPS	22
COMFORT LANCETS	62	CORTISONE ACETATE TABS ...	42	CULTURELLE DIGESTIVE DAILY PRO CAPS	22
COMFORT TOUCH ALCOHOL PREP	71	CORTROPHIN GEL	52	CULTURELLE DIGESTIVE HEALTH CAPS	22
COMFORT TOUCH LANCETS 31G ..	62	COSENTYX (300 MG DOSE) SOSY .	45	CULTURELLE DIGESTIVE HEALTH CHEW	22
COMFORT TOUCH PLUS LANCETS 28G	62	COSENTYX SENSOREADY (300 MG) SOAJ	45	CULTURELLE HEALTH (INULIN) CAPS	22
COMFORT TOUCH PLUS LANCETS 30G	62	COSENTYX SENSOREADY PEN SOAJ	45	CULTURELLE IMMUNE DEFENSE CAPS	19
COMFORT TOUCH TWIST LANCET 30G	62	COSENTYX SOLN	45	CULTURELLE KID PROBIOTIC+FIBER PACK	19
COMIRNATY SUSP	93	COSENTYX SOSY	45	CULTURELLE KIDS CHEW	19
COMIRNATY SUSY	93	COSENTYX UNOREADY SOAJ ..	45	CULTURELLE KIDS PACK	19
COMPACT SPACE CHAMBER DEVI	73	cosyntropin SOLR	50	CULTURELLE KIDS PURELY CHEW	19
COMPACT SPACE CHAMBER/LG MASK DEVI	73	COTELLIC	30	CULTURELLE KIDS PURELY PACK 19	
COMPACT SPACE CHAMBER/MED MASK DEVI	73	COVID-19 AT HOME ANTIGEN TEST KIT	50	CULTURELLE METABOLISM-WEIGHT CAPS	19
COMPACT SPACE CHAMBER/SM MASK DEVI	73	COVID-19 AT-HOME TEST KIT ...	50	CULTURELLE PROBIOTICS KIDS PACK	19
COMPLERA	34	COVID-19 OTC ANTIGEN 1-PACK KIT	50	CULTURELLE PRO-WELL CAPS .	19
COMPLETE PROBIOTIC PEARLS CAPS	19	COVID-19 OTC ANTIGEN 2-PACK KIT	50	CULTURELLE ULTIMATE STRENGTH CAPS	22
CONCERTA TBCR (Use methylphenidate hcl)	2	CREON CPEP	51	CURITY ALCOHOL PREPS	71
CONDOMS-MISC	61	CRINONE GEL	96	CUVITRU SOLN	86
CONJUPRI (Use levamlodipine maleate)	37	cromolyn sodium (nasal) 5.2 MG/ACT	81	CVS ADULT 50+ PROBIOTIC CAPS 19	
CONZIP CP24 (Use tramadol hcl) ..	6	cromolyn sodium (ophth)	85	CVS ADULT PROBIOTIC CAPS ..	19
COPAXONE SOSY (Use glatiramer		cromolyn sodium NEBU	10	CVS ALCOHOL PREP PADS	71
		CRYSVITA	53		
		CTEXLI 250 MG	55		
		CULTURELLE ADULT ULT BALANCE CAPS	22		
		CULTURELLE BLOATING & GAS			

CVS COVID-19 AT HOME TEST KIT KIT50	cyanocobalamin SOLN IJ 1000 MCG/ML58	cytarabine SOLN28
CVS DAILY PROBIOTIC CAPS ... 19	cyclobenzaprine hcl CP2480	CYTOGAM SOLN86
CVS DAILY PROBIOTIC CHILDRENS PACK19	cyclobenzaprine hcl TABS 5 MG, 10 MG80	dabigatran etexilate mesylate CAPS . 12
CVS DIGESTIVE PROBIOTIC CAPS19	cyclobenzaprine hcl TABS 7.5 MG 80	DAILY DIGESTIVE PROBIOTIC CAPS19
CVS DRY MOUTH SOLN78	CYCLOGYL 0.5 %84	DAILY PROBIOTIC CAPS19
CVS EVERYDAY CARE PROBIOTIC CAPS19	cyclopentolate hcl 0.5 %84	DAILY ULTIMATE PROBIOTIC-14 CAPS19
CVS GLUCOSE CHEW16	cyclopentolate hcl 1 %84	dalfampridine88
CVS LANCETS 21G62	cyclophosphamide CAPS 50 MG ..28	dantrolene sodium CAPS80
CVS LANCETS MICRO THIN 33G 62	CYCLOPHOSPHAMIDE TABS ...28	dapagliflozin propanediol18
CVS LANCETS ORIGINAL62	cyclosporine (ophth) EMUL85	dapsone27
CVS LANCETS THIN 26G62	cyclosporine CAPS77	DAPTACEL90
CVS LANCETS ULTRA THIN 30G 62	cyclosporine modified (for microemulsion) CAPS77	DARAPRIM (Use pyrimethamine) 27
CVS LANCETS ULTRA THIN 30G 62	cyclosporine modified (for microemulsion) SOLN77	darifenacin hydrobromide91
CVS LANCETS ULTRA-THIN 30G 63	cyclosporine SOLN IV 50 MG/ML .77	darunavir TABS34
CVS LANOLIN CREA49	CYLTEZO (2 PEN) AJKT3	DARZALEX29
CVS MOOD SUPPORT PROBIOTIC CAPS19	CYLTEZO (2 SYRINGE) PSKT4	dasatinib30
CVS PREP71	CYLTEZO-CD/UC/HS STARTER AJKT4	daunorubicin hcl SOLN 50 MG/10ML 30
CVS PROBIOTIC ADULT 50+ CAPS 19	CYLTEZO-PSORIASIS/UV STARTER AJKT4	DAURISMO29
CVS PROBIOTIC CAPS19	CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)15	DAYHIST ALLERGY 12 HOUR RELIEF TABS24
CVS PROBIOTIC MAXIMUM STRENGTH CAPS19	CYMBALTA CPEP 60 MG (Use duloxetine hcl)15	decitabine28
CVS PROBIOTIC PEARLS EX ST CAPS19	cyproheptadine hcl SYRP24	deferasirox PACK22
CVS SENIOR PROBIOTIC CAPS .19	cyproheptadine hcl TABS24	deferasirox TABS22
CVS SOFT GLUCOSE CHEW 16	CYRAMZA28	deferasirox TBSO22
CVS ULTRA THIN LANCETS63	CYSTAGON CAPS56	deferiprone TABS22
	CYSTARAN85	deferoxamine mesylate22
		DEFITELIO58
		deflazacort SUSP42

deflazacort TABS	42	desoximetasone CREA 0.25 %	46	DEXTENZA INST	85
DEFLUX	56	desoximetasone GEL	46	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
DELSTRIGO	34	desoximetasone LIQD	46	dextroamphetamine sulfate CP24 5 MG	1
DENAVIR (Use penciclovir)	45	desoximetasone OINT	47	dextroamphetamine sulfate SOLN ..	1
DENGVAIXA	93	DESVENLAFAXINE ER	15	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	14	desvenlafaxine succinate 100 MG ..	15	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEPO-SUBQ PROVERA 104 SUSY SC	41	desvenlafaxine succinate 25 MG, 50 MG	15	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	42
DERMACINRX PROBISOL CAPS ..	19	DEX4 QUICK DISSOLVE GLUCOSE CHEW	16	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	43
DERMACINRX PROBITRAN CAPS 19		dexamethasone ELIX	42	DHIVY TABS	32
DESCOVY 120 MG-15 MG	34	DEXAMETHASONE INTENSOL CONC	42	DIATHRIVE LANCET ULTRA THIN 30	63
DESCOVY 200 MG-25 MG	34	dexamethasone sodium phosphate (ophth)	85	DIATHRIVE LANCETS	63
desipramine hcl TABS	15	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	42	DIATRUST COVID-19 HOME TEST KIT	50
desloratadine TBDP	24	dexamethasone sodium phosphate SOLN IJ 4 MG/ML ..	42	diazepam CONC	9
desmopressin acetate SOLN IJ ...	54	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	42	DIAZEPAM SOAJ	9
DESMOPRESSIN ACETATE SOLN NA	54	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	42	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	9
desmopressin acetate spray	54	dexamethasone SOLN	42	DIAZEPAM SOLN IJ 5 MG/ML	10
desmopressin acetate spray refrigerated 0.01 %	54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42	diazepam SOLN PO 5 MG/5ML	9
desmopressin acetate TABS	54	dexchlorpheniramine maleate SOLN . 24		diazepam TABS	10
desogestrel & ethinyl estradiol	39	dexmedetomidine hcl in sodium chloride SOLN	59	diazoxide	16
desogestrel-ethinyl estradiol (biphasic)	39	dexmedetomidine hcl SOLN 200 MCG/2ML	60	dibucaine	49
desogestrel-ethinyl estradiol (triphasic)	39	dexamethylphenidate hcl CP24	2	diclofenac potassium TABS 50 MG ..	5
desonide CREA	46	dexamethylphenidate hcl TABS	2	diclofenac sodium (ophth)	85
desonide LOTN	46	dexrazoxane hcl	31		
desonide OINT	46				
desoximetasone CREA 0.05 %	46				

diclofenac sodium (topical) GEL EX 45	DILANTIN (Use phenytoin sodium extended) 14	24
diclofenac sodium TB24 5	DILANTIN INFATABS CHEW (Use phenytoin) 14	diphenhydramine hcl TABS 25 MG 24
diclofenac sodium TBEC 5	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 37	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG 59
dicloxacillin sodium 87	diltiazem hcl coated beads CP24 240 MG 37	diphenoxylate w/ atropine LIQD ... 22
dicyclomine hcl CAPS 90	diltiazem hcl coated beads CP24 360 MG 37	diphenoxylate w/ atropine TABS ... 22
dicyclomine hcl SOLN PO 91	diltiazem hcl CP12 37	DIPHThERIA-TETANUS TOXOIDS DT SUSP 90
dicyclomine hcl TABS 91	diltiazem hcl CP24 120 MG, 240 MG 37	dipyridamole 58
DIFFERIN CREA (Use adapalene) 43	diltiazem hcl CP24 180 MG 37	disopyramide phosphate CAPS ... 10
DIFFERIN GEL 0.3 % (Use adapalene) 43	diltiazem hcl extended release beads 37	disulfiram 250 MG 88
DIFFERIN LOTN 43	diltiazem hcl TABS 37	divalproex sodium CSDR 14
diflorasone diacetate CREA 47	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 37	divalproex sodium TB24 14
diflorasone diacetate OINT 47	dimethyl fumarate CDPK 88	divalproex sodium TBEC 14
diflunisal TABS 6	dimethyl fumarate CPDR 88	docetaxel CONC 160 MG/8ML 31
DIGESTIVE ADV	diphenhydramine hcl (sleep) CAPS 59	DOCETAXEL CONC 160 MG/8ML 31
DIGESTIVE/IMMUNE CAPS 19	diphenhydramine hcl (sleep) LIQD 59	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 31
DIGESTIVE ADV LACTOSE SUPPORT CAPS 19	diphenhydramine hcl (sleep) TABS 25 MG 59	docetaxel SOLN 31
DIGESTIVE ADV MULTI-STRAIN CAPS 19	diphenhydramine hcl (sleep) TABS 50 MG 59	DOCIVYX SOLN 31
DIGESTIVE ADV+BOWEL SUPPORT CAPS 19	diphenhydramine hcl (sleep) TBDP 59	docusate sodium CAPS 100 MG, 250 MG 60
DIGESTIVE ADV+GAS DEFENSE CAPS 19	diphenhydramine hcl CAPS 24	docusate sodium CAPS 50 MG ... 60
DIGESTIVE ADV+LACTOSE SUPPORT CAPS 19	diphenhydramine hcl ELIX 12.5 MG/5ML 24	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 60
DIGESTIVE ADVANTAGE CAPS . 19	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	DOCUSATE SODIUM SYRP 60
digoxin SOLN PO 0.05 MG/ML 38		docusate sodium TABS 60
digoxin TABS 125 MCG, 250 MCG 38		dofetilide 10
dihydroergotamine mesylate SOLN NA 4 MG/ML 76		donepezil hydrochloride TABS 23 MG 88

donepezil hydrochloride TABS 5 MG, 10 MG88	drospirenone-ethinyl estradiol- levomefolate calcium39	EASIVENT MISC73
donepezil hydrochloride TBDP 88	DROXIA CAPS58	EASY COMFORT ALCOHOL PADS 71
DOPTelet58	droxidopa96	EASY COMFORT LANCETS63
dorzolamide hcl85	DRUG MART LANCETS THIN 26G . 63	EASY COMFORT LANCETS TWIST TOP63
DORZOLAMIDE HCL85	DRUG MART ON-THE-GO LANCET 30G63	EASY TOUCH ALCOHOL PREP MEDIUM71
DORZOLAMIDE HCL-TIMOLOL MAL83	DRUG MART UNILET LANCETS 28G63	EASY TOUCH LANCETS 21G ...63
dorzolamide hcl-timolol maleate .. 83	DRUG MART UNILET LANCETS 30G63	EASY TOUCH LANCETS 23G ...63
DOVATO34	DRUG MART UNILET LANCETS 33G63	EASY TOUCH LANCETS 26G ...63
doxazosin mesylate26	DRUG MART UNILET LANCETS 30G63	EASY TOUCH LANCETS 28G ...63
doxepin hcl (sleep)59	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT11	EASY TOUCH LANCETS 28G/TWIST63
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG15	DULERA 50 MCG/ACT-5 MCG/ACT . 11	EASY TOUCH LANCETS 30G ...63
doxepin hcl CAPS 150 MG 15	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG15	EASY TOUCH LANCETS 30G/TWIST63
doxepin hcl CONC 15	duloxetine hcl CPEP 60 MG15	EASY TOUCH LANCETS 32G/TWIST63
doxycycline (monohydrate) CAPS 50 MG, 100 MG90	DUPIXENT SOAJ48	EASY TOUCH LANCETS 33G/TWIST63
doxycycline (monohydrate) TABS 50 MG, 100 MG90	DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML48	EASY TOUCH SAFETY LANCETS 21G63
doxycycline hyclate CAPS90	dutasteride56	EASY TOUCH SAFETY LANCETS 23G63
doxycycline hyclate TABS 100 MG 90	dutasteride-tamsulosin hcl 56	EASY TOUCH SAFETY LANCETS 26G63
doxylamine succinate (sleep)59	DYANAVEL XR TBCR 1	EASY TOUCH SAFETY LANCETS 28G63
doxylamine-pyridoxine TBEC23	DYSPORT82	EASY TOUCH SAFETY LANCETS 28G63
droperidol SOLN 2.5 MG/ML9	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 61	EBASE CONTROLLER KIT MISC .73
DROPLET LANCETS ULTRA THIN 30G63	EASIVENT MASK LARGE MISC ..73	econazole nitrate CREA 44
DROPLET PERSONAL LANCETS 30G63	EASIVENT MASK MEDIUM MISC 73	ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)6
DROPSAFE ACTI-LANCE 23G ...63	EASIVENT MASK SMALL MISC ..73	
DROPSAFE ALCOHOL PREP ...71		
drospirenone-ethinyl estradiol39		

ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 27.5-28.4 KG	82	ELEVIDYS 57.5-58.4 KG	82
EDURANT	34	ELEVIDYS 28.5-29.4 KG	82	ELEVIDYS 58.5-59.4 KG	82
efavirenz CAPS 200 MG	34	ELEVIDYS 29.5-30.4 KG	82	ELEVIDYS 59.5-60.4 KG	82
efavirenz CAPS 50 MG	34	ELEVIDYS 30.5-31.4 KG	82	ELEVIDYS 60.5-61.4 KG	82
efavirenz TABS	34	ELEVIDYS 31.5-32.4 KG	82	ELEVIDYS 61.5-62.4 KG	82
efavirenz-emtricitabine-tenofovir disoproxil fumarate	34	ELEVIDYS 32.5-33.4 KG	82	ELEVIDYS 62.5-63.4 KG	82
efavirenz-lamivudine-tenofovir disoproxil fumarate	34	ELEVIDYS 33.5-34.4 KG	82	ELEVIDYS 63.5-64.4 KG	82
ELAPRASE	53	ELEVIDYS 34.5-35.4 KG	82	ELEVIDYS 64.5-65.4 KG	82
ELELYSO	58	ELEVIDYS 35.5-36.4 KG	82	ELEVIDYS 65.5-66.4 KG	82
ELEPSIA XR TB24	13	ELEVIDYS 36.5-37.4 KG	82	ELEVIDYS 66.5-67.4 KG	82
eletriptan hydrobromide	76	ELEVIDYS 37.5-38.4 KG	82	ELEVIDYS 67.5-68.4 KG	82
ELEVIDYS 10.0-10.4 KG	81	ELEVIDYS 38.5-39.4 KG	82	ELEVIDYS 68.5-69.4 KG	82
ELEVIDYS 10.5-11.4 KG	81	ELEVIDYS 39.5-40.4 KG	82	ELEVIDYS 69.5 KG PLUS	82
ELEVIDYS 11.5-12.4 KG	81	ELEVIDYS 40.5-41.4 KG	82	ELIDEL (Use pimecrolimus)	48
ELEVIDYS 12.5-13.4 KG	81	ELEVIDYS 41.5-42.4 KG	82	ELIGARD KIT SC 7.5 MG	29
ELEVIDYS 13.5-14.4 KG	81	ELEVIDYS 42.5-43.4 KG	82	ELIGARD SC 22.5 MG, 30 MG, 45 MG	29
ELEVIDYS 14.5-15.4 KG	81	ELEVIDYS 43.5-44.4 KG	82	ELIQUIS DVT/PE STARTER PACK TBPK	12
ELEVIDYS 15.5-16.4 KG	81	ELEVIDYS 44.5-45.4 KG	82	ELIQUIS TABS	12
ELEVIDYS 16.5-17.4 KG	81	ELEVIDYS 45.5-46.4 KG	82	ELLA	41
ELEVIDYS 17.5-18.4 KG	81	ELEVIDYS 46.5-47.4 KG	82	ELLENCE SOLN	30
ELEVIDYS 18.5-19.4 KG	81	ELEVIDYS 47.5-48.4 KG	82	ELLUME COVID-19 HOME TEST KIT	50
ELEVIDYS 19.5-20.4 KG	81	ELEVIDYS 48.5-49.4 KG	82	ELMIRON CAPS	56
ELEVIDYS 20.5-21.4 KG	81	ELEVIDYS 49.5-50.4 KG	82	ELOCTATE	57
ELEVIDYS 21.5-22.4 KG	81	ELEVIDYS 50.5-51.4 KG	82	EMBRACE LANCETS ULTRA THIN 30G	63
ELEVIDYS 22.5-23.4 KG	81	ELEVIDYS 51.5-52.4 KG	82	EMBRACE PRESSURE ACTIVATED 21G	63
ELEVIDYS 23.5-24.4 KG	82	ELEVIDYS 52.5-53.4 KG	82	EMBRACE PRESSURE ACTIVATED 28G	63
ELEVIDYS 24.5-25.4 KG	82	ELEVIDYS 53.5-54.4 KG	82		
ELEVIDYS 25.5-26.4 KG	82	ELEVIDYS 54.5-55.4 KG	82		
ELEVIDYS 26.5-27.4 KG	82	ELEVIDYS 55.5-56.4 KG	82		
		ELEVIDYS 56.5-57.4 KG	82		

EMCYT	29	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ SPACE CHAMBER ANTI- STATIC DEVI	73
EMGALITY (300 MG DOSE) SOSY 76		ENTADFI	56	EQ SPACE CHAMBER ANTI- STATIC L DEVI	73
EMGALITY SOAJ	76	ENTRESTO CPSP	38	EQ SPACE CHAMBER ANTI- STATIC M DEVI	73
EMGALITY SOSY	76	ENTRESTO TABS	38	EQ SPACE CHAMBER ANTI- STATIC S DEVI	73
EMPLICITI	29	ENTYVIO PEN SOAJ	55		
emtricitabine CAPS	34	ENVIVE CAPS	19		
emtricitabine-tenofovir disoproxil fumarate	34	EPCLUSA PACK	36	EQL ALCOHOL SWABS	71
EMTRIVA CAPS (Use emtricitabine) . 34		EPCLUSA TABS	36	EQL COLOR LANCETS 21G	63
EMTRIVA SOLN	34	EPIFOAM FOAM	47	EQL COLOR LANCETS MICRO 33G	63
EMVERM CHEW	9	epinastine hcl (ophth)	85	EQL DAILY PROBIOTIC CAPS ...	19
enalapril maleate & hydrochlorothiazide	26	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	96	EQL DRY MOUTH ORAL RINSE SOLN	78
enalapril maleate TABS	25	epinephrine (anaphylaxis) SOAJ ..	96	EQL PROBIOTIC COLON SUPPORT CAPS	20
ENBREL MINI SOCT	5	epinephrine hcl (nasal)	81		
ENBREL SOLN	5	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	96	EQL SUPER THIN LANCETS 30G 63	
ENBREL SOSY	5	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	96	EQL THIN LANCETS 26G	63
ENBREL SURECLICK SOAJ	5	EPIVIR SOLN (Use lamivudine) ...	34	ERBITUX	29
ENCARE SUPP 100 MG	95	EPIVIR TABS 150 MG (Use lamivudine)	34	ergocalciferol CAPS	96
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	79	EPIVIR TABS 300 MG (Use lamivudine)	34	ergoloid mesylates TABS	89
ENERGIX-B SUSP 20 MCG/ML ...	93	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	58	ergotamine w/ caffeine TABS	76
ENERGIX-B SUSY	93	epoprostenol sodium	38	eribulin mesylate	31
enoxaparin sodium SOLN IJ 300 MG/3ML	12	EPRONTIA SOLN	13	ERIVEDGE	29
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EPZICOM (Use abacavir sulfate- lamivudine)	34	ERLEADA 60 MG	29
enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ PROBIOTIC CAPS	19	erlotinib hcl	29
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ PROBIOTIC CPDR	19	ertapenem sodium IJ	27
				ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61
				erythromycin (acne aid) GEL	43
				erythromycin (acne aid) SOLN	43

erythromycin (ophth)84	etodolac CAPS5	E-Z JECT LANCETS63
ERYTHROMYCIN84	etodolac TABS5	E-Z JECT LANCETS 21G63
erythromycin base CPEP61	etodolac TB245	E-Z JECT LANCETS THIN 26G ..63
erythromycin base TABS61	etonogestrel-ethinyl estradiol41	ezetimibe25
erythromycin base TBEC61	etoposide CAPS31	ezetimibe-simvastatin24
erythromycin ethylsuccinate SUSR 61	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML31	EZ-LETS LANCETS 21G63
erythromycin ethylsuccinate TABS 61	etravirine 100 MG34	EZ-LETS LANCETS 26G63
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML32	etravirine 200 MG34	EZ-LETS LANCETS 28G63
escitalopram oxalate SOLN14	EUFLEXXA SOSY80	EZ-LETS LANCETS 30G64
escitalopram oxalate TABS14	EULEXIN29	FABRAZYME53
esomeprazole magnesium CPDR .91	EVENITY52	FALESSA39
esomeprazole magnesium PACK .91	everolimus (immunosuppressant) .77	famciclovir36
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 57	everolimus TABS30	famotidine TABS 10 MG91
estazolam60	everolimus TBSO30	famotidine TABS 20 MG, 40 MG ..91
estradiol & norethindrone acetate TABS54	EVOMELA IV28	FASENRA PEN SOAJ10
estradiol PTTW54	EVOTAZ34	FASENRA SOSY 10 MG/0.5ML ...10
estradiol PTWK54	EVRYSDI82	FASTEP COVID-19 ANTIGEN TEST KIT50
estradiol TABS54	EXELON 13.3 MG/24HR (Use rivastigmine)88	FEIBA57
estradiol vaginal CREA96	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)88	felbamate SUSP13
estradiol vaginal TABS96	exemestane29	felbamate TABS13
ESTROVEN SLIMBIOTICS CAPS 20	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)26	felodipine37
eszopiclone60	EXONDYS 5182	FEM-DOPHILUS WOMENS CAPS 20
ethambutol hcl TABS27	EYLEA SOLN84	fenofibrate CAPS25
ethosuximide CAPS14	EYSUVIS SUSP85	fenofibrate micronized 134 MG, 200 MG24
ethosuximide SOLN14	E-Z JECT LANCET MICRO-THIN 33G63	fenofibrate micronized 43 MG, 90 MG, 130 MG24
ethynodiol diacet & eth estrad39	E-Z JECT LANCET SUPER THIN 30G63	fenofibrate micronized 67 MG24
		fenofibrate TABS 40 MG, 120 MG .25

fenofibrate TABS 54 MG25	FIFTY50 ALCOHOL PREP71	FLOWFLEX COVID-19 AG HOME TEST KIT50
fenofibric acid25	FIFTY50 SAFETY SEAL LANCETS . 64	FLUAD93
FENSOLVI (6 MONTH) SC53	FIFTY50 UNILET LANCETS 33G .64	FLUAD QUADRIVALENT93
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR6	FILTER AIR PP MISC73	FLUARIX QUADRIVALENT SUSY 93
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR6	finasteride56	FLUARIX SUSY93
FERRETT'S TABS59	FINE 3064	FLUBLOK QUADRIVALENT93
FERRIPROX SOLN22	FINGERSTIX LANCETS64	FLUBLOK SOSY93
ferrous fumarate TABS59	fingolimod hcl88	FLUCELVAX QUADRIVALENT SUSP93
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS59	FIRDAPSE27	FLUCELVAX QUADRIVALENT SUSY93
FERROUS GLUCONATE TABS 324 MG59	FIRMAGON (240 MG DOSE)29	FLUCELVAX SUSP93
ferrous gluconate TABS59	FIRMAGON 80 MG29	FLUCELVAX SUSY93
ferrous sulfate dried TBCR59	FIRST-PROGESTERONE VGS SUPP96	fluconazole SUSR23
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML59	flavoxate hcl92	fluconazole TABS 100 MG23
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML59	FLEBOGAMMA DIF SOLN86	fluconazole TABS 150 MG23
ferrous sulfate TABS 325 MG, 65 MG, 325 MG59	flecainide acetate10	fluconazole TABS 200 MG23
ferrous sulfate TBEC 325 MG59	FLEXICHAMBER DEVI73	fluconazole TABS 50 MG23
ferrous sulfate TBEC59	FLORA VANCE CAPS20	fludarabine phosphate SOLN28
fesoterodine fumarate91	FLORAJEN DIGESTION CAPS ...20	FLUDARABINE PHOSPHATE SOLN28
FEVERALL JUNIOR STRENGTH SUPP6	FLORAJEN KIDS CAPS20	fludarabine phosphate SOLR28
fexofenadine hcl SUSP24	FLORASAVE CPDR20	fludrocortisone acetate TABS42
fexofenadine hcl TABS 180 MG ...24	FLORASTOR ADVANCED CAPS .20	FLULAVAL QUADRIVALENT SUSY . 93
fexofenadine hcl TABS 60 MG24	FLORASTOR SELECT GUT BOOST CAPS20	FLULAVAL SUSY93
FIBRICOR (Use fenofibric acid) ..25	FLORASTOR SELECT IMMUNITY BOOS CAPS20	FLUMIST93
FIBRYGA57	FLORRAXIS CAPS20	FLUMIST QUADRIVALENT93
	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	flunisolide (nasal)81
	FLOVENT DISKUS AEPB10	fluocinolone acetonide (otic)86
		fluocinolone acetonide CREA47

fluocinolone acetonide OIL 47	flurbiprofen sodium 85	FOCALIN XR CP24 (Use dexamethylphenidate hcl) 2
fluocinolone acetonide OINT 47	flurbiprofen TABS 5	folic acid TABS 1 MG 58
fluocinolone acetonide SOLN 47	fluticasone propionate (inhalation) AEPB 11	folic acid TABS 400 MCG, 800 MCG . 58
fluocinonide CREA 0.05 % 47	fluticasone propionate (nasal) SUSP . 81	FOLOTYN 28
fluocinonide CREA 0.1 % 47	fluticasone propionate CREA 0.05 % 47	fondaparinux sodium 12
fluocinonide emulsified base 47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT 11	FORA LANCETS 64
fluocinonide OINT 47	fluticasone propionate hfa 44 MCG/ACT 11	FORFIVO XL TB24 (Use bupropion hcl) 14
fluocinonide SOLN 47	fluticasone propionate LOTN 47	FORTIFY 30 BILLION PROBIOT 50+ CPDR 20
fluorometholone (ophth) SUSP 85	fluticasone propionate OINT 47	FORTIFY 50 BILLION PROBIOT 50+ CPDR 20
fluorouracil (topical) CREA 0.5 % . 45	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 11	FORTIFY DAILY PROBIOTIC CAPS . 20
fluorouracil (topical) CREA 5 % 45	fluticasone-salmeterol AERO 11	FORTIFY DAILY PROBIOTIC EX ST CPDR 20
fluorouracil (topical) SOLN 45	fluvastatin sodium CAPS 25	FORTIFY OPTIMA PROBIOTIC CPDR 20
fluoxetine hcl (pmdd) TABS 10 MG 89	fluvastatin sodium TB24 25	FORTIFY OPTIMA WOMENS ADV CARE CPDR 20
fluoxetine hcl (pmdd) TABS 20 MG 89	fluvoxamine maleate CP24 15	FORTIFY PROBIOTIC WOMENS CPDR 20
fluoxetine hcl CAPS 14	fluvoxamine maleate TABS 15	FORTIFY PROBIOTIC WOMENS EX ST CPDR 20
fluoxetine hcl CPDR 14	FLUZONE HIGH-DOSE QUADRIVALENT 93	fosamprenavir calcium TABS 34
fluoxetine hcl SOLN 14	FLUZONE HIGH-DOSE SUSY 94	fosinopril sodium & hydrochlorothiazide 26
FLUOXETINE HCL TABS (Use fluoxetine hcl) 15	FLUZONE QUADRIVALENT SUSP 94	fosinopril sodium 25
fluoxetine hcl TABS 10 MG 14	FLUZONE QUADRIVALENT SUSY 94	FRAGMIN SOLN 10000 UNIT/4ML 12
fluoxetine hcl TABS 20 MG 14	FLUZONE SUSP 94	FREDS PHARMACY UNILET LANC 28G 64
fluoxetine hcl TABS 60 MG 15	FLUZONE SUSY 94	FREDS PHARMACY UNILET LANC
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fluphenazine hcl TABS 33		
flurandrenolide CREA 47		
flurandrenolide LOTN 47		
flurandrenolide OINT 47		
flurazepam hcl 60		

30G64	GABITRIL 12 MG, 16 MG (Use tiagabine hcl)13	GENABIO COVID-19 RAPID TEST KIT50
FREESTYLE LANCETS64	GABITRIL 2 MG, 4 MG (Use tiagabine hcl)13	GENORAVANCE CAPS20
FREESTYLE LIBRE 14 DAY READER64	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML80	GENOTROPIN CART SC53
FREESTYLE LIBRE 14 DAY SENSOR64	GALAFOLD53	GENOTROPIN MINIQUEL PRSY 53
FREESTYLE LIBRE 2 PLUS SENSOR64	galantamine hydrobromide CP24 ..88	gentamicin sulfate (ophth) OINT ...84
FREESTYLE LIBRE 2 READER ..64	galantamine hydrobromide SOLN ..88	gentamicin sulfate (ophth) SOLN ..84
FREESTYLE LIBRE 2 SENSOR ..64	galantamine hydrobromide TABS ..88	gentamicin sulfate (topical) CREA .44
FREESTYLE LIBRE 3 PLUS SENSOR64	GAMASTAN86	gentamicin sulfate (topical) OINT ..44
FREESTYLE LIBRE 3 READER ..64	GAMIFANT 10 MG/2ML, 50 MG/10ML77	GENTEEL BUTTERFLY TOUCH LANCET64
FREESTYLE LIBRE 3 SENSOR ..64	GAMMAGARD86	GENTLE-LET GP LANCETS64
FREESTYLE LIBRE READER64	GAMMAGARD S/D LESS IGA SOLR86	GENTLE-LET LANCETS64
FREESTYLE UNISTICK II LANCETS64	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML86	GENVISC 850 SOSY80
frovatriptan succinate76	GAMMAPLEX SOLN86	GENVOYA34
FT ACIDOPHILUS PROBIOTIC BLEND CAPS20	GAMUNEX-C86	GILENYA (Use fingolimod hcl)88
FT SALINE NASAL SPRAY SOLN 81	GARDASIL 9 SUSP94	GILENYA88
FULL KIT NEBULIZER SET MISC 73	GARDASIL 9 SUSY94	GILOTRIF29
FULPHILA58	gatifloxacin (ophth)84	ginger (zingiber officinalis) CAPS 250 MG2
furosemide SOLN PO 8 MG/ML, 10 MG/ML52	GATTEX56	GLASSIA SOLN89
furosemide TABS52	GAUZE SPONGES64	glatiramer acetate SOSY89
FYLNETRA58	GAZYVA29	glimepiride 1 MG, 2 MG18
gabapentin CAPS 100 MG13	gefitinib29	glimepiride 3 MG18
gabapentin CAPS 300 MG, 400 MG . 13	GEL-ONE80	glimepiride 4 MG18
gabapentin SOLN13	GELSYN-3 SOSY80	glipizide TABS 2.5 MG18
gabapentin TABS 600 MG, 800 MG 13	gemfibrozil TABS25	glipizide TABS 5 MG, 10 MG18
	GEMTESA92	glipizide TB2418
		glipizide-metformin hcl15
		GLOBAL ALCOHOL PREP EASE 71
		GLOBAL INJECT EASE LANCETS

28G	64	GNP QUICK DISSOLVE GLUCOSE CHEW	16	HADLIMA PUSHTOUCH SOAJ	4
GLOBAL INJECT EASE LANCETS 30G	64	GNP STERILE LANCETS 28G ...	64	HADLIMA SOSY	4
GLUCAGEN HYPOKIT	16	GNP STERILE LANCETS 30G ...	64	HAEMOLANCE	65
glucagon (rdna)	16	GNP STERILE LANCETS 33G ...	64	HAEMOLANCE LOW FLOW LANCETS	65
GLUCAGON EMERGENCY (Use glucagon (rdna))	16	GOJJI STERILE LANCETS	64	HAEMOLANCE PLUS	65
GLUCO TO GO CHEW	16	GOODSENSE ALCOHOL SWABS 71		HAEMOLANCE PLUS HIGH FLOW .	65
GLUCOCOM LANCETS 28G	64	GOODSENSE COLOR LANCETS 33G	64	HAEMOLANCE PLUS LOW FLOW .	65
GLUCOCOM LANCETS 30G	64	GOODSENSE LANCETS 26G UNIV	64	HAEMOLANCE PLUS MAX FLOW	65
GLUCOCOM LANCETS 33G	64	GOODSENSE LANCETS 30G ...	64	HAEMOLANCE PLUS PEDIATRIC FLOW	65
GLUCOSE CHEW	16	GOODSENSE LANCETS 30G UNIV	64	halcinonide CREA	47
glyburide micronized 1.5 MG, 3 MG, 6 MG	18	GOODSENSE LANCETS 33G ...	64	halobetasol propionate CREA	47
glyburide TABS	18	GOODSENSE LANCETS 33G UNIV	64	halobetasol propionate FOAM	47
glyburide-metformin	16	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	50	halobetasol propionate OINT	47
glycerin (laxative) SUPP 2 GM	60	granisetron hcl TABS	23	haloperidol decanoate	33
glycine diluent	87	GRANIX SOLN	58	haloperidol lactate CONC	33
glycopyrrolate TABS 1 MG, 2 MG .	91	GRANIX SOSY	58	haloperidol lactate SOLN	33
GLYXAMBI	16	griseofulvin microsize SUSP	23	haloperidol TABS	33
GNP ACIDOPHILUS HIGH POTENCY CAPS	20	griseofulvin microsize TABS	23	HARVONI PACK	36
GNP ADVANCED PROBIOTIC CAPS	20	griseofulvin ultramicrosize	23	HARVONI TABS	36
GNP ALCOHOL SWABS	71	guaifenesin-codeine SOLN	43	HAVRIX	94
GNP GLUCOSE CHEW	16	guaifenesin-codeine SYRP	43	HEALTHY ACCENTS UNILET LANCETS	65
GNP LANCETS 21G	64	guanfacine hcl (adhd)	2	H-E-B INCONTROL ALCOHOL ...	71
GNP LANCETS THIN 26G	64	guanfacine hcl	26	H-E-B INCONTROL LANCETS 28G .	65
GNP PROBIOTIC COLON SUPPORT CAPS	20	GVOKE KIT SOLN	16	H-E-B INCONTROL LANCETS 30G .	65
GNP PROBIOTIC EXTRA STRENGTH CAPS	22	GYNAZOLE-1	95	H-E-B INCONTROL LANCETS 33G .	

65	SUPN	17	hydralazine hcl TABS	26
HEMATINIC PLUS VIT/MINERALS TABS	HUMALOG MIX 75/25 SUSP	17	hydrochlorothiazide CAPS	52
HEMGENIX	HUMALOG SOLN IJ	17	hydrochlorothiazide TABS 25 MG, 50 MG	52
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone bitartrate CP12	6
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	HUMATE-P SOLR	57	hydrocodone bitartrate-homatropine methylobromide SOLN	42
HEPAGAM B SOLN IJ	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
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-10 MG	7
HEPLISAV-B SOSY	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-5 MG	7
HERCEPTIN HYLECTA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7
HIBERIX SOLR IJ	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocortisone (intrarectal)	8
HIGH POTENCY PROBIOTIC CAPS 20	HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocortisone (rectal) EX 1 %	8
HIZENTRA SOLN	HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocortisone (rectal) EX 2.5 % ...	8
HIZENTRA SOSY 10 GM/50ML ...	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocortisone (topical) CREA 0.5 % 47	
HM STERILE ALCOHOL PREP ..	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	hydrocortisone (topical) CREA 1 % 47	
HUDSON RCI AEROSOL MASK ADULT MISC	HUMULIN 70/30 SUSP	17	hydrocortisone (topical) CREA 2.5 % 47	
HULIO (2 PEN) AJKT	HUMULIN N SUSP	17	hydrocortisone (topical) LOTN 1 % 47	
HULIO (2 SYRINGE) PSKT	HUMULIN R SOLN IJ	17	hydrocortisone (topical) LOTN 2.5 % . 47	
HUMALOG JUNIOR KWIKPEN SOPN	HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 0.5 % . 47	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	HUMULIN R U-500 KWIKPEN SOPN SC	17	hydrocortisone (topical) OINT 1 % .47	
HUMALOG MIX 50/50 KWIKPEN SUPN	HYALGAN SOLN	80	hydrocortisone (topical) OINT 2.5 % . 47	
HUMALOG MIX 50/50 SUSP	HYALGAN SOSY	80		
HUMALOG MIX 75/25 KWIKPEN	HYCAMPIN CAPS	32		

hydrocortisone (topical) SOLN 1 % 47	hydroxyzine pamoate CAPS 25 MG, 100 MG9	HY-VEE LANCETS65
hydrocortisone acetate (topical) CREA 1 %47	hydroxyzine pamoate CAPS 50 MG 9	HY-VEE THIN LANCETS65
hydrocortisone acetate (topical) OINT47	HYMOVIS80	ibandronate sodium SOLN52
HYDROCORTISONE ACETATE CREA47	hyoscyamine sulfate ELIX91	ibandronate sodium TABS52
hydrocortisone butyrate CREA47	hyoscyamine sulfate SOLN PO 0.125 MG/ML91	IBRANCE CAPS30
hydrocortisone butyrate hydrophilic lipo base47	hyoscyamine sulfate SUBL 0.125 MG91	IBSRELA55
hydrocortisone butyrate LOTN47	hyoscyamine sulfate TABS 0.125 MG91	ibuprofen CHEW5
hydrocortisone butyrate OINT47	hyoscyamine sulfate TB12 0.375 MG 91	ibuprofen SUSP5
hydrocortisone butyrate SOLN47	hyoscyamine sulfate TBDP 0.125 MG91	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG5
hydrocortisone TABS42	HYPERHEP B SOLN IM86	ibuprofen-diphenhydramine citrate 59
hydrocortisone vaginal96	HYPERHEP B SOSY86	ibuprofen-diphenhydramine hcl ...59
hydrocortisone valerate CREA47	HYPERRHO S/D SOSY IM 1500 UNIT86	icatibant acetate SOSY57
hydrocortisone valerate OINT47	HYPERRHO S/D SOSY IM 250 UNIT86	ICLUSIG 15 MG, 45 MG30
hydrocortisone w/acetic acid86	HYQVIA87	ID NOW COVID-1950
HYDROMORPHONE HCL SUPP ...6	HYRIMOZ SOAJ4	ID NOW COVID-19 2.0 CONTROL 50
hydromorphone hcl TABS6	HYRIMOZ SOSY4	ID NOW COVID-19 2.0 TEST50
hydromorphone hcl TB246	HYRIMOZ-CROHNS/UC STARTER SOAJ4	ID NOW COVID-19 CONTROL ...50
HYDROXATE GEL47	HYRIMOZ-PED<40KG CROHN STARTER SOSY4	IDACIO (2 PEN) AJKT4
HYDROXYM GEL47	HYRIMOZ-PED>=40KG CROHN START SOSY4	IDACIO (2 SYRINGE) PSKT4
hydroxyprogesterone caproate (antineoplastic)29	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ4	IDACIO-CROHNS/UC STARTER AJKT4
hydroxyprogesterone caproate OIL 87	HYRIMOZ-PLAQUE PSORIASIS START SOAJ4	IDACIO-PSORIASIS STARTER AJKT4
hydroxyurea31		IDELVION57
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML9		IGALMI FILM60
hydroxyzine hcl SYRP9		IHEALTH COVID-19 RAPID TEST KIT50
hydroxyzine hcl TABS9		ILEVRO85
		ILUVIEN85

imatinib mesylate TABS	30	INSPIRACHAMBER/MOUTHPIECE DEVI	74	INVOKANA	18
IMBRUVICA CAPS 140 MG	30	INSPIRACHAMBER/SMALL DEVI	74	IPOL	94
IMBRUVICA CAPS 70 MG	30	INSPIREASE MISC	74	ipratropium bromide (nasal) 0.03 %	81
IMBRUVICA TABS	30	INSPIREASE RESERVOIR BAGS	74	ipratropium bromide (nasal) 0.06 %	81
IMCIVREE	1	INSULIN ASP PROT & ASP FLEXPEN SUPN	17	ipratropium bromide SOLN 0.02 %	10
imipramine hcl TABS	15	INSULIN ASPART PROT & ASPART SUSP	17	ipratropium-albuterol SOLN	11
imipramine pamoate	15	INSULIN GLARGINE SOLN	17	irbesartan	25
imiquimod 5 %	48	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	17	irbesartan-hydrochlorothiazide	26
IMLYGIC	31	INSULIN GLARGINE-YFGN SOLN	17	irinotecan hcl	32
IMOVAX RABIES SUSR	94	INSULIN GLARGINE-YFGN SOPN	17	IRON CHEWS PEDIATRIC CHEW	59
IMPEKLO LOTN	47	INSULIN LISPRO (1 UNIT DIAL) SOPN	17	IRON TABS 28 MG	59
IN TOUCH STERILE LANCETS 30G	65	INSULIN LISPRO JUNIOR KWIKPEN SOPN	17	ISENTRESS CHEW 100 MG	34
INCRELEX	53	INSULIN LISPRO PROT & LISPRO SUPN	17	ISENTRESS CHEW 25 MG	34
indapamide TABS 1.25 MG, 2.5 MG .	52	INSULIN LISPRO SOLN IJ	17	ISENTRESS PACK	34
INDICAID COVID-19 RAPID TEST KIT	50	INSULIN SYRINGES	72	ISENTRESS TABS	34
indomethacin CAPS 25 MG, 50 MG	5	INTELENCE (Use etravirine)	34	isoniazid SYRP	27
indomethacin CPR	5	INTELENCE	34	isoniazid TABS	27
INFANRIX	90	INTELENCE 200 MG (Use etravirine)	34	ISOPTO ATROPINE SOLN	84
INFANTS ADVIL SUSP (Use ibuprofen)	5	INTELISWAB COVID-19 RAPID TEST KIT	50	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
INGREZZA CAPS	88	INVEGA HAFYERA	32	isosorbide mononitrate TABS	9
INGREZZA CPSP	88	INVEGA SUSTENNA	33	ISOSORBIDE MONONITRATE TABs	9
INLYTA	28	INVEGA TRINZA	33	isosorbide mononitrate TB24	9
INNOSPIRE REPLACEMENT FILTER MISC	74			isotretinoin 10 MG, 20 MG, 40 MG	43
INPEFA	38			isradipine CAPS	37
INSPIRACHAMBER/LARGE DEVI	74			ITCH RELIEF CREA	44
INSPIRACHAMBER/MEDIUM DEVI .	74			itraconazole CAPS	23
				itraconazole SOLN	23

ivermectin (pediculicide)	49	KALETRA SOLN	34	KINNEY THIN LANCETS	65
IXCHIQ	94	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	34	KINRIX SUSY	90
IXEMPRA KIT	31	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	34	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	2
IXIARO	94	KALYDECO PACK 50 MG, 75 MG	89	KLOXXADO LIQD	22
IXINITY SOLR	57	KALYDECO TABS	89	KOATE SOLR	57
IYUZEH SOLN	85	KANJINTI 420 MG	29	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	57
JAKAFI	30	KANUMA	53	KOGENATE FS KIT	57
JANSSEN COVID-19 VACCINE ..	94	KAZANO (Use alogliptin-metformin hcl)	16	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	16
JANUMET TABS	16	KCENTRA	57	KONVOMEK SUSR	91
JANUMET XR TB24	16	KEMOPLAT SOLN	28	KOVALTRY	57
JANUVIA	16	KEPIVANCE 6.25 MG	31	KRINTAFEL	27
JARDIANCE	18	KESIMPTA	89	KROGER HEALTHPRO LANCET 26G	65
JARRO-DOPHILUS EPS CPDR ..	20	ketoconazole (topical) CREA	44	KROGER LANCETS	65
JARRO-DOPHILUS EPS PROBIOTIC CPDR	20	ketoconazole (topical) SHAM 2 %	44	KROGER LANCETS 21G	65
JARRO-DOPHILUS HYPOALLERGENIC CAPS	20	KETONE TEST STRP	50	KROGER LANCETS MICRO THIN 33G	65
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	20	ketoprofen CAPS 50 MG	5	KROGER LANCETS SUPER THIN 65	
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	20	ketoprofen CP24	5	KROGER LANCETS THIN	65
JENTADUETO TABS	16	ketorolac tromethamine (ophth) 0.4 %	85	KROGER LANCETS THIN 26G ..	65
JEVTANA	31	ketorolac tromethamine (ophth) 0.5 %	85	KROGER LANCETS ULTRATHIN 30G	65
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	57	ketorolac tromethamine TABS	5	KRYSTEXXA	56
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	KETOSTIX STRP	50	KYLEENA	41
JYNARQUE TABS	54	ketotifen fumarate (ophth) 0.035 % 85		KYMRIAH	29
JYNARQUE TBPk	54	KEY-E CHEW	96	KYPROLIS	30
JYNNEOS	94	KEYTRUDA	29	labetalol hcl TABS 100 MG	37
KADCYLA	29	KHAPZORY	31	labetalol hcl TABS 200 MG	37
KALBITOR	57	KINNEY LANCETS	65		

labetalol hcl TABS 300 MG36	LANOLOR CREA49	leuprolide acetate KIT IJ 1 MG/0.2ML30
LACTEROL CAPS20	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)38	LEUPROLIDE ACETATE-BUPIVACAINE29
lactic acid (ammonium lactate) CREA48	lanreotide acetate54	levalbuterol hcl11
lactic acid (ammonium lactate) LOTN 12 %48	LANREOTIDE ACETATE54	levalbuterol tartrate11
lactulose (encephalopathy)55	lansoprazole CPDR91	levamlodipine maleate37
lactulose SOLN60	lansoprazole TBDD91	LEVEMIR FLEXPEN SOPN17
LAGEVRIO36	lanthanum carbonate CHEW55	LEVEMIR SOLN17
lamivudine SOLN34	LANTUS SOLOSTAR SOPN17	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML13
lamivudine TABS 150 MG35	lapatinib ditosylate30	levetiracetam TABS13
lamivudine TABS 300 MG34	LEADER QUICK DISSOLVE GLUCOSE CHEW16	levetiracetam TB2413
lamivudine-zidovudine35	LEDIPASVIR-SOFOSBUVIR TABS 36	levobunolol hcl 0.5 %83
lamotrigine CHEW13	leflunomide5	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML53
lamotrigine KIT 25 MG13	lenalidomide77	levocarnitine (metabolic modifiers) TABS53
lamotrigine TABS13	LENVIMA (10 MG DAILY DOSE) .28	levocetirizine dihydrochloride SOLN 24
lamotrigine TB2413	LENVIMA (12 MG DAILY DOSE) .28	levofloxacin (ophth) 0.5 %84
lamotrigine TBDP13	LENVIMA (14 MG DAILY DOSE) .28	levofloxacin SOLN PO54
LANCETS65	LENVIMA (18 MG DAILY DOSE) .28	levofloxacin TABS54
LANCETS 28G THIN65	LENVIMA (20 MG DAILY DOSE) .28	levoleucovorin calcium SOLN31
LANCETS 30G65	LENVIMA (24 MG DAILY DOSE) .28	levoleucovorin calcium SOLR31
LANCETS 33G65	LENVIMA (4 MG DAILY DOSE) ..28	levonorgestrel & eth estradiol TABS 39
LANCETS MICRO THIN 33G65	LENVIMA (8 MG DAILY DOSE) ..29	levonorgestrel (emergency oc) 1.5 MG41
LANCETS SUPER THIN65	LETAIRIS (Use ambrisentan)38	levonorgestrel-eth estradiol (triphasic)39
LANCETS SUPER THIN 28G65	letrozole29	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG40
LANCETS THIN65	leucovorin calcium TABS 5 MG, 25 MG31	
LANCETS ULTRA THIN65	LEUKERAN28	
LANCETS ULTRA THIN 30G65	LEUKINE SOLR IJ58	
lanolin (topical) CREA49	LEUPROLIDE ACETATE (3 MONTH) INJ29	
lanolin XX87		
LANOLIN XX87		

levonorgestrel-ethinyl estradiol (continuous)	40	LIQREV SUSP	38	LONGS LANCETS ULTRA THIN ..	65
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	90	liraglutide	17	LONSURF	30
levothyroxine sodium TABS	90	lisdexamfetamine dimesylate CAPS 1		loperamide hcl CAPS	22
LEVULAN KERASTICK SOLR	45	lisdexamfetamine dimesylate CHEW . 1		loperamide hcl TABS	22
LEXIVA SUSP	35	lisinopril & hydrochlorothiazide ...	26	lopinavir-ritonavir SOLN	35
LEXIVA TABS (Use fosamprenavir calcium)	35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	25	lopinavir-ritonavir TABS 25 MG-100 MG	35
LIALDA TBEC (Use mesalamine) .	55	LITE TOUCH LANCETS	65	lopinavir-ritonavir TABS 50 MG-200 MG	35
LIBERTY MEDICAL LANCETS ...	65	LITETOUCH LANCETS	65	loratadine CAPS	24
LIBERVANT FILM	12	LITETOUCH MASK LARGE MISC 74		loratadine CHEW	24
LIBTAYO	29	LITETOUCH MASK MEDIUM MISC . 74		loratadine SOLN	24
LICEMD GEL	49	LITETOUCH MASK SMALL MISC .74		loratadine TABS	24
lidocaine CREA 4 %	49	LITFULO	48	loratadine TBDP 10 MG	24
LIDOCAINE CREA	49	lithium	32	lorazepam CONC	10
lidocaine hcl (mouth-throat) 2 % ...	78	lithium carbonate CAPS	32	lorazepam TABS 0.5 MG, 2 MG ...	10
lidocaine hcl CREA 3 %	49	lithium carbonate TABS	32	lorazepam TABS 1 MG	10
lidocaine hcl CREA 4 %	49	lithium carbonate TBCR	32	LORBRENA	30
lidocaine hcl GEL 2 %	49	LITHOBID TBCR (Use lithium carbonate)	32	LOREEV XR CS24	10
lidocaine hcl PRSY	49	LITTLE REMEDIES SALINE SOLN 81		losartan potassium & hydrochlorothiazide	26
lidocaine-prilocaine CREA	49	LIVE BETTER LANCET SUPER THIN	65	losartan potassium	25
LIFESCAN UNISTIK 2	65	LIVE BETTER LANCET ULTRA THIN	65	lovastatin TABS 10 MG, 20 MG ...	25
LIFESCAN UNISTIK II LANCETS .	65	LO LOESTRIN FE TABS	40	lovastatin TABS 40 MG	25
LILETTA (52 MG)	41	LOCOID LIPOCREAM	48	loxapine succinate	33
lindane SHAM	49	LOKELMA	78	LUCENTIS SOSY	84
LINZESS	55	LONGS LANCETS STANDARD ..	65	LUCIRA CHECK IT COVID-19 TEST KIT	50
LIORESAL SOLN IT	80	LONGS LANCETS THIN	65	LUCIRA COVID-19 ALL-IN-ONE KIT 50	
liothyronine sodium TABS	90			luliconazole	44
LIPOFEN CAPS (Use fenofibrate) .	25			LUMIZYME	53

LUMOXITI	29	magnesium oxide TABS 400 MG ...	9	medroxyprogesterone acetate (contraceptive) SUSP IM	41
LUPRON DEPOT (1-MONTH) KIT IM	30	MAKENA SOAJ	87	medroxyprogesterone acetate (contraceptive) SUSY IM	41
LUPRON DEPOT (3-MONTH) KIT IM	30	malathion	49	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	87
LUPRON DEPOT (4-MONTH) IM .	30	maraviroc TABS 150 MG	35	mefloquine hcl	27
LUPRON DEPOT (6-MONTH) IM .	30	maraviroc TABS 300 MG	35	MEGA PROBIOTIC CAPS	20
LUPRON DEPOT-PED (1-MONTH) . 53		MATULANE	31	megestrol acetate SUSP	30
LUPRON DEPOT-PED (3-MONTH) . 53		MAVYRET PACK	36	megestrol acetate TABS	30
LUPRON DEPOT-PED (6-MONTH) IM	53	MAVYRET TABS	36	MEIJER ALCOHOL SWABS	71
lurasidone hcl	32	MAXI-TUSS PE LIQD	43	MEIJER LANCETS	66
LUTATHERA	31	MAYZENT STARTER PACK TBPK 0.25 MG	89	MEIJER LANCETS THIN	66
LUZU (Use luliconazole)	44	MAYZENT TABS	89	MEIJER LANCETS UNIVERSAL 21G	66
LYBALVI	88	meclizine hcl CHEW	23	MEIJER LANCETS UNIVERSAL 30G	66
LYFGENIA	58	meclizine hcl TABS 12.5 MG, 25 MG 23		MEIJER LANCETS UNIVERSAL 33G	66
LYRA DIRECT SARS-COV-2 ASSAY	50	MEDICHOICE SAFETY LANCET .	66	MEIJER SUPER THIN LANCETS	66
LYRA SARS-COV-2 ASSAY	50	EXTRA	66	MEKINIST TABS	30
LYSODREN	30	MEDICHOICE SAFETY LANCET NORM	66	MEKTOVI	30
LYUMJEV TEMPO PEN SOPN ...	18	MEDLANCE EXTRA 21G	66	melatonin TABS 3 MG, 5 MG	2
LYVISPAH PACK	80	MEDLANCE LITE 25G	66	meloxicam TABS	5
MACI	80	MEDLANCE PLUS EXTRA 21G ..	66	melphalan	28
MAGE CPDR	20	MEDLANCE PLUS LANCETS	66	melphalan hcl IV	28
magnesium citrate 1.745 GM/30ML 60		MEDLANCE PLUS LITE 25G	66	memantine hcl CP24	88
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	60	MEDLANCE PLUS SPECIAL 0.8MM	66	memantine hcl SOLN 2 MG/ML ...	88
magnesium oxide (mg supplement) TABS	77	MEDLANCE PLUS SUPERLITE 30G	66	memantine hcl TABS	88
		MEDLANCE PLUS UNIVERSAL 21G	66	MENACTRA	92
		MEDLANCE UNIVERSAL 21G ...	66	MENQUADFI	92
				MENVEO SOLN	92

MENVEO SOLR	92	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG . 27	methyltestosterone TABS	8	
meperidine hcl SOLN PO 50 MG/5ML	6	methimazole TABS	90	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	55
meperidine hcl TABS 50 MG	6	methocarbamol TABS 500 MG	80	metoclopramide hcl TABS 10 MG ..	55
meprobamate	9	methocarbamol TABS 750 MG	80	metoclopramide hcl TABS 5 MG ..	55
mercaptopurine SUSP 2000 MG/100ML	28	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28	metolazone	52
mercaptopurine TABS	28	methotrexate sodium TABS 2.5 MG 28		metoprolol & hydrochlorothiazide TABS	26
mesalamine ENEM	55	methsuximide	14	metoprolol succinate TB24 200 MG 37	
mesalamine SUPP	55	methylphenidate	26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	37
mesalamine TBEC 1.2 GM	55	METHYLIN SOLN (Use methylphenidate hcl)	2	metoprolol tartrate TABS 100 MG ..	37
mesalamine TBEC 800 MG	55	methylphenidate hcl CHEW	2	metoprolol tartrate TABS 25 MG, 50 MG	37
mesalamine w/ cleanser	55	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metoprolol tartrate TABS 37.5 MG, 75 MG	37
mesna SOLN	31	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) CREA	49
mesna TABS	31	methylphenidate hcl CP24	2	metronidazole (topical) GEL 0.75 % 49	
MESNEX TABS	31	methylphenidate hcl CP24	2	metronidazole (topical) LOTN	49
META BIOTIC/BIO-ACTIVE 12 CAPS	20	methylphenidate hcl CPCR	2	metronidazole TABS 250 MG, 500 MG	26
metaxalone	80	methylphenidate hcl SOLN	2	metronidazole vaginal	95
metformin hcl SOLN	16	methylphenidate hcl TABS	2	metyrosine	25
metformin hcl TABS 500 MG, 850 MG, 1000 MG	16	methylphenidate hcl TB24	2	miconazole nitrate (topical) CREA ..	44
metformin hcl TABS 625 MG	16	methylphenidate hcl TBCR 10 MG, 20 MG	2	miconazole nitrate vaginal CREA 2 %	95
metformin hcl TB24 500 MG, 1000 MG	16	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	miconazole nitrate vaginal KIT	95
methadone hcl TABS 10 MG	6	methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal SUPP 100 MG	95
methadone hcl TABS 5 MG	6	methylprednisolone TABS 4 MG, 8 MG	42	miconazole nitrate vaginal SUPP 200 MG	95
methamphetamine hcl	1	methylprednisolone TBPK	42	MICRHOGAM ULTRA-FILTERED	
methazolamide TABS	51				
methenamine mandelate	27				

PLUS SOSY IM	86	MODERNA COVID-19 VAC (BOOSTER) SUSP	94	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	6
MICROCHAMBER DEVI	74	MODERNA COVID-19 VAC 6M-11Y SUSP	94	morphine sulfate SUPP	6
MICROCHAMBER MISC	74	MODERNA COVID-19 VAC 6M-11Y SUSY	94	morphine sulfate TABS	6
MICROFLOR 33 CAPS	20	MODERNA COVID-19 VACC 6M-5Y SUSP	94	morphine sulfate TBCR	6
MICROFLOR CAPS	20	MODERNA COVID-19 VACCINE SUSP	94	MOTPOLY XR CP24	13
MICROLET LANCETS	66	moexipril hcl	25	MOTRIN CHILDRENS CHEW (Use ibuprofen)	5
MICROSPACER MISC	74	MOI-STIR SOLN	78	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5
midazolam hcl SOLN IJ	60	mometasone furoate (nasal) SUSP 81		MOUNJARO	17
midodrine hcl	96	mometasone furoate CREA	48	MOUTH KOTE REMINT SOLN	78
MIEBO	85	mometasone furoate OINT	48	MOUTH KOTE SOLN	78
mifepristone (hyperglycemia)	16	mometasone furoate SOLN	48	MOVANTIK	55
miglitol	15	MOMMY'S BLISS PROBIOTIC PACK	20	moxifloxacin hcl (ophth) SOLN OP	84
miglustat	58	MONISTAT 3 CREA	95	moxifloxacin hcl TABS	54
MINIELITE FILTER REPLACEMENTS MISC	74	MONOLET LANCETS	66	MPD SAFETY LANCET 21G	66
minocycline hcl CAPS	90	MONOLET OPD LANCETS	66	MPD SAFETY LANCET 23G	66
minoxidil 2.5 MG, 10 MG	26	MONOLETTOR SAFETY LANCETS 66		MPD SAFETY LANCET 28G	66
mirabegron TB24	92	MONOVISC	80	MPD SAFETY LANCET 30G	66
MIRCERA	58	montelukast sodium CHEW	10	MULPLETA	58
MIRENA (52 MG)	41	montelukast sodium PACK	10	MULTIPLE VITAMINS TABS-ASSORTED BRAND	79
mirtazapine TABS	14	montelukast sodium TABS	10	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	79
mirtazapine TBDP	14	morphine sulfate beads	6	multiple vitamins w/ iron TABS	79
misoprostol	91	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	79
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	30	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	79
MM TWIST LANCETS	66			MULTIVITAMIN DROPS/IRON SOLN	
M-M-R II SOLR	94				
MODERNA COVID-19 BIVAL 6M-5Y	94				
MODERNA COVID-19 BIVALENT 94					

.....79	naloxone hcl SOLN 0.4 MG/ML ...23	nefazodone hcl15
MULTIVITAMIN INFANT & TODDLER SOLN79	naloxone hcl SOLN 4 MG/10ML ...23	neomycin sulfate TABS2
mupirocin calcium (topical)44	naloxone hcl SOSY 0.4 MG/ML ...23	neomycin-bacitracin zn-polymyxin 84
mupirocin OINT44	naloxone hcl SOSY 2 MG/2ML23	neomycin-bacitracin-polymyxin OINT 44
MVASI29	naltrexone hcl23	neomycin-polymy-dexameth OINT 85
MVW COMPL FORM PROBIOTIC- KIDS CPDR20	NAMENDA TITRATION PAK TABS (Use memantine hcl)88	neomycin-polymy-dexameth SUSP 85
MVW COMPLETE FORMULATION SOLN79	naphazoline w/ pheniramine 0.3 %- 0.025 %84	neomycin-polymyxin w/ pramoxine 44
MVW COMPLETE PROBIOTIC CPDR20	naphazoline w/ pheniramine 0.315 %-0.027 %84	neomycin-polymyxin-gramicidin ...84
MYALEPT53	naproxen sodium TABS 220 MG ...5	neomycin-polymyxin-hc (ophth) ...85
mycophenolate mofetil CAPS77	naproxen sodium TABS 275 MG, 550 MG5	neomycin-polymyxin-hc (otic) SOLN . 86
mycophenolate mofetil hcl77	naproxen sodium-diphenhydramine hcl59	neomycin-polymyxin-hc (otic) SUSP . 86
mycophenolate mofetil SUSR77	naproxen SUSP5	NESINA (Use alogliptin benzoate) 16
mycophenolate mofetil TABS77	naproxen TABS5	NEULASTA ONPRO PSKT58
mycophenolate sodium77	naproxen TBEC5	NEULASTA SOSY58
MYFEMBREE54	naproxen-esomeprazole magnesium5	NEUPOGEN SOLN58
MYGLUCOHEALTH LANCETS 30G 66	naratriptan hcl76	NEUPOGEN SOSY58
MYLERAN TABS28	NARCAN LIQD (Use naloxone hcl) 23	nevirapine SUSP35
MYOBLOC82	NATAZIA40	nevirapine TABS35
MYRBETRIQ TB24 (Use mirabegron)92	nateglinide18	nevirapine TB24 100 MG35
NABI-HB SOLN IM86	NATPARA52	nevirapine TB24 400 MG35
nabumetone5	NATROBA (Use spinosad)49	NEXABIOTIC CPDR20
nadolol TABS 20 MG, 40 MG, 80 MG37	NATRUL PROBIOTIC CAPS20	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..91
NAGLAZYME53	NATURAL FIBER LAXATIVE POWD 60	NEXIUM 24HR CPDR (Use esomeprazole magnesium)91
naloxone hcl LIQD22	NEBULIZER AIR TUBE/PLUGS MISC74	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)91
naloxone hcl SOCT23		

NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium) 91	nitroglycerin CPCR9	norgestimate-ethinyl estradiol (triphasic)40
NEXPLANON41	nitroglycerin PT249	norgestimate-ethinyl estradiol40
NGENLA53	nitroglycerin SUBL9	norgestrel & ethinyl estradiol 30 MCG-0.3 MG40
niacin (antihyperlipidemic) TBCR ..25	NIVA THYROID TABS90	NORLIQVA SOLN37
niacin CPCR 250 MG, 500 MG97	NIVESTYM SOLN58	NORPACE CAPS (Use disopyramide phosphate)10
NIACIN ER CPCR96	NIVESTYM SOSY58	nortriptyline hcl CAPS15
NIACIN ER TBCR96	NIX LICE KILLING SPRAY LIQD XX .49	nortriptyline hcl SOLN15
niacin TABS 500 MG97	NIZORAL SHAM44	NORVIR CAPS35
niacin TBCR97	NORDITROPIN FLEXPPO SOPN .53	NORVIR PACK35
nicardipine hcl CAPS37	norelgestromin-ethinyl estradiol ..41	NORVIR TABS (Use ritonavir)35
NICOTINE KIT89	norethin acet & estrad-fe CAPS ...40	NOSE CLIP MISC74
nicotine polacrilex GUM89	norethin acet & estrad-fe CHEW ..40	NOVA SAFETY LANCETS 23G ..66
nicotine polacrilex LOZG89	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG40	NOVA SAFETY LANCETS 28G ..66
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR89	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG40	NOVA SUREFLEX LANCETS66
NICOTROL INHA89	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...40	NOVAREL IM52
NICOTROL NS SOLN89	norethindrone & eth estradiol 35 MCG-1 MG40	NOVAVAX COVID-19 VACCINE SUSP94
nifedipine CAPS37	norethindrone & ethinyl estradiol-fe 40	NOVAVAX COVID-19 VACCINE SUSY94
nifedipine TB24 30 MG, 90 MG ...37	norethindrone (contraceptive)42	NOVOEIGHT57
nifedipine TB24 60 MG37	norethindrone acet & eth estra TABS 40	NOVOLOG 70/30 FLEXPEN RELION SUPN18
nimodipine CAPS37	norethindrone acetate TABS87	NOVOLOG MIX 70/30 FLEXPEN SUPN18
NINLARO30	norethindrone acetate-ethinyl estradiol54	NOVOLOG MIX 70/30 RELION SUSP18
nisoldipine37	norethindrone acetate-ethinyl estradiol-fe40	NOVOLOG MIX 70/30 SUSP18
nitisinone CAPS53	norethindrone-eth estradiol (triphasic)40	NOVOSEVEN RT57
NITRO-BID OINT9		NP THYROID TABS90
nitrofurantoin27		NPLATE 250 MCG, 500 MCG58
nitrofurantoin macrocrystal 50 MG, 100 MG27		
nitrofurantoin monohyd macro27		

NUCALA SOAJ	10	ofloxacin 300 MG, 400 MG	54	ON/GO COVID-19 ANTIGEN TEST KIT	50
NUCALA SOLR	10	OHC COVID-19 ANTIGEN SELF TEST KIT	50	ON/GO ONE COVID-19 HOME TEST KIT	50
NUCALA SOSY	10	olanzapine SOLR	33	ONCASPAR	31
NULOJIX	77	olanzapine TABS	33	ondansetron hcl SOLN PO 4 MG/5ML	23
NUMOISYN LIQD	78	olanzapine TBDP	33	ondansetron hcl TABS 4 MG, 8 MG 23	
NUPLAZID CAPS	32	olmesartan medoxomil	25	ondansetron TBDP 16 MG	23
NUPLAZID TABS 10 MG	32	olmesartan medoxomil-amlodipine-hydrochlorothiazide	26	ondansetron TBDP 4 MG, 8 MG ..	23
NURTEC	76	olmesartan medoxomil-hydrochlorothiazide	26	ONETOUCH CLUB LANCETS FINE PT	66
NUVESSA	95	olopatadine hcl (nasal)	81	ONETOUCH DELICA LANCETS 33G	66
NUWIQ KIT	57	olopatadine hcl	85	ONETOUCH DELICA PLUS LANCET30G	66
NUWIQ SOLR	57	OLPRUVA (2 GM DOSE) THPK ..	53	ONETOUCH DELICA PLUS LANCET33G	66
nystatin (mouth-throat)	78	OLPRUVA (3 GM DOSE) THPK ..	53	ONETOUCH DELICA SAFETY LANCING	66
nystatin (topical) CREA	44	OLPRUVA (4 GM DOSE) THPK ..	53	ONETOUCH FINEPOINT LANCETS	66
nystatin (topical) OINT	44	OLPRUVA (5 GM DOSE) THPK ..	53	ONETOUCH ULTRA 2 KIT	66
nystatin (topical) POWD EX	44	OLPRUVA (6 GM DOSE) THPK ..	53	ONETOUCH ULTRA BLUE TEST STRP	51
nystatin TABS	23	OLPRUVA (6.67 GM DOSE) THPK 53		ONETOUCH ULTRA STRP	51
nystatin-triamcinolone CREA	44	OLUMIANT	3	ONETOUCH ULTRA TEST STRP ..	51
nystatin-triamcinolone OINT	44	omega-3-acid ethyl esters	24	ONETOUCH ULTRASOFT 2 LANCETS	66
NYVEPRIA	58	omeprazole CPDR	91	ONETOUCH ULTRASOFT LANCETS	66
OBIZUR	57	omeprazole TBEC	91	ONETOUCH VERIO FLEX SYSTEM KIT	66
OALIVA	55	omeprazole-sodium bicarbonate CAPS	91	ONETOUCH VERIO LIQD	67
OCTAGAM SOLN	86	omeprazole-sodium bicarbonate PACK	91		
octreotide acetate KIT	54	OMNITROPE SOCT	53		
octreotide acetate SOLN	54	OMVOH SOAJ	55		
octreotide acetate SOSY	54	OMVOH SOLN	55		
ODEFSEY	35	OMVOH SOSY	55		
ODOMZO	29				
OFEV	89				
ofloxacin (ophth)	84				
ofloxacin (otic)	86				

ONETOUCH VERIO REFLECT KIT 67	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG80	oxycodone hcl T12A 80 MG7
ONETOUCH VERIO STRP51	ORTHOVISC81	oxycodone hcl TABS7
ONGLYZA (Use saxagliptin hcl) .. 17	oseltamivir phosphate CAPS 30 MG . 36	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7
ONPATTRO89	oseltamivir phosphate CAPS 45 MG, 75 MG36	oxymorphone hcl TB12 15 MG7
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML29	oseltamivir phosphate SUSR36	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7
OPSYNVI38	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) 16	oyster shell 76
OPTICHAMBER DIAMOND DEVI .74	OTEZLA TABS5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 17
OPTICHAMBER DIAMOND MISC .74	OTEZLA TBPk5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML17
OPTICHAMBER DIAMOND-LG MASK DEVI74	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/0.4ML3	OZEMPIC (2 MG/DOSE) SOPN ...17
OPTICHAMBER DIAMOND-MD MASK MISC74	oxaprozin TABS5	OZOBAX DS SOLN PO (Use baclofen) 80
OPTICHAMBER DIAMOND-SM MASK MISC74	OXAYDO TABS 5 MG6	OZOBAX SOLN PO (Use baclofen) 80
OPTIONS GYNOL II CONTRACEPTIVE GEL95	oxazepam CAPS10	OZURDEX IMPL85
OPVEE NA23	oxcarbazepine SUSP13	PACLITAXEL PROTEIN-BOUND PART31
OPZELURA48	oxcarbazepine TABS13	paclitaxel protein-bound particles .31
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ORENITRAM MONTH 2 TEpk38	oxybutynin chloride TABS 2.5 MG .91	PAMIDRONATE DISODIUM SOLN 52
ORENITRAM MONTH 3 TEpk38	oxybutynin chloride TABS 5 MG ...92	pantoprazole sodium PACK 91
ORFADIN SUSP53	oxybutynin chloride TB2492	pantoprazole sodium TBEC 20 MG 91
ORIAHNN54	oxycodone hcl CAPS7	pantoprazole sodium TBEC 40 MG 91
ORLISSA53	oxycodone hcl CONC 100 MG/5ML 7	PANZYGA86
ORKAMBI PACK89	oxycodone hcl SOLN7	
ORKAMBI TABS89	oxycodone hcl T12A 10 MG, 20 MG, 40 MG7	
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orphenadrine w/ aspirin & caff 80		

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PARI BABY CONVERSION KIT MISC74	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...79	permethrin LIQD EX49
PARI ERAPID NEBULIZER HANDSET MISC74	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND79	perphenazine TABS33
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PARI SOFT PLASTIC PED MASK MISC74	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR60	PFIZER COVID-19 VAC BIVALENT . 94
PARI VORTEX ADULT MASK74	peg 3350-potassium chloride-sod bicarbonate-sod chloride60	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP94
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paroxetine hcl TABS15	PEGASYS SOSY36	PFIZER-BIONT COVID-19 VAC- TRIS SUSP94
paroxetine hcl TB2415	pemetrexed disodium SOLR 100 MG, 500 MG28	PFIZER-BIONTECH COVID-19 VACC SUSP94
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PAXLOVID (300/100)36	penicillin v potassium SOLR87	PHARMACIST CHOICE MASK WIPES MISC74
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phenylephrine hcl (oral) TABS81	pioglitazone hcl-metformin hcl TABS . 16	PORTRAZZA29
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PREDNISOLONE SODIUM PHOSPHATE85	PREVYMIS TABS36	PROBIOMAX COMPLETE DF CAPS21
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prednisolone sodium phosphate SOLN 20 MG/5ML42	PREZISTA SUSP35	PROBIOMAX IG 26 DF CAPS21
prednisolone sodium phosphate SOLN42	PREZISTA TABS (Use darunavir) .35	PROBIOMAX LEAN DF CAPS21
prednisolone SOLN42	PREZISTA TABS 150 MG35	PROBIOMAX SB DF CAPS21
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prednisone TABS42	PRIMADOPHILUS BIFIDUS CPDR 20	PROBIOTIC + OMEGA-3 CAPS ..21
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PREGNYL IM53	PRO COMFORT ALCOHOL71	PROBIOTIC DAILY CAPS21
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PREMARIN96	PRO COMFORT LANCETS 31G .67	PROBIOTIC DIGESTIVE SUPP CAPS21
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quinapril-hydrochlorothiazide 12.5 MG-20 MG26	RAPID RESPONSE COVID-19 ...51	RELION ULTRA THIN PLUS LANCETS68
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		RENAGEL (Use sevelamer hcl) ...55
		REVELA TABS (Use sevelamer carbonate)56

repaglinide	18	ribavirin (hepatitis c) TABS 200 MG 36	rizatriptan benzoate TABS	76	
REPATHA SOSY	25	riboflavin TABS	97	rizatriptan benzoate TBDP	76
REPATHA SURECLICK SOAJ	25	rifampin CAPS	27	ROCKLATAN	85
REPLACEMENT AIR FILTER MISC . 75		RIGHTEST GL300 LANCETS	68	ROCTAVIAN	57
REPLACEMENT FILTERS MISC ..	75	riluzole TABS	81	ROLVEDON	58
RESTASIS EMUL (Use cyclosporine (ophth))	85	rimantadine hydrochloride TABS ..	36	romidepsin SOLR	30
RESTASIS MULTIDOSE EMUL	85	RINVOQ LQ SOLN	3	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	32
RESTORA CAPS	21	RINVOQ TB24	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	32
RETACRIT	58	RISAQUAD CAPS	21	ropinirole hydrochloride TB24	32
RETIN-A CREA (Use tretinoin)	44	RISAQUAD-2 CAPS	21	rosuvastatin calcium TABS	25
RETIN-A GEL (Use tretinoin)	44	risedronate sodium TABS 150 MG	52	ROTARIX SUSP	95
RETISERT	85	risedronate sodium TABS 35 MG .	52	ROTARIX SUSR	95
RETROVIR CAPS (Use zidovudine) . 35		risedronate sodium TABS 5 MG, 30 MG	52	ROTATEQ SOLN	95
RETROVIR SYRP (Use zidovudine) . 35		risedronate sodium TBEC	52	RUBRACA	30
REVCovi	54	RISPERDAL CONSTA (Use risperidone microspheres)	33	RUCONEST	57
REVLIMID	77	risperidone microspheres	33	rufinamide SUSP	13
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REXTOVY LIQD	23	risperidone TABS	33	RYALTRIS	81
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REYATAZ PACK	35	RITEFLO DEVI	75	RYKINDO SRER	33
REZVOGLAR KWIKPEN	18	ritonavir TABS	35	SABRIL PACK (Use vigabatrin) ...	13
RHOGAM ULTRA-FILTERED PLUS SOSY IM	86	RITUXAN	29	SABRIL TABS (Use vigabatrin)	13
RHOPHYLAC SOSY IJ	86	rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE	68
RIASTAP	57	rivastigmine 13.3 MG/24HR	88	SAFE-T-LANCE PLUS	68
ribavirin (hepatitis c) CAPS	36	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	88	SAFETY LANCET 30G/PRESSURE ACT	68
		rivastigmine tartrate CAPS	88	SAFETY LANCETS	68
		RIXUBIS SOLR	57	SAFETY LANCETS 21G	68
				SAFETY LANCETS 23G	68

SAFETY LANCETS 28G68	ULTRA CAPS21	SIDESTREAM ADULT FACE MASK MISC75
salicylic acid GEL 6 %48	selegiline hcl CAPS32	SIDESTREAM PEDIATRIC FACE MASK MISC75
saline SOLN 0.65 %81	selegiline hcl TABS32	SIDESTREAM PLS ADULT FACE MASK MISC75
salsalate6	selenium sulfide LOTN 1 %45	SIGNIFOR54
SAMI THE SEAL FILTERS MISC .75	selenium sulfide LOTN 2.5 %45	SIGNIFOR LAR54
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SAPS HEALTH CARE ALCOHOL PREP71	sennosides TABS 8.6 MG60	SILICONE MASK/PEDIATRIC MISC . 75
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saxagliptin hcl17	sevelamer carbonate TABS56	SIMLANDI (1 PEN) AJKT4
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sirolimus TABS77	sodium chloride (inhalant) AERS ..43	SOLUVITA SOLN77
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SKYRIZI SOCT55	sodium fluoride CHEW76	sorafenib tosylate30
SKYRIZI SOLN55	sodium fluoride SOLN 0.125 MG/DROP76	SORBITOL PO 70 %60
SKYRIZI SOSY45	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML76	SORILUX FOAM45
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spironolactone & hydrochlorothiazide		sulfacetamide sodium (ophth) SOLN .	84	CAPS	21
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spironolactone TABS	52	sulfacetamide sodium LIQD	45	SUPERIOR PROBIOTIC CAPS ...	21
STAMARIL SUSR	95	sulfacetamide sodium w/ sulfur LOTN		SUPPRELIN LA	53
stannous fluoride CONC	78	10 %-5 %	44	SURE COMFORT ALCOHOL PREP	
stavudine CAPS	35	sulfacetamide sodium w/ sulfur SUSP			71
STERILANCE TL	68	10 %-5 %	44	SURE COMFORT LANCETS 18G	
STERILE DILUENT FLOLAN PH 12 .		sulfacetamide sod-prednisolone		68	
87		SOLN	85	SURE COMFORT LANCETS 21G	
STIMUFEND	58	sulfamethoxazole-trimethoprim SUSP		68	
			27	SURE COMFORT LANCETS 23G	
STIOLTO RESPIMAT	11	sulfamethoxazole-trimethoprim TABS		68	
STIVARGA	30		27	SURE COMFORT LANCETS 28G	
STRENSIQ	54	sulfasalazine TABS	55	68	
STRIBILD	35	sulfasalazine TBEC	55	SURE COMFORT LANCETS 30G	
SUBLOCADE SOSY	8	sulindac TABS	5	68	
SUBOXONE FILM SL 0.5 MG-2 MG		sumatriptan	76	SUREBIOTIC PROBIOTIC	
(Use buprenorphine hcl-naloxone hcl		sumatriptan succinate SOAJ 4		SUPPORT CAPS	21
dihydrate)	8	MG/0.5ML	76	SURELITE LANCETS	68
SUBOXONE FILM SL 1 MG-4 MG		sumatriptan succinate SOAJ 6		SUSTIVA CAPS 200 MG (Use	
(Use buprenorphine hcl-naloxone hcl		MG/0.5ML	76	efavirenz)	35
dihydrate)	8	sumatriptan succinate SOCT 4		SUSTIVA CAPS 50 MG (Use	
SUBOXONE FILM SL 2 MG-8 MG		MG/0.5ML	76	efavirenz)	35
(Use buprenorphine hcl-naloxone hcl		sumatriptan succinate SOCT 6		SV PROBIOTIC EXTRA STRENGTH	
dihydrate)	8	MG/0.5ML	76	CAPS	22
SUBOXONE FILM SL 3 MG-12 MG		sumatriptan succinate SOLN 6		SYLVANT	78
(Use buprenorphine hcl-naloxone hcl		MG/0.5ML	76	SYMBICORT (Use budesonide-	
dihydrate)	8	sumatriptan succinate TABS	76	formoterol fumarate dihydrate)	11
SUCRAID	51	sumatriptan-naproxen sodium	76	SYMDEKO	89
sucralfate SUSP	91				

SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	35	TASCENSO ODT	89	terconazole vaginal CREA 0.8 % ..	96
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	35	TASIGNA	31	terconazole vaginal SUPP	96
SYMTUZA	35	tasimelteon CAPS	60	teriparatide SOPN	52
SYNAGIS SOLN	87	TAVALISSE	57	TESTOPEL PLLT	8
SYNAREL	53	tazarotene CREA	45	testosterone cypionate SOLN IM 200 MG/ML	8
SYNOJOYNT SOSY	81	TDVAX SUSP	90	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8
SYNRIBO	31	TECENTRIQ	29	testosterone GEL TD 1 %	8
SYNTHROID TABS (Use levothyroxine sodium)	90	TECHLITE AST LANCETS	68	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	8
SYNVISC ONE SOSY	81	TECHLITE LANCETS	68	testosterone SOLN	8
SYNVISC SOSY	81	TECHLITE LANCETS 26G	68	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	90
TAB-A-VITE/IRON/BETA CAROTENE TABS	79	TECHLITE LANCETS 30G	68	tetrabenazine	88
TABLOID	28	TEGLUTIK SUSP	81	tetracaine hcl (ophth)	85
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	48	TEGRETOL-XR TB12 (Use carbamazepine)	13	tetrahydrozoline hcl (ophth) 0.05 % 84	
tacrolimus (topical) OINT 0.03 % ..	48	TEGSEDI	89	TEZSPIRE SOAJ	10
tacrolimus (topical) OINT 0.1 % ...	48	telmisartan	25	TEZSPIRE SOSY	10
tacrolimus CAPS	77	telmisartan-amlodipine	26	TGT LANCET MICRO THIN 33G ..	68
tadalafil (pulmonary hypertension) TABS	38	telmisartan-hydrochlorothiazide ..	26	TGT LANCET THIN 26G	68
TADLIQ SUSP	38	temazepam 15 MG, 30 MG	60	TGT LANCET ULTRA THIN 30G ..	68
TAFINLAR CAPS	31	temazepam 7.5 MG, 22.5 MG	60	THALOMID	77
TAGRISSO	29	TEMODAR SOLR	28	THEO-24 CP24 100 MG	12
TAKHZYRO SOLN	57	temozolomide CAPS	28	THEO-24 CP24 200 MG, 300 MG, 400 MG	12
TALTZ SOSY	45	temsirolimus	31	theophylline ELIX	12
TALZENNA 0.25 MG, 1 MG	31	TENIVAC INJ	90	theophylline SOLN	12
tamoxifen citrate TABS	30	tenofovir disoproxil fumarate TABS 35		theophylline TB12 100 MG, 200 MG, 300 MG	12
tamsulosin hcl	56	terazosin hcl	26	theophylline TB12 450 MG	12
		terbinafine hcl (topical) CREA	44		
		terbinafine hcl TABS	23		
		terbutaline sulfate TABS	11		
		terconazole vaginal CREA 0.4 % ..	96		

theophylline TB24	12	tiotropium bromide monohydrate CAPS	10	tolvaptan TABS	54
thiamine hcl TABS	97	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)	90	TOPAMAX SPRINKLE CPSP (Use topiramate)	13
thiamine mononitrate TABS 100 MG . 97		TIVICAY PD TBSO	35	TOPCARE LANCETS MICRO-THIN 33G	69
THINLETS GP LANCETS	68	TIVICAY TABS	35	topiramate CPSP 15 MG, 25 MG ..	13
thioridazine hcl	33	tizanidine hcl CAPS	80	topiramate TABS 25 MG	13
thiothixene	34	tizanidine hcl TABS	80	topiramate TABS 50 MG, 100 MG, 200 MG	13
THRESHOLD IMT MISC	75	TOBI NEBU (Use tobramycin)	2	topotecan hcl SOLN	32
THROMBATE III	57	TOBRADEX OINT	85	TOPOTECAN HCL SOLN	32
THYMOGLOBULIN	77	tobramycin (ophth) SOLN	84	topotecan hcl SOLR	32
THYROGEN 0.9 MG	50	tobramycin NEBU	3	toremifene citrate	30
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	90	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	torsemide TABS 20 MG	52
tiagabine hcl 12 MG, 16 MG	13	tobramycin sulfate SOLR	3	torsemide TABS 5 MG, 10 MG, 100 MG	52
tiagabine hcl 2 MG, 4 MG	13	tobramycin-dexamethasone SUSP 85		TOVIAZ (Use fesoterodine fumarate)	92
TIBSOVO	31	TOBREX OINT	84	TPOXX CAPS	36
TICOVAC	95	TODAYS HEALTH THIN LANCETS 28G	69	TRACLEER TABS (Use bosentan) 38	
TIGLUTIK SUSP	81	TODAYS HEALTH THIN LANCETS 30G	69	TRADJENTA	17
timolol maleate (ophth) SOLG 0.25 %	83	TOFIDENCE	4	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7
timolol maleate (ophth) SOLN	83	TOLECTIN 600 TABS	5	TRAMADOL HCL SOLN (Use tramadol hcl)	7
timolol maleate (ophth) SOLN	83	tolmetin sodium CAPS	5	tramadol hcl SOLN	7
timolol maleate TABS	37	tolmetin sodium TABS 600 MG	5	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7
TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % .83		tolnaftate CREA	44	tramadol hcl TABS 50 MG	7
TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	83	tolterodine tartrate CP24	92	tramadol hcl TB24	7
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	83	tolterodine tartrate TABS	92	tramadol-acetaminophen	7
tioconazole vaginal 6.5 %	96			trandolapril 1 MG, 2 MG	25
tiopronin TABS	56				

trandolapril 4 MG	25	triamcinolone acetonide (topical) AERS	48	TRIUMEQ TABS	35
trandolapril-verapamil hcl	26	triamcinolone acetonide (topical) CREA 0.025 %	48	TRIVISC SOSY	81
tranexamic acid TABS	59	triamcinolone acetonide (topical) CREA 0.1 %	48	TRIZIVIR	35
tranylcypromine sulfate	14	triamcinolone acetonide (topical) CREA 0.5 %	48	tropicamide SOLN 0.5 %	84
TRAVATAN Z SOLN (Use travoprost)	85	triamcinolone acetonide (topical) LOTN	48	tropicamide SOLN 1 %	84
TRAVEL LANCETS	69	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	48	tropium chloride CP24	92
TRAVEL LANCETS ADVANCED 28G	69	triamcinolone acetonide (topical) OINT 0.05 %	48	tropium chloride TABS	92
travoprost SOLN	86	triamcinolone acetonide (topical) OINT 0.5 %	48	TRUBIOTICS CAPS	22
trazodone hcl TABS 300 MG	15	triamcinolone acetonide-dimethicone- silicone	48	TRUBIOTICS DIGEST + IMM HEALTH CAPS	22
trazodone hcl TABS 50 MG, 100 MG, 150 MG	15	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52	TRUE COMFORT ALCOHOL PREP PADS	71
TRECTOR	28	triamterene & hydrochlorothiazide TABs	52	TRUE COMFORT PRO ALCOHOL PREP	71
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	triazolam	60	TRUE COMFORT SAFETY LANCETS	69
TRELSTAR MIXJECT 3.75 MG ...	30	trientine hcl 250 MG	77	TRUE COMFORT TWIST TOP LANCETS	69
TREMFYA SOAJ 200 MG/2ML ...	45	trifluoperazine hcl TABS	33	TRUEPLUS GLUCOSE CHEW ...	16
TREMFYA SOLN	45	trihexyphenidyl hcl SOLN	32	TRUEPLUS GLUCOSE ON THE GO CHEW	16
TREMFYA SOSY 200 MG/2ML ...	45	trihexyphenidyl hcl TABS	32	TRUEPLUS LANCETS 26G	69
treprostinil SOLN IJ	38	TRIKAFTA TBPK 100 MG-50 MG .	89	TRUEPLUS LANCETS 28G	69
tretinoin (chemotherapy)	31	TRILEPTAL SUSP (Use oxcarbazepine)	13	TRUEPLUS LANCETS 30G	69
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44	TRILURON SOSY	81	TRUEPLUS LANCETS 33G	69
tretinoin CREA 0.025 %	44	trimethoprim TABS	26	TRUEPLUS SAFETY LANCETS 28G	69
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	44	trimipramine maleate CAPS	15	TRULICITY	17
tretinoin microsphere	44	TRIUMEQ PD TBSO	35	TRUMENBA	92
TRETEN	57			TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	35
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28			TUBING/WING TIP MISC	75
triamcinolone acetonide (mouth) ..	78			TWINRIX SUSY	95

TWIST TOP LANCETS 30G69	UNILET EXCELITE69	70
TYBLUME CHEW41	UNILET EXCELITE II69	UNISTIK TOUCH SAFETY LANC
TYBOST35	UNILET G.P. LANCET69	21G70
TYENNE SOAJ4	UNILET G.P. SUPERLITE LANCET . 69	UNISTIK TOUCH SAFETY LANC
TYENNE SOLN4	UNILET GP 28 ULTRA THIN69	23G70
TYENNE SOSY4	UNILET LANCET69	UNISTIK TOUCH SAFETY LANC
TYLENOL CHILDRENS	UNILET MICRO-THIN 33G69	28G70
CHEWABLES CHEW (Use	UNILET SUPERLITE LANCET ...69	UNISTIK TOUCH SAFETY LANC
acetaminophen)6	UNILET SUPER-THIN 30G69	30G70
TYPHIM VI SOLN92	UNILET ULTRA-THIN 28G69	UNITUXIN29
TYPHIM VI SOSY92	UNISTIK 169	UNIVERSAL 1 LANCETS THIN 26G
UBRELVY76	UNISTIK 269	70
UDENYCA ONBODY SOSY58	UNISTIK 2 COMFORT69	UNIVERSAL 1 LANCETS THIN 33G
UDENYCA SOAJ58	UNISTIK 2 EXTRA69	70
UDENYCA SOSY58	UNISTIK 2 NEONATAL69	UNIVERSAL 1 LANCETS ULTRA
ULTICARE ALCOHOL SWABS ...71	UNISTIK 2 NORMAL69	THIN70
ULTILET ALCOHOL SWABS71	UNISTIK 2 SUPER69	UP4 PROBIOTICS ADULT CAPS .22
ULTILET CLASSIC LANCETS69	UNISTIK 369	UP4 PROBIOTICS MENS CAPS ..22
ULTILET LANCETS69	UNISTIK 3 COMFORT69	UP4 PROBIOTICS ULTRA CAPS .22
ULTILET SAFETY LANCETS69	UNISTIK 3 EXTRA69	UP4 PROBIOTICS WOMENS CAPS
ULTILET SAFETY LANCETS 23G 69	UNISTIK 3 GENTLE69	22
ULTRA THIN LANCETS 31G69	UNISTIK 3 NEONATAL69	urea CREA 40 %48
ULTRA-CARE ALCOHOL PREP	UNISTIK 3 NORMAL70	urea LOTN 40 %48
PADS71	UNISTIK CZT COMFORT70	ursodiol CAPS55
ULTRA-CARE LANCETS 30G69	UNISTIK CZT NORMAL70	ursodiol TABS 250 MG55
ULTRAFLOA IMMUNE HEALTH	UNISTIK NORMAL70	UZEDY SUSY 100 MG/0.28ML, 150
CAPS22	UNISTIK PRO SAFETY LANCET .70	MG/0.42ML, 200 MG/0.56ML, 250
ULTRA-THIN II AUTO LANCET ..69	UNISTIK SAFETY LANCETS 28G 70	MG/0.7ML33
ULTRA-THIN II LANCETS69	UNISTIK SAFETY LANCETS 30G	UZEDY SUSY 50 MG/0.14ML, 75
UNILET COMFORTOUCH LANCET 69		MG/0.21ML, 125 MG/0.35ML33
		valacyclovir hcl 1 GM36
		valacyclovir hcl 500 MG36
		valganciclovir hcl TABS36
		valproate sodium SOLN PO 250

MG/5ML, 500 MG/10ML 14	VAQTA 95	verapamil hcl) 37
valproic acid CAPS 14	varenicline tartrate TABS 89	verapamil hcl TABS 38
valrubicin 30	varenicline tartrate TBPk 89	verapamil hcl TBCR 38
valsartan SOLN 25	VARIVAX SUSR 95	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) 38
valsartan TABS 26	VAXCHORA 92	VERELAN PM CP24 300 MG (Use verapamil hcl) 38
valsartan-hydrochlorothiazide 26	VAXELIS SUSP 90	VERIFINE SAFE LANCET MINI 21G 70
VALTOCO 10 MG DOSE LIQD 12	VAXELIS SUSY 90	VERIFINE SAFE LANCET MINI 23G 70
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 12	VAXNEUVANCE 92	VERIFINE SAFE LANCET MINI 28G 70
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 12	VCF VAGINAL CONTRACEPTIVE FILM 95	VERIFINE SAFE LANCET MINI 30G 70
VALTOCO 5 MG DOSE LIQD 12	VCF VAGINAL CONTRACEPTIVE GEL 95	VERIFINE UNIVERSAL LANCETS 28G 70
VALUE PLUS LANCET STANDARD 21G 70	VECAMEYL 26	VERIFINE UNIVERSAL LANCETS 30G 70
VALUE PLUS LANCETS SUPER THIN 70	VECTIBIX 100 MG/5ML, 400 MG/20ML 29	VERIFINE UNIVERSAL LANCETS 33G 70
VALUE PLUS LANCETS THIN 26G 70	VELSIPITY 55	VESICARE LS SUSP 92
VALUMARK LANCET SUPER THIN 30G 70	VENCLEXTA STARTING PACK TBPk 29	VEVYE SOLN 85
VALUMARK LANCET ULTRA THIN 28G 70	VENCLEXTA TABS 29	VH ESSENTIALS OPTIBALANCE CAPS 22
vancomycin hcl CAPS 125 MG 27	VENLAFAXINE BESYLATE ER ... 15	VIActiv DIGESTIVE HEALTH CHEW 22
vancomycin hcl CAPS 250 MG 27	venlafaxine hcl CP24 150 MG 15	VIDA MIA UNILET LANCETS 28G 70
vancomycin hcl SOLR IV 1 GM 27	venlafaxine hcl CP24 37.5 MG 15	VIDA MIA UNILET LANCETS 30G 70
VANCOMYCIN HCL SOLR IV 1 GM . 27	venlafaxine hcl CP24 75 MG 15	VIEKIRA PAK TBPk 36
vancomycin hcl SOLR IV 500 MG .27	venlafaxine hcl TABS 15	vigabatrin PACK 13
VANCOMYCIN HCL SOLR IV 500 MG 27	venlafaxine hcl TB24 15	vigabatrin TABS 13
vancomycin hcl SOLR PO 25 MG/ML 27	VENTOLIN HFA AERS (Use albuterol sulfate) 12	
VANCOMYCIN HCL SOLR IV 500 MG 27	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ... 38	
vancomycin hcl SOLR PO 25 MG/ML 27	verapamil hcl CP24 300 MG 38	
VANDAZOLE 96	verapamil hcl CP24 360 MG 37	
	VERAPAMIL HCL ER CP24 (Use	

VIJOICE TBPK	78	VIZIMPRO	29	LANCETS	70
VILTEPSO	82	VOGELXO PUMP GEL TD (Use testosterone)	8	warfarin sodium TABS	12
VIMIZIM	54	VONVENDI	57	WEBCOL ALCOHOL PREP LARGE 71	
vincristine sulfate	31	VORAXAZE	31	WEBCOL ALCOHOL PREP MEDIUM	71
VIRACEPT TABS 250 MG	35	VORTEX HOLD CHMBR/MASK/CHILD DEVI	75	WEGOVY	1
VIRACEPT TABS 625 MG	35	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	75	WELLPRO 31 CAPS	22
VIREAD POWD	35	VORTEX VALVE CHAMBER-PEDI MASK DEVI	75	white petrolatum-mineral oil	83
VIREAD TABS (Use tenofovir disoproxil fumarate)	35			WILATE KIT	57
VIREAD TABS	35	VORTEX VALVED HOLDING CHAMBER DEVI	76	WINDMILL TRAINER MISC	76
VISBIOME GI CARE CAPS	22	VOSEVI	36	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	87
VISCO-3 SOSY	81	VOTRIENT	31	XACIATO GEL	96
VISTOGARD	22	VPRIV	58	XALKORI CAPS	31
VISUDYNE	85	VSL#3 CAPS	22	XARELTO STARTER PACK TBPK 12	
VITAMIN D3 LIQD PO 125 MCG/ML . 96		VTAMA	45	XARELTO SUSR	12
vitamin e CAPS	96	VYNDAMAX	38	XARELTO TABS 10 MG, 20 MG ..	12
VITAMIN E CAPS	96	VYNDAREL	38	XARELTO TABS 15 MG	12
VITAMIN E CHEW	96	VYONDYS 53	82	XCOPRI (250 MG DAILY DOSE) TBPK	13
VITAMINS ACD-FLUORIDE SOLN 79		VYVANSE CAPS	1	XCOPRI TABS	13
vitamins w/ lipotropics CAPS	80	VYVANSE CHEW	1	XELJANZ SOLN	3
VITRAKVI CAPS	31	WALGREENS ADV TRAVEL LANCETS	70	XELSTRYM	1
VITRAKVI SOLN	31	WALGREENS GLUCOSE CHEW .	16	XEOMIN	82
VIVAGUARD LANCETS	70	WALGREENS LANCETS	70	XGEVA SOLN	52
VIVAGUARD LANCETS 30G	70	WALGREENS LANCETS MICRO THIN	70	XIAFLEX	77
VIVAGUARD SAFETY LANCETS 28G	70	WALGREENS LANCETS SUPER THIN	70	XIIDRA	85
VIVIMUSTA SOLN	28	WALGREENS THIN LANCETS ...	70	XOFLUZA (40 MG DOSE) 40 MG	36
VIVITROL	23	WALGREENS ULTRA THIN		XOFLUZA (80 MG DOSE) 80 MG	36
VIVOTIF	92				

XOLAIR SOAJ	10	ZEGALOGUE SOSY	16	zinc oxide (topical) OINT 20 %	49
XOLAIR SOLR	10	ZELAC CAPS	22	zinc sulfate CAPS	77
XOLAIR SOSY	10	ZELBORAF	31	ZINPLAVA	87
XOPENEX HFA (Use levalbuterol tartrate)	12	ZEMAIRA SOLR 1000 MG	89	ziprasidone hcl	32
XOSPATA	31	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	51	ziprasidone mesylate	32
XPERT XPRESS SARS-COV-2 ..	51	ZEPATIER	36	ZITUVIMET TABS	16
XPHOZAH	54	ZEPBOUND SOAJ	1	ZITUVIO	17
XTANDI CAPS	30	ZEPBOUND SOLN	1	ZOLADEX 10.8 MG	30
XYBIOTIC CAPS	22	ZEPOSIA STARTER KIT CPPK ..	89	ZOLADEX 3.6 MG	30
XYNTHA	57	ZEVALIN Y-90	29	zoledronic acid CONC	52
XYNTHA SOLOFUSE	57	ZEV RX STERILE ALCOHOL PREP PAD	71	zoledronic acid SOLN 4 MG/100ML 52	
XYREM SOLN	88	ZEV RX TWIST TOP LANCETS 30G 70		zoledronic acid SOLN 5 MG/100ML 52	
YERVOY	29	ZIAGEN SOLN (Use abacavir sulfate)	36	ZOLEDRONIC ACID SOLN	52
YESCARTA	29	ZIAGEN TABS (Use abacavir sulfate)	36	ZOLGENSMA 20.6-21.0 KG	82
YF-VAX INJ	95	zidovudine CAPS	36	ZOLGENSMA 10.1-10.5 KG	82
YONDELIS	28	zidovudine SYRP	36	ZOLGENSMA 10.6-11.0 KG	82
YOSPRALA 81 MG-40 MG	58	zidovudine TABS	36	ZOLGENSMA 11.1-11.5 KG	82
YUFLYMA (1 PEN) AJKT	4	ZIEXTENZO	58	ZOLGENSMA 11.6-12.0 KG	82
YUFLYMA (2 PEN) AJKT	4	zileuton TB12	10	ZOLGENSMA 12.1-12.5 KG	82
YUFLYMA (2 SYRINGE) PSKT	4	ZILRETTA SRER	42	ZOLGENSMA 12.6-13.0 KG	82
YUFLYMA-CD/UC/HS STARTER AJKT	4	ZIMHI SOSY	23	ZOLGENSMA 13.1-13.5 KG	82
YUSIMRY	4			ZOLGENSMA 13.6-14.0 KG	83
YUTIQ	85			ZOLGENSMA 14.1-14.5 KG	83
zafirlukast	10			ZOLGENSMA 14.6-15.0 KG	83
zaleplon	60			ZOLGENSMA 15.1-15.5 KG	83
ZALTRAP	29			ZOLGENSMA 15.6-16.0 KG	83
ZARXIO	58			ZOLGENSMA 16.1-16.5 KG	83
ZAVZPRET	76			ZOLGENSMA 16.6-17.0 KG	83
ZEGALOGUE SOAJ	16			ZOLGENSMA 17.1-17.5 KG	83

ZOLGENSMA 17.6-18.0 KG	83	zolmitriptan)	76
ZOLGENSMA 18.1-18.5 KG	83	ZONISADE SUSP	13
ZOLGENSMA 18.6-19.0 KG	83	zonisamide CAPS	13
ZOLGENSMA 19.1-19.5 KG	83	ZORYVE 0.3 %	45
ZOLGENSMA 19.6-20.0 KG	83	ZOVIRAX CREA (Use acyclovir topical)	45
ZOLGENSMA 2.6-3.0 KG	83	ZOVIRAX OINT (Use acyclovir topical)	45
ZOLGENSMA 20.1-20.5 KG	83	ZTALMY	13
ZOLGENSMA 3.1-3.5 KG	83	ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
ZOLGENSMA 3.6-4.0 KG	83	ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
ZOLGENSMA 4.1-4.5 KG	83	ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
ZOLGENSMA 4.6-5.0 KG	83	ZUBSOLV SUBL 1.4 MG-5.7 MG ..	8
ZOLGENSMA 5.1-5.5 KG	83	ZUBSOLV SUBL 2.1 MG-8.6 MG ..	8
ZOLGENSMA 5.6-6.0 KG	83	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 6.1-6.5 KG	83	ZULRESSO	14
ZOLGENSMA 6.6-7.0 KG	83	ZURZUVAE	14
ZOLGENSMA 7.1-7.5 KG	83	ZYDELIG	31
ZOLGENSMA 7.6-8.0 KG	83	ZYKADIA TABS	31
ZOLGENSMA 8.1-8.5 KG	83	ZYMFENTRA (1 PEN) AJKT	55
ZOLGENSMA 8.6-9.0 KG	83	ZYMFENTRA (2 PEN) AJKT	55
ZOLGENSMA 9.1-9.5 KG	83	ZYMFENTRA (2 SYRINGE) PSKT	55
ZOLGENSMA 9.6-10.0 KG	83	ZYNTEGLO	58
ZOLINZA	31	ZYPREXA RELPREVV	33
zolmitriptan SOLN 2.5 MG	76		
zolmitriptan TABS	76		
zolmitriptan TBDP	76		
ZOLPIDEM TARTRATE CAPS	60		
zolpidem tartrate SUBL	60		
zolpidem tartrate TABS	60		
zolpidem tartrate TBCR	60		
ZOMIG SOLN 2.5 MG (Use			