

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 EA daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 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 15 MG, 20 MG, 30 MG	1	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 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
DYANAVAL 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 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; 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 10 MG, 20 MG</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 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
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ALTERNATIVE MEDICINES

Alternative Medicine - G's

<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
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Alternative Medicine - M's

<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
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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 40 MG/0.4ML	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
RINVOQ LQ SOLN	2	SP	ADALIMUMAB-ADAZ SOSY	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 40 MG/0.8ML	2	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 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 275 MG, 550 MG</i>	1	MP	<i>butalbital-acetaminophen-caffeine TABS 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 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		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	PA
<i>acetaminophen SUPP 120 MG, 650 MG</i>	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			<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl SOLN</i>	1		<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>oxycodone hcl T12A 80 MG</i>	1	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 TABS</i>	1	QL(6 EA daily)	<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		Opioid Partial Agonists		
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA	<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP
<i>tramadol hcl SOLN</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	2		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 EA daily)
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 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 0.5 MG-2 MG</i>	1	QL(12 EA daily)
Opioid Combinations			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)	<i>buprenorphine hcl SUBL</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>buprenorphine PTWK</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)	<i>BUTRANS PTWK (Use buprenorphine)</i>	2	PA
<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	<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %</i>	1	PA
SUBOXONE FILM SL 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 EA daily)	<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
SUBOXONE FILM SL 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)	<i>testosterone SOLN</i>	1	PA
SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily)	VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
SUBOXONE FILM SL 0.5 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)	Intrarectal Steroids		
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)	<i>hydrocortisone (intrarectal)</i>	1	QL(420 ML per fill retail)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)	Rectal Combinations		
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)	<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 EA per fill retail)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)	<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 GM per fill retail)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)	Rectal Local Anesthetics		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)
Androgens			Rectal Steroids		
AVEED SOLN	2	SP; PA	<i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>	2	QL(30 GM per fill retail)
<i>methyltestosterone TABS</i>	1		<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
TESTOPEL PLLT	2	SP; PA	<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ML per 30 day(s) retail)	PREPARATION H EX 1 %	2	RX/OTC
<i>testosterone GEL TD 1 %</i>	2		PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC
			ANTACIDS		
			Antacid Combinations		
			<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
<i>ivermectin</i>	1	
PIN RID CHEW	2	QL(4 EA per fill retail)
<i>pyrantel pamoate SUSP</i>	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
STROMEKTOL (<i>Use ivermectin</i>)	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		

Drug Name	Drug Tier	Requirements/ Limits
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP
ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 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

Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP
<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (30 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 GM daily)
ASMANEX (60 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i>)	2	QL(2 EA daily)	<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
FLOVENT DISKUS AEPB	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 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	<i>albuterol sulfate SYRP</i>	1	MP
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 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 <i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)	BREZTRI AEROSPHERE	NP	
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	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 <i>fluticasone-salmeterol</i>)	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 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	2		DULERA 50 MCG/ACT-5 MCG/ACT	2	
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	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(0.45 GM daily)	<i>ipratropium-albuterol SOLN</i>	1	QL(12 ML daily)
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	
			PROAIR DIGIHALER	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)
terbutaline sulfate TABS	1	MP
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
VENTOLIN HFA AERS (Use albuterol sulfate)	0	Limit 2 inhalers per month; QL(0.54 GM daily)
XOPENEX HFA (Use levalbuterol tartrate)	2	
Xanthines		
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
THEO-24 CP24 100 MG	2	MP
theophylline ELIX	1	
theophylline SOLN	1	QL(475 ML per fill retail); MP
theophylline TB12 450 MG	1	
theophylline TB12 100 MG, 200 MG, 300 MG	1	
theophylline TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)
rivaroxaban TABS 2.5 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
XARELTO STARTER PACK TBPB	2	
XARELTO SUSR	2	
XARELTO TABS 15 MG	2	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
fondaparinux sodium	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1	
PRADAXA CAPS (Use dabigatran etexilate mesylate)	2	
PRADAXA PACK	2	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	
clobazam TABS	1	
clonazepam TABS	1	QL(4 EA daily)
clonazepam TBDP	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIBERVANT FILM	NP		<i>levetiracetam TB24</i>	1	MP
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	MOTPOLY XR CP24	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>oxcarbazepine SUSP</i>	1	MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>oxcarbazepine TABS</i>	1	MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>pregabalin CAPS</i>	1	PA
Anticonvulsants - Misc.			<i>pregabalin SOLN</i>	1	PA
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	<i>primidone 50 MG, 250 MG</i>	1	MP
<i>carbamazepine CHEW 100 MG</i>	1	MP	<i>primidone 125 MG</i>	1	
<i>carbamazepine CHEW 200 MG</i>	1		<i>rufinamide SUSP</i>	1	SP
<i>carbamazepine CP12</i>	1	MP	TEGRETOL-XR TB12 (Use <i>carbamazepine</i>)	2	MP
<i>carbamazepine SUSP</i>	1	MP	TOPAMAX SPRINKLE CPSP (Use <i>topiramate</i>)	2	MP
<i>carbamazepine TABS</i>	1	MP	<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
<i>carbamazepine TB12</i>	1	MP	<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	2	MP	<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
ELEPSIA XR TB24	NP		TRILEPTAL SUSP (Use <i>oxcarbazepine</i>)	2	MP
EPRONTIA SOLN	NP		ZONISADE SUSP	NP	
<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP	<i>zonisamide CAPS</i>	1	MP
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP	ZTALMY	NP	
<i>gabapentin SOLN</i>	1	MP	Carbamates		
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP	<i>felbamate SUSP</i>	1	
<i>lamotrigine CHEW</i>	1	MP	<i>felbamate TABS</i>	1	
<i>lamotrigine KIT 25 MG</i>	1		XCOPRI (250 MG DAILY DOSE) TBPk	NP	
<i>lamotrigine TABS</i>	1	MP	XCOPRI TABS	NP	
<i>lamotrigine TB24</i>	1		GABA Modulators		
<i>lamotrigine TBDP</i>	1		GABITRIL 2 MG, 4 MG (Use <i>tiagabine hcl</i>)	2	MP
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP	GABITRIL 12 MG, 16 MG (Use <i>tiagabine hcl</i>)	2	
<i>levetiracetam TABS</i>	1	MP	SABRIL PACK (Use <i>vigabatrin</i>)	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SABRIL TABS (Use vigabatrin)	2	SP; PA
tiagabine hcl 12 MG, 16 MG	1	
tiagabine hcl 2 MG, 4 MG	1	MP
vigabatrin PACK	1	SP; PA
vigabatrin TABS	1	SP; PA
Hydantoins		
DILANTIN (Use phenytoin sodium extended)	NP	MP
DILANTIN INFATABS CHEW (Use phenytoin)	2	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	MP
phenytoin sodium extended 200 MG, 300 MG	NP	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		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	MP
mirtazapine TBDP	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
bupropion hcl TABS	1	MP
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 450 MG	2	
bupropion hcl TB24 300 MG	1	QL(1 EA daily); MP
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-metformin hcl</i>	1	QL(2 EA daily); MP	BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1	QL(1 EA daily); MP	BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
<i>glipizide-metformin hcl</i>	1	MP	BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<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 625 MG</i>	1		TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP	TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1		WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP	ZEGALOGUE SOAJ	2	
Diabetic Other			ZEGALOGUE SOSY	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	1	QL(1 EA daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
NESINA (<i>Use alogliptin benzoate</i>)	2	QL(1 EA daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
ONGLYZA (<i>Use saxagliptin hcl</i>)	2		HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
SITAGLIPTIN	2		HUMALOG TEMPO PEN SOPN	2	
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	NP		HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
Incretin Mimetic Agents			HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
BYETTA 10 MCG PEN SOPN	2	QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
BYETTA 5 MCG PEN SOPN	2	QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old)	HUMULIN R U-500 KWIKPEN SOPN SC	2	
EXENATIDE SOPN 10 MCG/0.04ML	2	QL(2 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)
<i>liraglutide</i>	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				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)	<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)	<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)	<i>glipizide TABS 2.5 MG</i>	1	
LEVEMIR FLEXPEN SOPN	2		<i>glipizide TB24</i>	1	MP
LEVEMIR SOLN	2		<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
LYUMJEV TEMPO PEN SOPN	NP		<i>glyburide TABS</i>	1	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(30 ML per 30 day(s) retail)	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)	Antidiarrheal/Probiotic Agents - Misc.		
NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ML per 30 day(s) retail)	ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
NOVOLOG MIX 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)	ACIDOPHILUS PEARLS CAPS	2	RX/OTC
REZVOGLAR KWIKPEN	NP		ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
SEMGLEE (YFGN) SOLN	NP		ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
SEMGLEE (YFGN) SOPN	NP		ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
SEMGLEE SOPN	NP	QL(30 ML per 30 day(s) retail)	ACTIPHLOA CAPS	2	RX/OTC
Insulin Sensitizing Agents			ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC
<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP	ADVANCED PROBIOTIC CAPS	2	RX/OTC
Meglitinide Analogues			ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
<i>nateglinide</i>	1	QL(3 EA daily); MP	ALIGN CAPS 10 MG	2	RX/OTC
<i>repaglinide</i>	1		ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			BACICAP CAPS	2	RX/OTC
<i>dapagliflozin propanediol</i>	1		BACID CAPS	2	RX/OTC
INVOKANA	NP	MP	BILAC CAPS	2	RX/OTC
JARDIANCE	2	QL(1 EA daily)	BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
Sulfonylureas			BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP			
<i>glimepiride 3 MG</i>	1				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ PROBIOTIC CPDR	2		FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORASAVE CPDR	2		JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
FLORASTOR ADVANCED CAPS	2	RX/OTC	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
FLORASTOR DIGEST DE-STRESS CAPS	2	RX/OTC	JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2	
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC	LACTEROL CAPS	2	RX/OTC
FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC	LACTOVIVE CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC	MAGE CPDR	2	
FORTIFY 30 BILLION PROBIOT 50+ CPDR	2		MEGA PROBIOTIC CAPS	2	RX/OTC
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2		META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC EX ST CPDR	2		MICROFLOR 33 CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC	MICROFLOR CAPS	2	RX/OTC
FORTIFY OPTIMA PROBIOTIC CPDR	2		MOMMY'S BLISS PROBIOTIC PACK	2	
FORTIFY OPTIMA WOMENS ADV CARE CPDR	2		MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	
FORTIFY PROBIOTIC WOMENS EX ST CPDR	2		MVW COMPLETE PROBIOTIC CPDR	2	
FORTIFY PROBIOTIC WOMENS CPDR	2		NATRUL PROBIOTIC CAPS	2	RX/OTC
			NEXABIOTIC CPDR	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPERIOR PROBIOTIC CAPS	2	RX/OTC	CULTURELLE HEALTH (INULIN) CAPS	2	
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH CAPS	2	
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC	GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
TRUBIOTICS CAPS	2	RX/OTC	VIActiv DIGESTIVE HEALTH CHEW	2	
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC	Antiperistaltic Agents		
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
UP4 PROBIOTICS MENS CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISBIOME GI CARE CAPS	2	RX/OTC	Antidotes - Chelating Agents		
VSL#3 CAPS	2	RX/OTC	CHEMET	2	
WELLPRO 31 CAPS	2	RX/OTC	<i>deferasirox PACK</i>	1	SP; PA
XYBIOTIC CAPS	2	RX/OTC	<i>deferasirox TABS</i>	1	SP; PA
ZELAC CAPS	2	RX/OTC	<i>deferasirox TBSO</i>	1	SP; PA
Antidiarrheal/Probiotic Combinations			<i>deferiprone TABS</i>	1	SP; PA
CULTURELLE ADULT ULT BALANCE CAPS	2		FERRIPROX SOLN	2	SP; PA
CULTURELLE DIGESTIVE DAILY PRO CAPS	2		Antidotes and Specific Antagonists		
CULTURELLE DIGESTIVE DAILY CAPS	2		ANDEXXA 200 MG	2	SP; PA
CULTURELLE DIGESTIVE HEALTH CAPS	2		BRIDION SOLN	2	PA
CULTURELLE DIGESTIVE HEALTH CHEW	2		<i>deferoxamine mesylate</i>	1	SP; PA
			SM IPECAC SYRUP	2	
			VISTOGARD	2	
			Opioid Antagonists		
			KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (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		

Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 200 MG</i>	1	
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHIISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
<i>BENADRYL ALLERGY EXTRA STR TABS</i>	2	QL(4 EA daily)
<i>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 60 MG</i>	1	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cycloheptadine hcl SYRP</i>	1	
<i>cycloheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibric acid</i>	1	
<i>FIBRICOR (Use fenofibric acid)</i>	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP
HMG CoA Reductase Inhibitors		
<i>ATORVALIQ SUSP</i>	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>PRALUENT SOAJ</i>	2	SP; PA
<i>REPATHA SURECLICK SOAJ</i>	2	SP; PA
<i>REPATHA SOSY</i>	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<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 4 MG</i>	1	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 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	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anti-infective Misc. - Combinations			SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	1		Urinary Anti-infectives		
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		<i>methenamine mandelate</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1		<i>nitrofurantoin</i>	1	QL(40 ML daily)
URETRON D/S TABS 81.6 MG	2		<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
Carbapenems			<i>nitrofurantoin monohyd macro</i>	1	
<i>ertapenem sodium IJ</i>	1	SP; PA	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Glycopeptides			Antimalarial Combinations		
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)	COARTEM	2	QL(24 EA per fill retail)
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)	Antimalarials		
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)	<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)	<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)	DARAPRIM (Use pyrimethamine)	NP	SP; PA
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)	KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)	<i>mefloquine hcl</i>	1	
Leprostatics			<i>pyrimethamine</i>	1	SP; PA
<i>dapsone</i>	1		ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Lincosamides			Antimyasthenic/Cholinergic Agents		
<i>clindamycin hcl 150 MG, 300 MG</i>	1		FIRDAPSE	2	SP; PA
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)	<i>pyridostigmine bromide TABS 60 MG</i>	1	
Monobactams			<i>pyridostigmine bromide TBCR</i>	1	
CAYSTON	NP	SP; PA	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Oxazolidinones			Antimycobacterial Agents		
			<i>ethambutol hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid SYRP</i>	1	MP	<i>capecitabine</i>	1	SP; PA
<i>isoniazid TABS</i>	1	MP	<i>cladribine 10 MG/10ML</i>	1	SP; PA
<i>pyrazinamide</i>	1		<i>cytarabine SOLN</i>	1	SP; PA
<i>rifampin CAPS</i>	1		<i>decitabine</i>	1	SP; PA
TRECTOR	2		<i>fludarabine phosphate SOLN</i>	1	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			FLUDARABINE PHOSPHATE SOLN	2	SP; PA
Alkylating Agents			<i>fludarabine phosphate SOLR</i>	1	SP; PA
BELRAPZO SOLN	2	SP; PA	FOLOTYN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA	<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	
<i>bendamustine hcl SOLR</i>	1	SP; PA	<i>mercaptopurine TABS</i>	1	
BENDEKA SOLN	2	SP; PA	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1	MP
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA	<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA	<i>pralatrexate</i>	1	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1		TABLOID	2	SP; PA
CYCLOPHOSPHAMIDE TABS	2		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	
EVOMELA IV	2	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
KEMOPLAT SOLN	2	SP; PA	AVASTIN	2	SP; PA
LEUKERAN	2		CYRAMZA	2	SP; PA
<i>melphalan</i>	1		INLYTA	2	SP; PA
<i>melphalan hcl IV</i>	1	SP; PA	LENVIMA (10 MG DAILY DOSE)	2	SP; PA
MYLERAN TABS	2		LENVIMA (12 MG DAILY DOSE)	2	SP; PA
TEMODAR SOLR	2	SP; PA	LENVIMA (14 MG DAILY DOSE)	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA	LENVIMA (18 MG DAILY DOSE)	2	SP; PA
VIVIMUSTA SOLN	2	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
YONDELIS	2	SP; PA			
Antimetabolites					
<i>azacitidine SUSP</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (24 MG DAILY DOSE)	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA
LENVIMA (8 MG DAILY DOSE)	2	SP; PA
MVASI	2	SP; PA
ZALTRAP	2	SP; PA
Antineoplastic - Antibodies		
ADCETRIS	2	SP; PA
ARZERRA	2	SP; PA
BLINCYTO	2	SP; PA
DARZALEX	2	SP; PA
EMPLICITI	2	SP; PA
GAZYVA	2	SP; PA
KADCYLA	2	SP; PA
KEYTRUDA	2	SP; PA
LIBTAYO	2	SP; PA
LUMOXITI	2	SP; PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
POLIVY 140 MG	2	SP; PA
POTELIGEO	2	SP; PA
RITUXAN	2	SP; PA
TECENTRIQ	2	SP; PA
UNITUXIN	2	SP; PA
YERVOY	2	SP; PA
ZEVALIN Y-90	2	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI 420 MG	2	SP; PA
PERJETA	2	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		

Drug Name	Drug Tier	Requirements/ Limits
KYMRIAH	2	SP; PA
PROVENGE	2	SP; PA
YESCARTA	2	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	2	SP; PA
<i>erlotinib hcl</i>	1	SP; PA
<i>gefitinib</i>	1	SP; PA
GILOTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
TAGRISSE	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
VIZIMPRO	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	SP; PA
<i>anastrozole</i>	1	MP
<i>bicalutamide</i>	1	QL(1 EA daily)
CAMCEVI	2	SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA 60 MG	2	SP; PA
EULEXIN	2	
<i>exemestane</i>	1	
FIRMAGON 80 MG	2	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
<i>letrozole</i>	1	QL(1 EA daily); MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pazopanib hcl</i>	1	SP; PA	PHOTOFRIN	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	PROLEUKIN	2	SP; PA
RUBRACA	2	SP; PA	SYNRIBO	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
STIVARGA	2	SP; PA	Chemotherapy Adjuncts		
<i>sunitinib malate</i>	1	SP; PA	KEPIVANCE 6.25 MG	2	SP; PA
TAFINLAR CAPS	2	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
TALZENNA 0.25 MG, 1 MG	2	SP; PA	<i>dexrazoxane hcl</i>	1	SP; PA
TASIGNA	2	SP; PA	KHAPZORY	2	SP; PA
<i>temsirolimus</i>	1	SP; PA	<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
TIBSOVO	2	SP; PA	<i>levoleucovorin calcium SOLN</i>	1	SP; PA
VITRAKVI CAPS	2	SP; PA	<i>levoleucovorin calcium SOLR</i>	1	SP; PA
VITRAKVI SOLN	2	SP; PA	<i>mesna SOLN</i>	1	SP; PA
VOTRIENT	2	SP; PA	<i>mesna TABS</i>	1	SP; PA
XALKORI CAPS	2	SP; PA	MESNEX TABS	2	SP; PA
XOSPATA	2	SP; PA	VORAXAZE	2	SP; PA
ZELBORAF	2	SP; PA	Mitotic Inhibitors		
ZOLINZA	2	SP; PA	<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
ZYDELIG	2	SP; PA	DOCETAXEL CONC 160 MG/8ML	2	SP; PA
ZYKADIA TABS	2	SP; PA	<i>docetaxel SOLN</i>	1	SP; PA
Antineoplastic Enzymes			DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
ONCASPAR	2	SP; PA	DOCIVYX SOLN	2	SP; PA
Antineoplastic Radiopharmaceuticals			<i>eribulin mesylate</i>	1	SP; PA
AZEDRA DOSIMETRIC	2	SP; PA	<i>etoposide CAPS</i>	1	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
LUTATHERA	2	SP; PA	IXEMPRA KIT	2	SP; PA
Antineoplastics Misc.			JEVTANA	2	SP; PA
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA	PACLITAXEL PROTEIN-BOUND PART	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			

Drug Name	Drug Tier	Requirements/ Limits
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
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 (Use <i>lithium carbonate</i>)	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP	<i>haloperidol TABS</i>	1	
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	Dibenzapines		
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>clozapine TABS</i>	0	
<i>paliperidone</i>	1		<i>clozapine TBDP</i>	0	
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>loxapine succinate</i>	1	
<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP	<i>olanzapine SOLR</i>	1	
<i>risperidone SOLN</i>	1		<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>risperidone TABS</i>	1		<i>olanzapine TBDP</i>	1	
<i>risperidone TBDP</i>	1		<i>quetiapine fumarate TABS</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP	ZYPREXA RELPREVV	NP	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP	Phenothiazines		
Butyrophenones			<i>chlorpromazine hcl TABS</i>	1	
<i>haloperidol decanoate</i>	1		<i>fluphenazine decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>haloperidol lactate SOLN</i>	1		<i>perphenazine TABS</i>	1	
			<i>prochlorperazine</i>	1	
			<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
			<i>prochlorperazine maleate TABS</i>	1	
			<i>thioridazine hcl</i>	1	
			<i>trifluoperazine hcl TABS</i>	1	
			Quinolinone Derivatives		
			ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP
			ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
			ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
			ABILIFY MYCITE MAINTENANCE KIT	NP	SP
			ABILIFY MYCITE STARTER KIT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>aripiprazole TABS</i>	1	QL(1 EA daily)	<i>efavirenz TABS</i>	0	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)	<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Thioxanthenes			EMTRIVA CAPS (<i>Use 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 (<i>Use lamivudine</i>)	0	QL(30 ML daily)
Antiretrovirals			EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	0	QL(2 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EVOTAZ	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	GENVOYA	0	QL(1 EA daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	0	QL(2 EA daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	0	QL(2 EA daily)
COMPLERA	0	QL(1 EA daily)	INTELENCE (<i>Use etravirine</i>)	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	INTELENCE	0	QL(4 EA daily)
DELSTRIGO	0	QL(1 EA daily)	ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
DESCOVY 120 MG-15 MG	2		ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	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 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(4 EA daily)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)			
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(6 EA daily)	RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ML daily)
<i>lamivudine SOLN</i>	0	QL(30 ML daily)	REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	0	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)	REYATAZ PACK	0	QL(6 EA daily)
<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)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine SUSP</i>	0	QL(40 ML daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)
<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)	TIVICAY PD TBSO	0	
<i>nevirapine TB24 100 MG</i>	0	QL(3 EA daily)	TIVICAY TABS	0	
NORVIR CAPS	0	QL(12 EA daily)	TRIUMEQ PD TBSO	0	
NORVIR PACK	0		TRIUMEQ TABS	0	
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 EA daily)	TRIZIVIR	0	QL(2 EA daily)
ODEFSEY	0		TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PIFELTRO	0	QL(1 EA daily)	TYBOST	0	QL(1 EA daily)
PREZCOBIX	0	QL(1 EA daily)	VIRACEPT TABS 250 MG	0	QL(9 EA daily)
PREZISTA SUSP	0	QL(12 ML 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	
PREZISTA TABS 150 MG	0	QL(3 EA daily)	VIREAD TABS	0	QL(1 EA daily)
PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 EA daily)			
RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ML daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 EA daily)
<i>zidovudine CAPS</i>	0	QL(6 EA daily)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)
<i>zidovudine TABS</i>	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VIEKIRA PAK TBPB	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP	Calcium Channel Blockers		
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	CONJUPRI (Use levamlodipine maleate)	2	
Beta Blockers Cardio-Selective			<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>acebutolol hcl CAPS</i>	1	MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 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 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl CP24 180 MG</i>	1	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/afl)</i>	1	QL(2 EA daily); MP	<i>nimodipine CAPS</i>	1	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	<i>nisoldipine</i>	1	
<i>sotalol hcl TABS 240 MG</i>	1	MP	NORLIQVA SOLN	NP	
<i>timolol maleate TABS</i>	1	MP	VERAPAMIL HCL ER CP24 (Use verapamil hcl)	2	QL(2 EA daily); MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					

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 1 TEPK	NP	SP
<i>verapamil hcl CP24 300 MG</i>	1	MP	ORENITRAM MONTH 2 TEPK	NP	SP
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily); 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		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 4 package(s) per 365 day(s) retail; 4 package(s) per fill retail; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0	
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & 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
NATAZIA	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
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acet & eth estra TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
			<i>norethindrone acetate-ethinyl estradiol-fe</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

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	0	PV
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<i>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
<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
Progestin Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)
LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)
MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone ELIX</i>	1	
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone SOLN</i>	1	
Progestin Contraceptives - Oral			<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>hydrocortisone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
Glucocorticosteroids			<i>methylprednisolone TBPk</i>	1	
<i>budesonide TB24</i>	1		<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)
CORTISONE ACETATE TABS	2		<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	1	
<i>deflazacort SUSP</i>	1	SP; PA	<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
<i>deflazacort TABS</i>	1	SP; PA	<i>prednisolone SOLN</i>	1	
DEXAMETHASONE INTENSOL CONC	2		PREDNISONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ML per 30 day(s) retail)	<i>prednisone SOLN</i>	1	
			<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 100 MG</i>	1	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)	<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>pseudoephedrine-ibuprofen TABS</i>	1	
Cough/Cold/Allergy Combinations			Expectorants		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>potassium iodide (expectorant) SOLN</i>	1	
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)	Misc. Respiratory Inhalants		
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)	<i>sodium chloride (inhalant) AERS</i>	1	QL(240 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)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	Mucolytics		
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	<i>acetylcysteine SOLN</i>	1	
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
MAXI-TUSS PE LIQD	2		Acne Products		
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)</i>	NP	QL(2 EA daily); AL(At least 12 yrs old)
<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)	<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>adapalene CREA</i>	1	
<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)	<i>adapalene GEL</i>	1	RX/OTC
			<i>adapalene GEL</i>	1	
			<i>ADAPALENE SOLN</i>	2	
			<i>AKLIEF</i>	NP	
			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
			<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1	
			<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)
			<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1		Antibiotics - Topical		
<i>clindamycin phosphate-tretinoin</i>	1		<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)
DIFFERIN CREA (Use <i>adapalene</i>)	2		<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)
DIFFERIN GEL 0.3 % (Use <i>adapalene</i>)	2		<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
DIFFERIN LOTN	2		<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)	<i>mupirocin calcium (topical)</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 GM per fill retail)
RETIN-A CREA (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)
RETIN-A GEL (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)	<i>ciclopirox SOLN</i>	1	PA
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)	<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)	<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC
<i>tretinoin microsphere</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)
			<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)
			<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)
			<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)
			<i>luliconazole</i>	2	PA

Drug Name	Drug Tier	Requirements/ Limits
LUZU (<i>Use luliconazole</i>)	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)
NIZORAL SHAM	2	QL(200 ML per fill retail)
<i>nystatin (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) POWD EX</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone CREA</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone OINT</i>	1	QL(60 GM per fill retail)
<i>oxiconazole nitrate CREA</i>	1	PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 GM per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA	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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)
VTAMA	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)	<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)	<i>betamethasone dipropionate augmented OINT</i>	1	
Antivirals - Topical			<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)	<i>betamethasone valerate FOAM</i>	1	
<i>acyclovir topical OINT</i>	1		<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)
<i>DENAVIR (Use penciclovir)</i>	2		<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)
<i>penciclovir</i>	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	1	
<i>ZOVIRAX CREA (Use acyclovir topical)</i>	2	QL(1 GM daily)	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	
<i>ZOVIRAX OINT (Use acyclovir topical)</i>	2		CAPEX SHAM	NP	
Burn Products			<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)	<i>clobetasol propionate emulsion</i>	1	
Corticosteroids - Topical			<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>amcinonide CREA</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>amcinonide OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail	<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 GM per fill retail)	CLODAN	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
CLODERM (Use clocortolone pivalate)	NP	
desonide CREA	1	1 package(s) per fill retail
desonide LOTN	1	
desonide OINT	1	1 package(s) per fill retail
desoximetasone CREA 0.05 %	1	QL(60 GM per fill retail)
desoximetasone CREA 0.25 %	1	
desoximetasone GEL	1	
desoximetasone LIQD	1	
desoximetasone OINT	1	
diflorasone diacetate CREA	1	QL(60 GM per fill retail)
diflorasone diacetate OINT	1	QL(60 GM per fill retail)
EPIFOAM FOAM	2	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	QL(60 GM per fill retail)
fluocinonide CREA 0.05 %	1	QL(60 GM per fill retail)
fluocinonide CREA 0.1 %	1	
fluocinonide GEL	1	QL(60 GM per fill retail)
fluocinonide OINT	1	QL(60 GM per fill retail)
fluocinonide SOLN	1	QL(60 ML per fill retail)
flurandrenolide CREA	1	
flurandrenolide LOTN	1	
flurandrenolide OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate CREA 0.05 %	1	QL(60 GM per fill retail)
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	QL(60 GM per fill retail)
halcinonide CREA	1	
halobetasol propionate CREA	1	
halobetasol propionate FOAM	1	
halobetasol propionate OINT	1	
hydrocortisone (topical) CREA 0.5 %	1	QL(30 GM per fill retail)
hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 GM per fill retail)
hydrocortisone (topical) CREA 1 %	1	QL(85.2 GM per fill retail); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ML per fill retail)
hydrocortisone (topical) LOTN 1 %	1	QL(99 GM per fill retail)
hydrocortisone (topical) OINT 1 %	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
hydrocortisone (topical) OINT 0.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	QL(454 GM per fill retail)
hydrocortisone (topical) SOLN 1 %	1	
hydrocortisone acetate (topical) CREA 1 %	1	
hydrocortisone acetate (topical) OINT	1	
HYDROCORTISONE ACETATE CREA	2	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate LOTN</i>	1	
<i>hydrocortisone butyrate OINT</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ML per fill retail)
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
HYDROXATE GEL	NP	
HYDROXYM GEL	NP	
IMPEKLO LOTN	NP	
LOCOID LIPOCREAM	NP	
<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)
<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)
<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 GM per fill retail); RX/OTC
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
PROTOPIC OINT 0.03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(1 GM daily); AL(At least 2 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	NP	PA
tacrolimus (topical) OINT 0.1 %	1	PA
tacrolimus (topical) OINT 0.03 %	1	QL(1 GM daily); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	1	QL(4 ML per fill retail)
salicylic acid GEL 6 %	1	QL(40 GM per fill retail)
Local Anesthetics - Topical		
capsaicin CREA 0.025 %, 0.075 %	1	QL(60 GM per fill retail)
capsaicin CREA 0.035 %	1	QL(42.5 GM per fill retail)
capsaicin CREA 0.1 %	1	QL(56.6 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
dibucaine	1	QL(56.7 GM per fill retail)
lidocaine hcl CREA 4 %	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
lidocaine hcl CREA 3 %	1	QL(85 GM per fill retail)
lidocaine hcl GEL 2 %	1	QL(85 ML per fill retail)
lidocaine hcl PRSY	1	QL(85 ML per fill retail)
lidocaine CREA 4 %	1	QL(76.5 GM per fill retail)
LIDOCAINE CREA	2	QL(85 GM per fill retail)
lidocaine-prilocaine CREA	1	QL(5800 GM per fill retail)
Misc. Topical		
CVS LANOLIN CREA	2	
lanolin (topical) CREA	1	
LANOLOR CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
zinc oxide (topical) OINT 20 %	1	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
ZORYVE CREA EX 0.3 %	NP	
Rosacea Agents		
metronidazole (topical) CREA	1	QL(45 GM per fill retail)
metronidazole (topical) GEL 0.75 %	1	QL(45 GM per fill retail)
metronidazole (topical) LOTN	1	
Scabicides & Pediculicides		
ivermectin (pediculicide)	NP	
LICEMD GEL	2	
lindane SHAM	1	
malathion	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA (Use spinosad)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
NIX LICE KILLING SPRAY LIQD XX	2	
permethrin AERO	1	
permethrin CREA	1	QL(60 GM per fill retail)
permethrin LIQD EX	1	
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	1	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	1	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SCHOOLTIME SHAMPOO SHAM	2		COVID-19 AT HOME ANTIGEN TEST KIT	0	
SKLICE (Use ivermectin (pediculicide))	NP		COVID-19 AT-HOME TEST KIT	0	
spinosad	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	COVID-19 OTC ANTIGEN 1-PACK KIT	0	
Tar Products			COVID-19 OTC ANTIGEN 2-PACK KIT	0	
coal tar extract SHAM 0.5 %	1		CVS COVID-19 AT HOME TEST KIT KIT	0	
Wound Care Products			DIATRUST COVID-19 HOME TEST KIT	0	
APLIGRAF DISK	2	PA	ELLUME COVID-19 HOME TEST KIT	0	
DIAGNOSTIC PRODUCTS			FASTEP COVID-19 ANTIGEN TEST KIT	0	
Diagnostic Drugs			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
cosyntropin SOLR	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYRA DIRECT SARS-COV-2 ASSAY	0		ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
LYRA SARS-COV-2 ASSAY	0				
OHC COVID-19 ANTIGEN SELF TEST KIT	0				
ON/GO COVID-19 ANTIGEN TEST KIT	0				
ON/GO ONE COVID-19 HOME TEST KIT	0				
ONETOUCH ULTRA BLUE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	0	
ONETOUCH ULTRA TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	0	
			QUICKVUE SARS ANTIGEN TEST	0	
			RAPID RESPONSE COVID-19	0	
			RELION KETONE TEST STRP	2	
			SOFIA SARS ANTIGEN FIA	0	
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	SOFIA2 SARS ANTIGEN FIA	0	
			SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
			XPERT XPRESS SARS-COV-2	0	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
Digestive Enzymes					
CREON CPEP				2	
SUCRAID				2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
<i>torsemide TABS 20 MG</i>	1	MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone TABS</i>	1	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
EVENITY	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS</i>	1	PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
<i>risedronate sodium TABS 150 MG</i>	1	
<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium TBEC</i>	1		LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>teriparatide SOPN</i>	1	SP; PA	FENSOLVI (6 MONTH) SC	2	SP; PA
XGEVA SOLN	2	SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA	LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA	LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA	SUPPRELIN LA	NP	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA	SYNAREL	2	SP; PA
Corticotropin			Metabolic Modifiers		
ACTHAR GEL	2	SP; PA	ALDURAZYME	2	SP; PA
CORTROPHIN GEL	2	SP; PA	<i>betaine</i>	1	SP; PA
Fertility Regulators			BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
CHORIONIC GONADOTROPIN IM	2	PA	BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
NOVAREL IM	2	PA	<i>calcitriol CAPS</i>	1	
PREGNYL IM	2	PA	CARBAGLU (<i>Use carglumic acid</i>)	2	SP; PA
GnRH/LHRH Antagonists			<i>carglumic acid</i>	1	SP; PA
ORILISSA	2	SP; PA	<i>cinacalcet hcl</i>	1	SP; PA
Growth Hormone Receptor Antagonists			CRYSVITA	2	SP; PA
SOMAVERT	2	SP; PA	ELAPRASE	2	SP; PA
Growth Hormones			FABRAZYME	2	SP; PA
GENOTROPIN MINIQUEL PRSY	2	SP; PA	GALAFOLD	2	QL(0.5 EA daily); SP; PA
GENOTROPIN CART SC	2	SP; PA	KANUMA	2	SP; PA
NGENLA	NP	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
NORDITROPIN FLEXPPO SOPN	2	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)
OMNITROPE SOCT	NP	SP; PA	LUMIZYME	2	SP; PA
SKYTROFA	NP	SP; PA	MYALEPT	2	SP; PA
SOGROYA	2	SP; PA	NAGLAZYME	2	SP; PA
Hormone Receptor Modulators			<i>nitisinone CAPS</i>	1	SP; PA
<i>raloxifene hcl</i>	1	QL(1 EA daily)			
Insulin-Like Growth Factors (Somatomedins)					
INCRELEX	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (2 GM DOSE) THPK	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP
ORFADIN SUSP	2	SP; PA
PALYNZIQ	2	SP; PA
<i>paricalcitol SOLN</i>	1	SP; PA
PARSABIV	2	SP; PA
PHEBURANE PLLT	2	PA
RAVICTI	2	SP; PA
REVCIVI	2	SP; PA
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>sodium phenylbutyrate POWD</i>	1	SP; PA
<i>sodium phenylbutyrate TABS</i>	1	SP; PA
STRENSIQ	2	SP; PA
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)
Somatostatic Agents		
<i>lanreotide acetate</i>	1	SP; PA
LANREOTIDE ACETATE	2	SP; PA
<i>octreotide acetate KIT</i>	1	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	2	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPK	2	SP; PA
<i>tolvaptan TABS</i>	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol</i>	0	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
Fluoroquinolones			<i>metoclopramide hcl TABS 10 MG</i>	1	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1		<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)	Inflammatory Bowel Agents		
CIPRO SUSR	2		ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	QL(3 EA daily)
<i>levofloxacin SOLN PO</i>	1		<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)	CANASA SUPP (<i>Use mesalamine</i>)	2	
<i>moxifloxacin hcl TABS</i>	1		ENTYVIO PEN SOAJ	NP	SP; PA
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 EA per fill retail)	LIALDA TBEC (<i>Use mesalamine</i>)	2	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>mesalamine w/ cleanser</i>	1	
Antiflatulents			<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>simethicone CHEW 80 MG</i>	1		<i>mesalamine SUPP</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)	<i>mesalamine TBEC 1.2 GM</i>	1	
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)	<i>mesalamine TBEC 800 MG</i>	1	QL(3 EA daily)
Bile Acid Synthesis Disorder Agents			OMVOH SOAJ	NP	SP; PA
CHOLBAM	2	QL(5 EA daily); SP; PA	OMVOH SOLN	NP	SP; PA
Farnesoid X Receptor (FXR) Agonists			OMVOH SOSY	NP	SP; PA
OALIVA	2	SP; PA	SKYRIZI SOCT	NP	SP; PA
Gallstone Solubilizing Agents			SKYRIZI SOLN	NP	SP; PA
<i>chenodiol</i>	1	SP; PA	<i>sulfasalazine TABS</i>	1	MP
CTEXLI 250 MG	2	SP; PA	<i>sulfasalazine TBEC</i>	1	MP
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP	TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
Gastrointestinal Stimulants			TREMFYA SOLN IV	NP	SP; PA
			TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
			VELSIPITY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (1 PEN) AJKT	NP	SP	<i>potassium citrate (alkalinizer) TBCR</i>	1	
ZYMFENTRA (2 PEN) AJKT	NP	SP	<i>potassium citrate-citric acid PACK</i>	1	
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP	<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC
Intestinal Acidifiers			Cystinosis Agents		
<i>lactulose (encephalopathy)</i>	1		CYSTAGON CAPS	2	SP; PA
Irritable Bowel Syndrome (IBS) Agents			PROCYSBI CPDR	2	SP; PA
<i>alosetron hcl</i>	1	PA	PROCYSBI PACK	2	SP; PA
IBSRELA	NP	PA	Genitourinary Irrigants		
LINZESS	2	PA	<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Peripheral Opioid Receptor Antagonists			Interstitial Cystitis Agents		
MOVANTIK	2	PA	ELMIRON CAPS	2	QL(3 EA daily)
Phosphate Binder Agents			Prostatic Hypertrophy Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP	<i>alfuzosin hcl</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	<i>dutasteride</i>	1	
<i>lanthanum carbonate CHEW</i>	1		<i>dutasteride-tamsulosin hcl</i>	1	
RENAGEL (Use sevelamer hcl)	2		ENTADFI	NP	
RENVELA TABS (Use sevelamer carbonate)	NP		<i>finasteride</i>	1	QL(1 EA daily); MP
<i>sevelamer carbonate PACK</i>	1		RAPAFLO 4 MG (Use silodosin)	NP	
<i>sevelamer carbonate TABS</i>	1		<i>silodosin</i>	1	
<i>sevelamer hcl</i>	1		<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Short Bowel Syndrome (SBS) Agents			Urinary Analgesics		
GATTEX	2	SP; PA	<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			Urinary Stone Agents		
Alkalinizers			<i>tiopronin TABS</i>	1	SP; PA
			Vesicoureteral Reflux (VUR) Agents		
			DEFLUX	2	SP; PA
			GOUT AGENTS - Drugs to Treat Gout		
			Gout Agent Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1	MP
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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		

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

Drug Name	Drug Tier	Requirements/ Limits
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		
FERRETTES TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>tranexamic acid TABS</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>naproxen sodium-diphenhydramine hcl</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 EA daily)
<i>IGALMI FILM</i>	NP	
<i>midazolam hcl SOLN IJ</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>ZOLPIDEM TARTRATE CAPS</i>	2	
<i>zolpidem tartrate SUBL</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
<i>QUVIVIQ</i>	NP	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
<i>NATURAL FIBER LAXATIVE POWD</i>	2	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
<i>SORBITOL PO 70 %</i>	2	
Saline Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)	Erythromycins		
<i>sodium phosphates ENEM</i>	1		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2	
Stimulant Laxatives			ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2	
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)	<i>erythromycin base CPEP</i>	1	
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)	<i>erythromycin base TABS</i>	1	
<i>sennosides TABS 8.6 MG</i>	1		<i>erythromycin base TBEC</i>	1	
Surfactant Laxatives			<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)	<i>erythromycin ethylsuccinate TABS</i>	1	
<i>docusate sodium CAPS 50 MG</i>	1		MEDICAL DEVICES AND SUPPLIES		
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1		Bandages-Dressings-Tape		
DOCUSATE SODIUM SYRP	2		ALCOHOL PREP PADS-MISC	2	OTC
<i>docusate sodium TABS</i>	1		Contraceptives		
MACROLIDES - Drugs to Treat Bacterial Infections			CONDOMS-MISC	2	QL(36 ea per fill retail)
Azithromycin			Diabetic Supplies		
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)	1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)	ACCU-CHEK FASTCLIX 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 SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)	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	
Clarithromycin			ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)	ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)	ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
EQL COLOR LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
EQL THIN LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
E-Z JECT LANCETS	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
E-Z JECT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FINE 30	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC			
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC			
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily); RX/OTC			
FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
GNP LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC	KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC
GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS ULTRATHIN 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
			LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
			LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
LIFESCAN UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
LIFESCAN UNISTIK II LANCETS	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS STANDARD	2	QL(6.67 EA daily); RX/OTC	MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH CLUB LANCETS FINE PT	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC
ONETOUCH FINEPOINT LANCETS	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
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 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
ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
ONETOUCH VERIO LIQD	2	
PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	SM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3	2	QL(6.67 EA daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC			
UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
WALGREENS THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
Misc. Devices			GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC	HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ULILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
Parenteral Therapy Supplies			AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD AUTOSHIELD DUO	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 MICRO 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 MINI 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 NEEDLE NANO 2ND GEN	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
BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	QL(5 EA daily)			
BD PEN NEEDLE SHORT U/F	2	QL(5 EA daily); RX/OTC			
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC			
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC			
Respiratory Therapy Supplies					
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW VU MISC	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
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MASK SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FILTER AIR PP 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
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
HUDSON RCI AEROSOL MASK ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI BABY CONVERSION KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI MASK SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PFLEX MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	PA
SOOTHENEB NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	Migraine Combinations		
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	1	
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	Migraine Products		
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	Serotonin Agonists		
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	<i>almotriptan malate</i>	1	
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	<i>frovatriptan succinate</i>	1	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
AJOVY SOAJ	2	SP; PA	<i>rizatriptan benzoate TBDP</i>	1	
AJOVY SOSY	2	SP; PA	<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
EMGALITY SOAJ	2	SP; PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
EMGALITY SOSY	2	SP; PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
NURTEC	2	PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
QULIPTA	2	PA	<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)
UBRELVY	2	PA	<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
			<i>zolmitriptan SOLN 2.5 MG</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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 0.5 MG/ML, 0.5 MG/ML</i>	1	RX/OTC
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	
SOLUVITA SOLN	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 50 MG</i>	1	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS (Use cyclosporine)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC	Ped Multi Vitamins w/Fl & FE		
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	Ped Multiple Vitamins w/ Minerals		
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC	MVW COMPLETE FORMULATION SOLN	2	
MULTIVITAMINS			Ped MV w/ Fluoride		
B-Complex Vitamins			PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
B-Complex w/ C			PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>b complex w/ c CAPS</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
B-Complex w/ Folic Acid			SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC	Ped MV w/ Iron		
Multiple Vitamins w/ Iron			BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)	MULTIVITAMIN DROPS/IRON SOLN	2	
Multiple Vitamins w/ Minerals					
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC			
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC			
Multivitamins					
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)			
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN INFANT & TODDLER SOLN	2		<i>baclofen SOLN PO 5 MG/5ML</i>	1	
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)	<i>baclofen SUSP</i>	1	
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)	<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
POLY-VITE/IRON SOLN	2		<i>baclofen TABS 5 MG</i>	1	PA
Pediatric Multiple Vitamins			<i>baclofen TABS 15 MG</i>	1	
BPROTECTED PEDIA POLY-VITE SOLN PO	2		<i>carisoprodol TABS 350 MG</i>	1	MP; PA
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2		<i>carisoprodol TABS 250 MG</i>	1	PA
POLY-VI-SOL SOLN PO	2		<i>chlorzoxazone TABS 500 MG</i>	1	MP
POLY-VITA SOLN PO	2		<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
POLY-VITE PEDIATRIC SOLN PO	2		<i>cyclobenzaprine hcl CP24</i>	1	
Prenatal Vitamins			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	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>	1	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 10 MG/5ML</i>	2		<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>tizanidine hcl CAPS</i>	1	
			<i>tizanidine hcl TABS</i>	1	
			Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	1	
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EVRYSDI	2	SP	ZOLGENSMA 19.6-20.0 KG	2	SP; PA
SPINRAZA	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	2	SP; PA
ZOLGENSMA 20.6-21.0 KG	2	SP; PA	ZOLGENSMA 20.1-20.5 KG	2	SP; PA
ZOLGENSMA 10.1-10.5 KG	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
ZOLGENSMA 10.6-11.0 KG	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
ZOLGENSMA 11.1-11.5 KG	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
ZOLGENSMA 11.6-12.0 KG	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
ZOLGENSMA 12.1-12.5 KG	2	SP; PA	ZOLGENSMA 5.1-5.5 KG	2	SP; PA
ZOLGENSMA 12.6-13.0 KG	2	SP; PA	ZOLGENSMA 5.6-6.0 KG	2	SP; PA
ZOLGENSMA 13.1-13.5 KG	2	SP; PA	ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 13.6-14.0 KG	2	SP; PA	ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 14.1-14.5 KG	2	SP; PA	ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 14.6-15.0 KG	2	SP; PA	ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 15.1-15.5 KG	2	SP; PA	ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 15.6-16.0 KG	2	SP; PA	ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 16.1-16.5 KG	2	SP; PA	ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 16.6-17.0 KG	2	SP; PA	ZOLGENSMA 9.6-10.0 KG	2	SP; PA
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	Beta-blockers - Ophthalmic		
			<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
			COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i>)	2	
			DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
			<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)	<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)	ILUVIEN	2	SP; PA
Ophthalmic Decongestants			<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail	<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ML per fill retail)
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)	<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)	OZURDEX IMPL	2	SP; PA
Ophthalmic Immunomodulators			PRED MILD	2	QL(10 ML per fill retail)
CEQUA SOLN	NP		<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
<i>cyclosporine (ophth) EMUL</i>	1		PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
RESTASIS MULTIDOSE EMUL	2		PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2		RETISERT	2	SP; PA
VEVYE SOLN	NP		<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
Ophthalmic Integrin Antagonists			TOBRADEX OINT	2	QL(4 GM per fill retail)
XIIDRA	2	PA	<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
Ophthalmic Kinase Inhibitors			YUTIQ	2	SP
ROCKLATAN	2	PA	Ophthalmics - Misc.		
Ophthalmic Local Anesthetics			<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>tetracaine hcl (ophth)</i>	1		<i>bromfenac sodium (ophth)</i>	1	
Ophthalmic Nerve Growth Factors			<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)
OXERVATE	2	SP; PA	CYSTARAN	2	SP; PA
Ophthalmic Photodynamic Therapy Agents			<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
VISUDYNE	2	SP; PA	<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
Ophthalmic Steroids			DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)	<i>epinastine hcl (ophth)</i>	1	
DEXTENZA INST	2	SP; PA	<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)
EYSUVIS SUSP	NP		ILEVRO	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HIZENTRA SOSY 10 GM/50ML	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY	2	SP; PA
HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	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>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	2	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)
<i>memantine hcl CP24</i>	1	
<i>memantine hcl SOLN</i>	1	QL(10 ML daily)
<i>memantine hcl TABS</i>	2	QL(1 EA per 28 day(s) retail)
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA	NIVA THYROID TABS	2	MP
Pulmonary Fibrosis Agents			NP THYROID TABS	2	MP
OFEV	2	SP; PA	SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	MP
<i>pirfenidone CAPS</i>	1	SP; PA	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
<i>pirfenidone TABS 534 MG</i>	1	SP	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	
TETRACYCLINES - Drugs to Treat Bacterial Infections			TOXOIDS		
Tetracyclines			Toxoid Combinations		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		ADACEL SUSP	0	AL(At least 19 yrs old)
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1		BOOSTRIX SUSP	0	AL(At least 19 yrs old)
<i>doxycycline hyclate CAPS</i>	1		BOOSTRIX SUSY	0	AL(At least 19 yrs old)
<i>doxycycline hyclate TABS 100 MG</i>	1		DAPTACEL	0	AL(At least 19 yrs old)
<i>minocycline hcl CAPS</i>	1		INFANRIX	0	AL(At least 19 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			KINRIX SUSY	0	AL(At least 19 yrs old)
Antithyroid Agents			PEDIARIX SUSY	0	AL(At least 19 yrs old)
<i>methimazole TABS</i>	1	MP	PENTACEL	0	AL(At least 19 yrs old)
<i>propylthiouracil</i>	1	MP	QUADRACEL SUSP	0	AL(At least 19 yrs old)
Thyroid Hormones			QUADRACEL SUSY	0	AL(At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP	TDVAX SUSP	0	AL(At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	TENIVAC INJ	0	AL(At least 19 yrs old)
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1		TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	VAXELIS SUSP	0	AL(At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	VAXELIS SUSY	0	AL(At least 19 yrs old)
			ULCER DRUGS - Drugs to Treat Bowel, Intestine		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
and Stomach Conditions			NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	RX/OTC
Antispasmodics			NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	RX/OTC
<i>dicyclomine hcl CAPS</i>	1		NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	RX/OTC
<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)	NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium)	2	
<i>dicyclomine hcl TABS</i>	1		<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)	<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate ELIX</i>	1		<i>pantoprazole sodium PACK</i>	1	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1		<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		PROTONIX PACK (Use pantoprazole sodium)	2	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		<i>rabeprazole sodium TBEC</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		Ulcer Drugs - Prostaglandins		
H-2 Antagonists			<i>misoprostol</i>	1	
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC	Ulcer Therapy Combinations		
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)	KONVOMEPEP SUSR	NP	
<i>cimetidine TABS 300 MG, 400 MG</i>	1		<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC	<i>omeprazole-sodium bicarbonate PACK</i>	1	
<i>famotidine TABS 10 MG</i>	1		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Misc. Anti-Ulcer			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)	<i>darifenacin hydrobromide</i>	1	
<i>sucralfate TABS</i>	1	QL(4 EA daily); MP	<i>fesoterodine fumarate</i>	1	
Proton Pump Inhibitors					
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC			
<i>esomeprazole magnesium PACK</i>	1				
<i>lansoprazole CPDR</i>	1	RX/OTC			
<i>lansoprazole TBDD</i>	1	PA; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride SOLN</i>	1		MENQUADFI	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS 2.5 MG</i>	1		MENVEO SOLN	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP	MENVEO SOLR	0	AL(At least 19 yrs old)
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP	PEDVAX HIB SUSP	0	AL(At least 19 yrs old)
<i>solifenacin succinate TABS</i>	1		PENBRAYA	0	AL(At least 19 yrs old)
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP		PREVNAR 13	0	AL(At least 19 yrs old)
<i>trospium chloride CP24</i>	1		PREVNAR 20	0	AL(At least 19 yrs old)
<i>trospium chloride TABS</i>	1	QL(2 EA daily)	TRUMENBA	0	AL(At least 19 yrs old)
VESICARE LS SUSP	NP		TYPHIM VI SOLN	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TYPHIM VI SOSY	0	AL(At least 19 yrs old)
GEMTESA	NP		VAXCHORA	0	AL(At least 19 yrs old)
<i>mirabegron TB24</i>	1		VAXNEUVANCE	0	AL(At least 19 yrs old)
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	2		VIVOTIF	0	AL(At least 19 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			Viral Vaccines		
<i>bethanechol chloride</i>	1	MP	ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			ACAM2000	0	AL(At least 19 yrs old)
<i>flavoxate hcl</i>	1		AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
VACCINES			AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT SUSY 0.5 ML	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)
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)			
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			

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

Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19 VACC SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	0	AL(At least 19 yrs old)
ROTARIX SUSR	0	AL(At least 19 yrs old)
ROTATEQ SOLN	0	AL(At least 19 yrs old)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
STAMARIL SUSR	0	AL(At least 19 yrs old)
TICOVAC	0	AL(At least 19 yrs old)
TWINRIX SUSY	0	AL(At least 19 yrs old)
VAQTA	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
YF-VAX INJ	0	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
SHUR-SEAL CONTRACEPTIVE GEL	2	QL(24 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 GM per fill retail)
CLINDESSE	2	
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
GYNAZOLE-1	2	
<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
<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 0.8 %</i>	1	QL(20 GM per fill retail)	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 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 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)	<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
Vaginal Progestins			<i>ergocalciferol CAPS</i>	1	
CRINONE GEL	2	AL(At least 15 yrs old)	KEY-E CHEW	2	QL(2 EA daily)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)	<i>phytonadione TABS 5 MG</i>	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			VITAMIN D3 LIQD PO 125 MCG/ML	2	
Anaphylaxis Therapy Agents			<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)
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)	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>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)	<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)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)

INDEX

1ST TIER UNILET COMFORTOUCH	61	acebutolol hcl CAPS	37	61	ACTI-LANCE SPECIAL LANCETS 17G	61
abacavir sulfate SOLN	34	acetaminophen CHEW	5		ACTI-LANCE UNIVERSAL 23G ..	61
abacavir sulfate TABS	34	acetaminophen ELIX	5		ACTIMMUNE 100 MCG/0.5ML	31
abacavir sulfate-lamivudine	34	acetaminophen LIQD 160 MG/5ML ..	6		ACTIPHLOA CAPS	18
ABILIFY ASIMTUFII PRSY	33	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	6		ACTIVITY POUCH MISC	72
ABILIFY MAINTENA PRSY	33	acetaminophen SUPP 120 MG, 650 MG	6		acyclovir CAPS	36
ABILIFY MAINTENA SRER	33	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	6		acyclovir SUSP	36
ABILIFY MYCITE MAINTENANCE KIT	33	acetaminophen TABS 325 MG, 500 MG	6		acyclovir TABS PO 400 MG	36
ABILIFY MYCITE STARTER KIT ..	33	acetaminophen w/ codeine SOLN ..	7		acyclovir TABS PO 800 MG	36
abiraterone acetate	29	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7		acyclovir topical CREA	46
ABRILADA (1 PEN) AJKT	3	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7		acyclovir topical OINT	46
ABRILADA (2 PEN) AJKT	3	acetazolamide CP12	52		ADACEL SUSP	90
ABRILADA (2 SYRINGE) PSKT	3	acetazolamide TABS	52		ADALIMUMAB-AACF (2 PEN) AJKT .	3
ABRYSVO	92	acetic acid (otic)	86		ADALIMUMAB-AACF (2 SYRINGE) PSKT	3
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	43	acetylcysteine SOLN	43		ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	3
ACAM2000	92	ACIDOPHILUS HIGH-POTENCY CAPS	18		ADALIMUMAB-AACF(PS/UV STARTER) AJKT	3
acamprosate calcium	88	ACIDOPHILUS PEARLS CAPS ...	18		ADALIMUMAB-AATY (1 PEN) AJKT .	3
acarbose	15	ACIDOPHILUS PROBIOTIC BLEND CAPS	18		ADALIMUMAB-AATY (2 PEN) AJKT .	3
ACCU-CHEK FASTCLIX LANCETS .	61	ACIDOPHILUS SUPER PROBIOTIC CAPS	18		ADALIMUMAB-AATY (2 SYRINGE) PSKT	3
ACCU-CHEK SAFE-T PRO LANCETS	61	ACIDOPHILUS/GOAT MILK CAPS 18			ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3
ACCU-CHEK SOFTCLIX LANCETS 61		ACTHAR GEL	53		ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3
ACCULA SARS-COV-2	50	ACTHIB SOLR IM	92		ADALIMUMAB-ADAZ SOSY	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	26	ACTI-LANCE 28G	61			
ACCUTREND PLUS	61	ACTI-LANCE LITE LANCETS 28G				
ACE AEROSOL CLOUD ENHANCER MISC	72					

ADALIMUMAB-ADBM (2 PEN) AJKT 3	fluticasone-salmeterol)11	AEROCHAMBER PLUS FLO-VU MEDIUM MISC72
ADALIMUMAB-ADBM (2 SYRINGE) PSKT3	ADVAIR HFA AERO (Use fluticasone-salmeterol)11	AEROCHAMBER PLUS FLO-VU MISC72
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT3	ADVANCED MOBILE LANCET ...62	AEROCHAMBER PLUS FLO-VU SMALL DEVI72
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT3	ADVANCED PROBIOTIC CAPS ...18	AEROCHAMBER PLUS FLO-VU SMALL MISC72
ADALIMUMAB-FKJP (2 PEN) AJKT . 3	ADVANCED PROBIOTIC-14 CAPS 18	AEROCHAMBER PLUS FLO-VU W/MASK MISC72
ADALIMUMAB-FKJP (2 SYRINGE) PSKT3	ADVATE57	AEROCHAMBER PLUS FLOW VU MISC73
ADALIMUMAB-RYVK (2 PEN) AJKT . 3	ADVIL TABS (Use ibuprofen)4	AEROCHAMBER W/FLOWSIGNAL MISC73
ADALIMUMAB-RYVK (2 SYRINGE) PSKT3	ADVIN COVID-19 ANTIGEN TEST KIT50	AEROCHAMBER Z-STAT PLUS CHAMBR MISC73
adapalene CREA43	ADVOCATE ALCOHOL PREP PADS71	AEROCHAMBER Z-STAT PLUS MISC73
adapalene GEL43	ADVOCATE LANCETS62	AEROCHAMBER Z-STAT PLUS PLUS/LARGE MISC73
ADAPALENE SOLN43	ADVOCATE LANCETS 30G62	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC73
adapalene-benzoyl peroxide GEL .43	ADVOCATE SAFETY LANCETS .62	AEROCHAMBER Z-STAT PLUS/SMALL MISC73
ADBRY SOAJ48	ADVOCATE SAFETY LANCETS 26G62	AEROTRACH PLUS MISC73
ADBRY SOSY48	ADYNOVATE57	AEROVENT PLUS DEVI73
ADCETRIS29	AEROCHAMBER HOLDING CHAMBER DEVI72	AFLURIA PRESERVATIVE FREE SUSY92
ADDERALL TABS (Use amphetamine-dextroamphetamine) .1	AEROCHAMBER MINI CHAMBER DEVI72	AFLURIA QUADRIVALENT SUSP 92
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .1	AEROCHAMBER MV MISC72	AFLURIA QUADRIVALENT SUSY 0.5 ML93
ADLARITY PTWK88	AEROCHAMBER PLS FLOVU MTHPIECE DEVI72	AFLURIA SUSP93
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG90	AEROCHAMBER PLUS FLO-VU INTERM DEVI72	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT57
ADULT AEROSOL MASK MISC ...72	AEROCHAMBER PLUS FLO-VU LARGE DEVI72	
ADULT MASK LARGE MISC72	AEROCHAMBER PLUS FLO-VU LARGE MISC72	
ADVAIR DISKUS AEPB (Use	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI72	

AGAMATRIX ULTRA-THIN LANCETS	62	ALCOHOL PREP PADS-MISC ...	61	UNIT, 1500 UNIT	57
AIMSCO TWIST LANCETS 32G ..	62	ALCOHOL SWABS	71	ALPRAZOLAM INTENSOL CONC ..	9
AIMSCO TWIST LANCETS 33G ..	62	ALCOHOL SWABSTICK	71	alprazolam TABS	9
AIRDUO DIGIHALER	11	ALDURAZYME	53	alprazolam TB24	9
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	11	ALECENSA	30	alprazolam TBDP	9
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	11	alendronate sodium SOLN	52	ALPROLIX	57
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	11	alendronate sodium TABS 35 MG, 70 MG	52	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	57
AIRS PEDIATRIC AEROSOL MASK MISC	73	alendronate sodium TABS 5 MG, 10 MG	52	alum & mag hydrox-simethicone LIQD	8
AIRSUPRA	11	ALFERON N	31	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	9
AJOVY SOAJ	76	alfuzosin hcl	56	ALUMINUM HYDROXIDE GEL SUSP	9
AJOVY SOSY	76	ALIGN CAPS 10 MG	18	amantadine hcl CAPS	32
AKLIEF	43	ALIGN EXTRA STRENGTH CAPS 18	18	amantadine hcl SOLN	32
albuterol sulfate AERS	11	ALL FLOW 1000 PFT FILTER MISC . 73	73	amantadine hcl TABS	32
albuterol sulfate NEBU 0.083 % ...	11	allopurinol 100 MG, 300 MG	57	ambrisentan	38
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	11	almotriptan malate	76	amcinonide CREA	46
albuterol sulfate NEBU	11	ALOE 10000 & PROBIOTICS CAPS . 18	18	amcinonide LOTN	46
ALBUTEROL SULFATE NEBU	11	alogliptin benzoate	17	amcinonide OINT	46
albuterol sulfate SYRP	11	alogliptin-metformin hcl	16	amiloride & hydrochlorothiazide ...	52
albuterol sulfate TABS	11	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	16	amiloride hcl TABS	52
alclometasone dipropionate CREA 46		ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	54	aminocaproic acid SOLN PO 0.25 GM/ML	59
alclometasone dipropionate OINT .46		alose tron hcl	56	aminocaproic acid TABS 1000 MG 59	59
ALCOH-GLOVE CONTOURED WIPE	71	ALPHAGAN P (Use brimonidine tartrate)	84	aminocaproic acid TABS 500 MG .59	
ALCOHOL PADS	71	ALPHANATE SOLR	57	amiodarone hcl TABS 200 MG	10
ALCOHOL PREP	71	ALPHANINE SD 500 UNIT, 1000			

amitriptyline hcl TABS	15	amphetamine sulfate TABS	1	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	34
AMJEVITA SOAJ	3	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ARMONAIR DIGIHALER	10
AMJEVITA SOSY	3	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	ARMOUR THYROID TABS	90
AMJEVITA-PED 10KG TO <15KG SOSY	3	amphetamine-dextroamphetamine TABS	1	arsenic trioxide 12 MG/6ML	31
AMJEVITA-PED 15KG TO <30KG SOSY	3	ampicillin CAPS 500 MG	87	ARZERRA	29
amlodipine besylate TABS	37	anastrozole	29	ASACOL HD TBEC (Use mesalamine)	55
amlodipine besylate-atorvastatin calcium	38	ANDEXXA 200 MG	22	ascorbic acid TABS	96
amlodipine besylate-benazepril hcl 26		ANUSOL-HC EX (Use hydrocortisone (rectal))	8	ASMANEX (120 METERED DOSES) AEPB	10
amlodipine besylate-olmesartan medoxomil	26	APLIGRAF DISK	50	ASMANEX (14 METERED DOSES) AEPB	10
amlodipine besylate-valsartan	26	APOKYN SOCT	32	ASMANEX (30 METERED DOSES) AEPB	11
amlodipine-valsartan- hydrochlorothiazide	26	apomorphine hydrochloride SOCT	32	ASMANEX (60 METERED DOSES) AEPB	11
AMONDYS 45	82	APONVIE EMUL	23	aspirin buffered (cal carb-mag carb- mag oxide)	6
amoxapine	15	APO-VARENICLINE TABS	89	aspirin CHEW	6
amoxicillin & pot clavulanate CHEW . 87		apraclonidine hcl	84	ASPIRIN SUPP 300 MG	6
amoxicillin & pot clavulanate SUSR 87		aprepitant CAPS	23	aspirin TABS 325 MG	6
amoxicillin & pot clavulanate TABS 125 MG-250 MG	87	aprepitant MISC	23	aspirin TBEC 81 MG, 325 MG	6
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 87		APTIVUS CAPS	34	aspirin-dipyridamole	58
amoxicillin & pot clavulanate TB12	87	AQUALANCE LANCETS 30G	62	ASPRUZYO SPRINKLE PACK	9
amoxicillin CAPS	87	AQUORAL SOLN	78	ASSURE COMFORT LANCETS 28G	62
amoxicillin CHEW 125 MG, 250 MG . 87		ARALAST NP SOLR 500 MG, 1000 MG	89	ASSURE HAEMOLANCE PLUS HIGH	62
amoxicillin SUSR	87	ARESTIN	78	ASSURE HAEMOLANCE PLUS LOW	62
amoxicillin TABS 875 MG	87	AREXVY	93	ASSURE HAEMOLANCE PLUS MICRO	62
		aripiprazole SOLN PO	34	ASSURE HAEMOLANCE PLUS	
		aripiprazole TABS	34		
		aripiprazole TBDP	34		

NORMAL	62	AUVELITY	14	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	80
ASSURE HAEMOLANCE PLUS PED	62	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	96	baclofen SOLN PO 10 MG/5ML ...	80
ASSURE LANCE LANCETS	62	AUVI-Q SOAJ 0.3 MG/0.3ML	96	baclofen SOLN PO 5 MG/5ML	80
ASSURE LANCE LANCETS 21G	62	AVASTIN	28	baclofen SUSP	80
ASSURE LANCE PLUS SAFETY 25G	62	AVEED SOLN	8	baclofen TABS 10 MG, 20 MG	80
ASSURE LANCE PLUS SAFETY 30G	62	AVONEX PEN AJKT	88	baclofen TABS 15 MG	80
ASSURE LANCE PLUS SAFETY 28G	62	AVONEX PREFILLED PSKT	88	baclofen TABS 5 MG	80
ASSURE LANCE SAFETY LANCET 28G	62	azacitidine SUSR	28	BAFIERTAM	88
ASTAGRAF XL CP24	77	azathioprine TABS 50 MG	77	balsalazide disodium CAPS	55
atazanavir sulfate CAPS	34	azathioprine TABS 75 MG, 100 MG 77		BAQSIMI ONE PACK POWD	16
atenolol & chlorthalidone	26	AZEDRA DOSIMETRIC	31	BAQSIMI TWO PACK POWD	16
atenolol TABS	37	AZEDRA THERAPEUTIC	31	BCG VACCINE	92
ATGAM	77	azelastine hcl (ophth)	85	b-complex vitamins CAPS	79
atomoxetine hcl	1	azelastine hcl	81	b-complex vitamins TABS	79
ATORVALIQ SUSP	25	azelastine hcl-fluticasone propionate SUSP	81	b-complex w/ c & folic acid CAPS .	79
atorvastatin calcium TABS	25	azithromycin SUSR 100 MG/5ML .	61	b-complex w/ c & folic acid TABS .	79
atropine sulfate (ophthalmic) OINT	84	azithromycin SUSR 200 MG/5ML .	61	BD AUTOSHIELD DUO	72
atropine sulfate (ophthalmic) SOLN	84	azithromycin TABS 250 MG	61	BD GLUCOSE CHEW	16
ATROPINE SULFATE SOLN 1 %	84	azithromycin TABS 500 MG	61	BD LANCET ULTRAFINE 30G ...	62
ATROVENT HFA	10	azithromycin TABS 600 MG	61	BD LANCET ULTRAFINE 33G ...	62
AUM ALCOHOL PREP PADS	71	AZSTARYS	2	BD MICROTAINER LANCETS ...	62
AURORA LANCET SUPER THIN 30G	62	b complex w/ c CAPS	79	BD PEN NEEDLE MICRO U/F	72
AURORA LANCET THIN 23G	62	B-1 TABS	96	BD PEN NEEDLE MINI U/F	72
AUSTEDO TABS	88	BACICAP CAPS	18	BD PEN NEEDLE NANO 2ND GEN .	72
AUSTEDO XR PATIENT TITRATION TEPK	88	BACID CAPS	18	BD PEN NEEDLE NANO U/F	72
AUSTEDO XR TB24	88	bacitracin (topical) OINT	44	BD PEN NEEDLE ORIGINAL U/F	72
		bacitracin zinc OINT	44	BD PEN NEEDLE SHORT U/F ...	72
		bacitracin-polymyxin b (ophth)	84	BD PEN NEEDLES	72

BD SWAB SINGLE USE REGULAR 71	OINT46	bimatoprost SOLN86
BD VERITOR SYSTEM SARS-COV-250	betamethasone dipropionate augmented CREA46	BIMZELX SOAJ 160 MG/ML45
BELEODAQ30	betamethasone dipropionate augmented GEL 0.05 %46	BIMZELX SOSY 160 MG/ML45
BELRAPZO SOLN28	betamethasone dipropionate augmented LOTN46	BINAXNOW COVID-19 AG CARD 50
BENADRYL ALLERGY EXTRA STR TABS24	betamethasone dipropionate augmented OINT46	BINAXNOW COVID-19 AG HOME TEST KIT50
benazepril & hydrochlorothiazide .26	betamethasone valerate CREA ...46	BIOHM PROBIOTIC SUPPLEMENT CAPS18
benazepril hcl 40 MG25	betamethasone valerate FOAM ...46	BIOHM PROBIOTIC/VITAMIN C CAPS18
benazepril hcl 5 MG, 10 MG, 20 MG .25	betamethasone valerate LOTN ...46	BIO-KULT CAPS19
BENDAMUSTINE HCL SOLN28	betamethasone valerate OINT46	BIOTENE DRY MOUTH MOIST SPRAY SOLN78
bendamustine hcl SOLR28	betaxolol hcl (ophth) SOLN83	BIOTHRAX92
BENDEKA SOLN28	betaxolol hcl37	BIOZEN CAPS19
BENEFIX KIT57	bethanechol chloride92	bisacodyl SUPP61
BENLYSTA SOLR78	BETHKIS NEBU (Use tobramycin) .2	bisacodyl TBEC61
BENZNIDAZOLE9	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 84	bismuth subsalicylate CHEW 262 MG19
benzonatate 100 MG42	BEVACIZUMAB IZ 2.75 MG/0.11ML .84	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML19
benzonatate 200 MG43	BEVESPI AEROSPHERE11	bisoprolol & hydrochlorothiazide ..26
benzoyl peroxide GEL 2.5 %, 5 %, 10 %43	bexarotene (topical)45	bisoprolol fumarate37
benzoyl peroxide LIQD 5 %, 10 % .43	bexarotene31	BIVIGAM SOLN86
benzoyl peroxide LOTN 5 %, 10 % 43	BEXSERO92	BLINCYTO29
benztropine mesylate TABS32	BEYFORTUS87	BONJESTA TBCR23
BERINERT KIT58	bicalutamide29	BOOSTRIX SUSP90
betaine53	BIKTARVY 120 MG-30 MG-15 MG 34	BOOSTRIX SUSY90
betamethasone dipropionate (topical) CREA46	BIKTARVY 200 MG-50 MG-25 MG 34	bortezomib SOLR IJ30
betamethasone dipropionate (topical) LOTN46	BILAC CAPS18	BORTEZOMIB SOLR IV 3.5 MG ..30
betamethasone dipropionate (topical)		

bosentan TABS	38	MG/0.27ML, 128 MG/0.36ML	7	buprenorphine PTWK	7
BOSULIF TABS 100 MG, 500 MG	30	bromfenac sodium (ophth)	85	bupropion hcl (smoking deterrent)	89
BOTOX IJ	82	bromocriptine mesylate CAPS	32	bupropion hcl TABS	14
BPROTECTED PEDIA POLY-VITE SOLN PO	80	bromocriptine mesylate TABS 2.5 MG	32	bupropion hcl TB12 100 MG	14
BPROTECTED PEDIA POLY-VITE/FE SOLN	79	brompheniramine & phenyleph ELIX . 43		bupropion hcl TB12 150 MG	14
BRAFTOVI 75 MG	30	brompheniramine & pseudoeph ELIX 43		bupropion hcl TB12 200 MG	14
BREATHE COMFORT CHAMBER/ADULT DEVI	73	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	43	bupropion hcl TB24 150 MG	14
BREATHE COMFORT CHAMBER/CHILD DEVI	73	BUBBLES THE FISH II PEDI MASK MISC	73	bupropion hcl TB24 300 MG	14
BREATHE EASE LARGE DEVI ...	73	budesonide (inhalation) SUSP	11	bupropion hcl TB24 450 MG	14
BREATHE EASE MEDIUM DEVI ..	73	budesonide TB24	42	buspirone hcl	9
BREATHE EASE NEB MASK/CHILD MISC	73	budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen TABS 50 MG-325 MG	5
BREATHE EASE NEB MASK/INFANT MISC	73	bumetanide TABS	52	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5
BREATHE EASE SMALL DEVI ...	73	BUPHENYL POWD (Use sodium phenylbutyrate)	53	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5
BREATHERITE VALVED MDI CHAMBER DEVI	73	BUPHENYL TABS (Use sodium phenylbutyrate)	53	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7
BREO ELLIPTA	11	buprenorphine hcl SUBL	7	butalbital-aspirin-caffeine CAPS	5
BREZTRI AEROSPHERE	11	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	7	butalbital-aspirin-caffeine w/cod	7
BRIDION SOLN	22	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BUTRANS PTWK (Use buprenorphine)	7
BRILINTA	58	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	BYETTA 10 MCG PEN SOPN	17
brimonidine tartrate 0.1 %, 0.15 %	84	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	BYETTA 5 MCG PEN SOPN	17
brimonidine tartrate 0.2 %	84	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	CABOMETYX TABS	30
brimonidine tartrate-timolol maleate . 83		buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	caffeine citrate SOLN PO	1
BRIUMVI	88			calcipotriene CREA	45
BRIVIACT SOLN IV 50 MG/5ML ..	13			calcipotriene FOAM	45
BRIXADI (WEEKLY) SOSY	7			CALCIPOTRIENE FOAM	45
BRIXADI SOSY 64 MG/0.18ML, 96				calcipotriene OINT	45

calcipotriene-betamethasone dipropionate OINT	46	captopril & hydrochlorothiazide ...	26	CARETOUCH TWIST LANCETS 30G	62
calcipotriene-betamethasone dipropionate SUSP	46	captopril	25	CARETOUCH TWIST LANCETS 33G	62
calcitonin (salmon) IJ	52	CARBAGLU (Use carglumic acid)	53	CARETOUCH TWIST MC LANCETS 30G	62
calcitonin (salmon) NA	52	carbamazepine CHEW 100 MG ...	13	carglumic acid	53
calcitriol CAPS	53	carbamazepine CHEW 200 MG ...	13	carisoprodol TABS 250 MG	80
calcium acetate (phosphate binder) CAPS	56	carbamazepine CP12	13	carisoprodol TABS 350 MG	80
calcium acetate (phosphate binder) TABS	56	carbamazepine SUSP	13	carteolol hcl (ophth)	83
calcium carbonate (antacid) CHEW 500 MG	9	carbamazepine TABS	13	carvedilol 25 MG	36
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	77	carbamazepine TB12	13	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	36
calcium polycarbophil TABS	60	carbamide peroxide (otic) 6.5 % ..	86	carvedilol phosphate	36
CAMCEVI	29	CARBATROL CP12 (Use carbamazepine)	13	CASGEVY	58
camphor & menthol LOTN	45	carbidopa	32	CASTIVA WARMING LOTN	49
CANASA SUPP (Use mesalamine) 55		carbidopa-levodopa TABS	32	CAYSTON	27
candesartan cilexetil	25	carbidopa-levodopa TBCR	32	cefaclor CAPS	39
candesartan cilexetil- hydrochlorothiazide	26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	28	CEFACLOR ER TB12	39
capecitabine	28	CAREONE LANCET SUPER THIN 30G	62	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	39
CAPEX SHAM	46	CAREONE LANCET THIN 23G ..	62	cefadroxil CAPS	39
CAPHOSOL SOLN	78	CARESENS LANCETS	62	cefadroxil SUSR	39
CAPLYTA	32	CARESENS LANCETS 30G	62	cefadroxil TABS	39
CAPRELSA	30	CARESTART COVID-19 HOME TEST KIT	50	cefdinir CAPS	39
capsaicin CREA 0.025 %, 0.075 % 49		CARETOUCH ALCOHOL PREP ..	71	cefdinir SUSR	39
capsaicin CREA 0.035 %	49	CARETOUCH SAFETY LANCETS 62		cefixime CAPS	39
capsaicin CREA 0.1 %	49	CARETOUCH SAFETY LANCETS 26G	62	cefixime SUSR	39
		CARETOUCH TWIST LANCETS 28G	62	cefpodoxime proxetil SUSR	39
				cefpodoxime proxetil TABS	39
				cefprozil SUSR	39
				cefprozil TABS	39

ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	39	chloroquine phosphate TABS 500 MG	27	CINQAIR	10
cefuroxime axetil TABS	39	chlorpheniramine maleate SYRP ..	24	CINRYZE SOLR IV	58
celecoxib	4	chlorpheniramine maleate TABS ..	24	CIPRO SUSR	55
CELONTIN (Use methsuximide) ..	14	chlorpromazine hcl TABS	33	CIPRODEX (Use ciprofloxacin-dexamethasone)	86
cephalexin CAPS 250 MG, 500 MG 39		chlorthalidone 25 MG, 50 MG	52	ciprofloxacin hcl (ophth) SOLN	84
cephalexin SUSR	39	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	80	ciprofloxacin hcl (otic)	86
CEPROTIN	58	chlorzoxazone TABS 500 MG	80	ciprofloxacin hcl TABS 100 MG ...	55
CEQUA SOLN	85	CHOLBAM	55	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	55
CERDELGA	58	cholecalciferol CAPS 1.25 MG, 50000 UNIT	96	ciprofloxacin-dexamethasone	86
CEREZYME 400 UNIT	58	cholecalciferol CAPS	96	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28
cetirizine hcl CAPS	24	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	96	CISPLATIN SOLR	28
cetirizine hcl CHEW	24	cholestyramine light PACK	24	CITALOPRAM HYDROBROMIDE CAPS	14
cetirizine hcl SOLN PO	24	cholestyramine light POWD	24	citalopram hydrobromide SOLN ...	14
cetirizine hcl SYRP PO	24	cholestyramine PACK	24	citalopram hydrobromide TABS ...	14
cetirizine hcl TABS	24	cholestyramine POWD	24	cladribine 10 MG/10ML	28
CETRAXAL (Use ciprofloxacin hcl (otic))	86	CHORIONIC GONADOTROPIN IM 53		clarithromycin SUSR	61
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	89	CHOSEN LANCETS 30G	62	clarithromycin TABS	61
CHEMET	22	CHOSEN SAFETY LANCETS 28G 62		clarithromycin TB24	61
CHEMSTRIP K STRP	50	CIBINQO	48	CLEANLET LANCETS 28G	62
chenodiol	55	ciclopirox SOLN	44	CLEARDETECT COVID-19 AG HOME KIT	50
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4	cilostazol	58	clemastine fumarate TABS 1.34 MG .	24
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	5	cimetidine TABS 200 MG	91	CLEVER CHEK LANCETS	62
chlordiazepoxide hcl CAPS	9	cimetidine TABS 300 MG, 400 MG 91		CLEVER CHOICE COMFORT EZ 62	
chlorhexidine gluconate (mouth-throat)	78	cimetidine TABS 800 MG	91	CLEVER CHOICE HOLDING CHAMBER DEVI	73
chloroquine phosphate TABS 250 MG	27	cinacalcet hcl	53	CLEVER CHOICE LANCETS 21G	

62	clobetasol propionate LOTN46	coal tar extract SHAM 0.5 %50
CLEVER CHOICE LANCETS 23G 62	clobetasol propionate OINT 0.05 % 46	COARTEM 27
CLEVER CHOICE LANCETS 28G 63	clobetasol propionate SHAM 46	COBAS LIAT SARS-COV-2 ASSAY . 50
clindamycin hcl 150 MG, 300 MG . 27	clobetasol propionate SOLN 0.05 % . 46	COBAS LIAT SARS-COV-2 CONTROL50
clindamycin palmitate hydrochloride . 27	clocortolone pivalate 46	codeine sulfate TABS 30 MG 6
clindamycin phosphate (topical) GEL 43	CLODAN 46	CODEINE SULFATE TABS6
clindamycin phosphate (topical) LOTN43	CLODERM (Use clocortolone pivalate)47	colchicine TABS57
clindamycin phosphate (topical) SOLN44	clomipramine hcl 15	colchicine w/ probenecid57
clindamycin phosphate vaginal CREA95	clonazepam TABS12	colestipol hcl GRAN24
clindamycin phosphate-benzoyl peroxide (refrigerate)44	clonazepam TBDP12	colestipol hcl TABS 24
clindamycin phosphate-benzoyl peroxide GEL 44	clonidine hcl (adhd) TB121	COMBIGAN (Use brimonidine tartrate-timolol maleate)83
clindamycin phosphate-tretinoin ..44	clonidine hcl TABS26	COMBIPATCH PTTW54
CLINDESSE95	clopidogrel bisulfate 300 MG 58	COMBIVENT RESPIMAT AERS .. 11
CLINITEST RAPID COVID-19 TEST KIT50	clopidogrel bisulfate 75 MG58	COMBIVIR (Use lamivudine- zidovudine)34
clobazam SUSP12	clorazepate dipotassium TABS10	COMETRIQ (100 MG DAILY DOSE) KIT30
clobazam TABS12	clotrimazole (topical) CREA44	COMETRIQ (140 MG DAILY DOSE) KIT30
clobetasol propionate CREA 0.05 % . 46	clotrimazole (topical) SOLN44	COMETRIQ (60 MG DAILY DOSE) KIT30
clobetasol propionate emollient base 0.05 %46	clotrimazole vaginal CREA 1 % ...95	COMFORT ASSURED LANCETS 28G63
clobetasol propionate emulsion ...46	clotrimazole vaginal CREA 2 % ...95	COMFORT ASSURED LANCETS 33G63
clobetasol propionate FOAM 46	clotrimazole w/ betamethasone CREA44	COMFORT LANCETS 63
clobetasol propionate GEL 0.05 % 46	clotrimazole w/ betamethasone LOTN44	COMFORT TOUCH ALCOHOL PREP71
clobetasol propionate LIQD46	clozapine TABS33	COMFORT TOUCH LANCETS 31G . 63
	clozapine TBDP33	COMFORT TOUCH PLUS LANCETS
	CO MONITOR REPLACEMENT PIECES MISC73	
	COAGADEX57	
	COAGUCHEK LANCETS63	

28G	63	SOAJ	45	CULTURELLE HEALTH (INULIN) CAPS	22
COMFORT TOUCH PLUS LANCETS 30G	63	COSENTYX SOLN	45	CULTURELLE IMMUNE DEFENSE CAPS	19
COMFORT TOUCH TWIST LANCET 30G	63	COSENTYX SOSY	45	CULTURELLE KID PROBIOTIC+FIBER PACK	19
COMIRNATY SUSP	93	COSENTYX UNOREADY SOAJ ..	45	CULTURELLE KIDS CHEW	19
COMIRNATY SUSY	93	cosyntropin SOLR	50	CULTURELLE KIDS PACK	19
COMPACT SPACE CHAMBER DEVI	73	COTELLIC	30	CULTURELLE KIDS PURELY CHEW	19
COMPACT SPACE CHAMBER/LG MASK DEVI	73	COVID-19 AT HOME ANTIGEN TEST KIT	50	CULTURELLE KIDS PURELY PACK 19	
COMPACT SPACE CHAMBER/MED MASK DEVI	73	COVID-19 AT-HOME TEST KIT ..	50	CULTURELLE METABOLISM-WEIGHT CAPS	19
COMPACT SPACE CHAMBER/SM MASK DEVI	73	COVID-19 OTC ANTIGEN 1-PACK KIT	50	CULTURELLE PROBIOTICS KIDS PACK	19
COMPLERA	34	COVID-19 OTC ANTIGEN 2-PACK KIT	50	CULTURELLE PRO-WELL CAPS .19	
COMPLETE PROBIOTIC PEARLS CAPS	19	CREON CPEP	51	CULTURELLE ULTIMATE STRENGTH CAPS	22
CONCERTA TBCR (Use methylphenidate hcl)	2	CRINONE GEL	96	CURITY ALCOHOL PREPS	71
CONDOMS-MISC	61	cromolyn sodium (nasal) 5.2 MG/ACT	81	CUVITRU SOLN	86
CONJUPRI (Use levamlodipine maleate)	37	cromolyn sodium (ophth)	85	CVS ADULT 50+ PROBIOTIC CAPS 19	
CONZIP CP24 (Use tramadol hcl) ..	6	cromolyn sodium NEBU	10	CVS ADULT PROBIOTIC CAPS ..	19
COPAXONE SOSY (Use glatiramer acetate)	89	CRYSVITA	53	CVS ALCOHOL PREP PADS	71
CORIFACT	57	CTEXLI 250 MG	55	CVS COVID-19 AT HOME TEST KIT	50
CORTISONE ACETATE TABS	42	CULTURELLE ADULT ULT BALANCE CAPS	22	CVS DAILY PROBIOTIC CAPS ...	19
CORTROPHIN GEL	53	CULTURELLE BLOATING & GAS DEF CAPS	19	CVS DAILY PROBIOTIC CHILDRENS PACK	19
COSENTYX (300 MG DOSE) SOSY .	45	CULTURELLE DIGESTIVE DAILY CAPS	22	CVS DIGESTIVE PROBIOTIC CAPS	19
COSENTYX SENSOREADY (300 MG) SOAJ	45	CULTURELLE DIGESTIVE DAILY PRO CAPS	22	CVS DRY MOUTH SOLN	78
COSENTYX SENSOREADY PEN		CULTURELLE DIGESTIVE HEALTH CAPS	22	CVS EVERYDAY CARE PROBIOTIC	
		CULTURELLE DIGESTIVE HEALTH CHEW	22		

CAPS19	cyclophosphamide CAPS 50 MG ..28	dalfampridine89
CVS GLUCOSE CHEW16	CYCLOPHOSPHAMIDE TABS ...28	dantrolene sodium CAPS81
CVS LANCETS 21G 63	cyclosporine (ophth) EMUL 85	dapagliflozin propanediol18
CVS LANCETS MICRO THIN 33G 63	cyclosporine CAPS 77	dapsone 27
CVS LANCETS ORIGINAL 63	cyclosporine modified (for microemulsion) CAPS 77	DAPTACEL90
CVS LANCETS THIN 26G63	cyclosporine modified (for microemulsion) SOLN 77	DARAPRIM (Use pyrimethamine) 27
CVS LANCETS ULTRA THIN 30G 63	cyclosporine SOLN IV 50 MG/ML . 77	darifenacin hydrobromide91
CVS LANCETS ULTRA-THIN 30G 63	CYLTEZO (2 PEN) AJKT 3	darunavir TABS34
CVS LANOLIN CREA49	CYLTEZO (2 SYRINGE) PSKT4	DARZALEX29
CVS MOOD SUPPORT PROBIOTIC CAPS19	CYLTEZO-CD/UC/HS STARTER AJKT4	dasatinib30
CVS PREP 71	CYLTEZO-PSORIASIS/UV STARTER AJKT4	daunorubicin hcl SOLN 50 MG/10ML 30
CVS PROBIOTIC ADULT 50+ CAPS 19	CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)15	DAURISMO 29
CVS PROBIOTIC CAPS19	CYMBALTA CPEP 60 MG (Use duloxetine hcl)15	DAYHIST ALLERGY 12 HOUR RELIEF TABS24
CVS PROBIOTIC MAXIMUM STRENGTH CAPS19	cyproheptadine hcl SYRP 24	decitabine 28
CVS PROBIOTIC PEARLS EX ST CAPS19	cyproheptadine hcl TABS24	deferasirox PACK22
CVS SENIOR PROBIOTIC CAPS .19	CYRAMZA28	deferasirox TABS 22
CVS SOFT GLUCOSE CHEW 16	CYSTAGON CAPS 56	deferasirox TBSO22
CVS ULTRA THIN LANCETS63	CYSTARAN 85	deferiprone TABS22
cyanocobalamin SOLN IJ 1000 MCG/ML58	cytarabine SOLN28	deferoxamine mesylate 22
cyclobenzaprine hcl CP2480	CYTOGAM SOLN86	DEFITELIO58
cyclobenzaprine hcl TABS 5 MG, 10 MG 80	dabigatran etexilate mesylate CAPS . 12	deflazacort SUSP42
cyclobenzaprine hcl TABS 7.5 MG 80	DAILY DIGESTIVE PROBIOTIC CAPS19	deflazacort TABS 42
CYCLOGYL 0.5 %84	DAILY PROBIOTIC CAPS19	DEFLUX56
cyclopentolate hcl 1 %84	DAILY ULTIMATE PROBIOTIC-14 CAPS19	DELSTRIGO 34
		DENAVIR (Use penciclovir)46
		DENG VAXIA 93
		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) 14
		DEPO-SUBQ PROVERA 104 SUSY

SC	41	DEX4 QUICK DISSOLVE GLUCOSE CHEW	16	MG, 10 MG	1
DERMACINRX PROBISOL CAPS	19	dexamethasone ELIX	42	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	43
DERMACINRX PROBITRAN CAPS 19		DEXAMETHASONE INTENSOL CONC	42	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	43
DESCOVY 120 MG-15 MG	34	dexamethasone sodium phosphate (ophth)	85	DHIVY TABS	32
DESCOVY 200 MG-25 MG	34	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	42	DIATHRIVE LANCET ULTRA THIN 30	63
desipramine hcl TABS	15	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	42	DIATHRIVE LANCETS	63
desloratadine TBDP	24	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	42	DIATRUST COVID-19 HOME TEST KIT	50
desmopressin acetate SOLN IJ ...	54	dexamethasone SOLN	42	diazepam CONC	10
DESMOPRESSIN ACETATE SOLN NA	54	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42	DIAZEPAM SOAJ	10
desmopressin acetate spray	54	dexchlorpheniramine maleate SOLN . 24		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10
desmopressin acetate spray refrigerated 0.01 %	54	dexmedetomidine hcl in sodium chloride SOLN	60	DIAZEPAM SOLN IJ 5 MG/ML	10
desmopressin acetate TABS	54	dexmedetomidine hcl SOLN 200 MCG/2ML	60	diazepam SOLN PO 5 MG/5ML ...	10
desogestrel & ethinyl estradiol	39	dexmethylphenidate hcl CP24	2	diazepam TABS	10
desogestrel-ethinyl estradiol (biphasic)	39	dextrazoxane hcl	31	diazoxide	16
desogestrel-ethinyl estradiol (triphasic)	39	DEXTENZA INST	85	dibucaine	49
desonide CREA	47	dextroamphetamine sulfate CP24 10 MG, 15 MG	1	diclofenac potassium TABS 50 MG .	5
desonide LOTN	47	dextroamphetamine sulfate CP24 5 MG	1	diclofenac sodium (ophth)	85
desonide OINT	47	dextroamphetamine sulfate SOLN ..	1	diclofenac sodium (topical) GEL EX 45	
desoximetasone CREA 0.05 %	47	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	diclofenac sodium TB24	5
desoximetasone CREA 0.25 %	47	dextroamphetamine sulfate TABS 5		diclofenac sodium TBEC	5
desoximetasone GEL	47			dicloxacillin sodium	87
desoximetasone LIQD	47			dicyclomine hcl CAPS	91
desoximetasone OINT	47			dicyclomine hcl SOLN PO	91
DESVENLAFAXINE ER	15			dicyclomine hcl TABS	91
desvenlafaxine succinate 100 MG .	15				
desvenlafaxine succinate 25 MG, 50 MG	15				

DIFFERIN CREA (Use adapalene) 44	MG 37	dipyridamole 58
DIFFERIN GEL 0.3 % (Use adapalene) 44	diltiazem hcl CP12 37	disopyramide phosphate CAPS ... 10
DIFFERIN LOTN 44	diltiazem hcl CP24 120 MG, 240 MG 37	disulfiram 250 MG 88
diflorasone diacetate CREA 47	diltiazem hcl CP24 180 MG 37	divalproex sodium CSDR 14
diflorasone diacetate OINT 47	diltiazem hcl extended release beads 37	divalproex sodium TB24 14
diflunisal TABS 6	diltiazem hcl TABS 37	divalproex sodium TBEC 14
DIGESTIVE ADV	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 37	docetaxel CONC 160 MG/8ML 31
DIGESTIVE/IMMUNE CAPS 19	dimethyl fumarate CDPK 89	DOCETAXEL CONC 160 MG/8ML 31
DIGESTIVE ADV LACTOSE	dimethyl fumarate CPDR 89	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 31
SUPPORT CAPS 19	diphenhydramine hcl (sleep) CAPS 59	docetaxel SOLN 31
DIGESTIVE ADV MULTI-STRAIN CAPS 19	diphenhydramine hcl (sleep) LIQD 59	DOCIVYX SOLN 31
DIGESTIVE ADV+BOWEL	diphenhydramine hcl (sleep) TABS 25 MG 59	docusate sodium CAPS 100 MG, 250 MG 61
SUPPORT CAPS 19	diphenhydramine hcl (sleep) TABS 50 MG 59	docusate sodium CAPS 50 MG ... 61
DIGESTIVE ADV+GAS DEFENSE CAPS 19	diphenhydramine hcl (sleep) TBDP 60	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML 61
DIGESTIVE ADV+LACTOSE	diphenhydramine hcl CAPS 24	DOCUSATE SODIUM SYRP 61
SUPPORT CAPS 19	diphenhydramine hcl ELIX 12.5 MG/5ML 24	docusate sodium TABS 61
DIGESTIVE ADVANTAGE CAPS . 19	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 24	dofetilide 10
digoxin SOLN PO 0.05 MG/ML 38	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG 60	donepezil hydrochloride TABS 23 MG 88
digoxin TABS 125 MCG, 250 MCG 38	diphenoxylate w/ atropine LIQD ... 22	donepezil hydrochloride TABS 5 MG, 10 MG 88
dihydroergotamine mesylate SOLN NA 4 MG/ML 76	diphenoxylate w/ atropine TABS .. 22	donepezil hydrochloride TBDP 88
DILANTIN (Use phenytoin sodium extended) 14		DOPTELET 58
DILANTIN INFATABS CHEW (Use phenytoin) 14		dorzolamide hcl 85
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 37		DORZOLAMIDE HCL 85
diltiazem hcl coated beads CP24 240 MG 37		DORZOLAMIDE HCL-TIMOLOL MAL 83
diltiazem hcl coated beads CP24 360		dorzolamide hcl-timolol maleate .. 83

dorzolamide hcl-timolol maleate .. 84	DRUG MART UNILET LANCETS	EASY TOUCH LANCETS 21G ... 63
DOVATO 34	28G 63	EASY TOUCH LANCETS 23G ... 63
doxazosin mesylate 26	DRUG MART UNILET LANCETS	EASY TOUCH LANCETS 26G ... 63
doxepin hcl (sleep) 60	30G 63	EASY TOUCH LANCETS 28G ... 63
doxepin hcl CAPS 10 MG, 25 MG, 50	33G 63	EASY TOUCH LANCETS
MG, 75 MG, 100 MG 15	DULERA 100 MCG/ACT-5	28G/TWIST 63
doxepin hcl CAPS 150 MG 15	MCG/ACT, 200 MCG/ACT-5	EASY TOUCH LANCETS 30G ... 63
doxepin hcl CONC 15	MCG/ACT 11	EASY TOUCH LANCETS
doxycycline (monohydrate) CAPS 50	DULERA 50 MCG/ACT-5 MCG/ACT .	30G/TWIST 63
MG, 100 MG 90	11	EASY TOUCH LANCETS 32G ... 63
doxycycline (monohydrate) TABS 50	duloxetine hcl CPEP 20 MG, 30 MG,	EASY TOUCH LANCETS
MG, 100 MG 90	40 MG 15	32G/TWIST 63
doxycycline hyclate CAPS 90	duloxetine hcl CPEP 60 MG 15	EASY TOUCH LANCETS
doxycycline hyclate TABS 100 MG	DUPIXENT SOAJ 48	33G/TWIST 63
90	DUPIXENT SOSY 100 MG/0.67ML,	EASY TOUCH SAFETY LANCETS
doxylamine succinate (sleep) 60	300 MG/2ML 48	21G 63
doxylamine-pyridoxine TBEC 23	dutasteride 56	EASY TOUCH SAFETY LANCETS
droperidol SOLN 2.5 MG/ML 9	dutasteride-tamsulosin hcl 56	23G 63
DROPLET LANCETS ULTRA THIN	DYANA VEL XR TBCR 1	EASY TOUCH SAFETY LANCETS
30G 63	DYSPORT 82	26G 63
DROPLET PERSONAL LANCETS	E.E.S. GRANULES SUSR (Use	EASY TOUCH SAFETY LANCETS
30G 63	erythromycin ethylsuccinate) 61	28G 63
DROPSAFE ACTI-LANCE 23G ... 63	EASIVENT MASK LARGE MISC .. 73	EBASE CONTROLLER KIT MISC .73
DROPSAFE ALCOHOL PREP ... 71	EASIVENT MASK MEDIUM MISC 73	econazole nitrate CREA 44
drospirenone-ethinyl estradiol 39	EASIVENT MASK SMALL MISC .. 73	ECOTRIN ARTHRTIS PAIN TBEC
drospirenone-ethinyl estradiol-	EASIVENT MISC 73	(Use aspirin) 6
levomefolate calcium 39	EASY COMFORT ALCOHOL PADS	ECOTRIN TBEC (Use aspirin) 6
DROXIA CAPS 58	71	EDURANT 34
droxidopa 96	EASY COMFORT LANCETS 63	efavirenz CAPS 200 MG 34
DRUG MART LANCETS THIN 26G .	EASY COMFORT LANCETS TWIST	efavirenz CAPS 50 MG 34
63	TOP 63	efavirenz TABS 34
DRUG MART ON-THE-GO LANCET	EASY TOUCH ALCOHOL PREP	efavirenz-emtricitabine-tenofovir
30G 63	MEDIUM 71	disoproxil fumarate 34

efavirenz-lamivudine-tenofovir	ELEVIDYS 33.5-34.4 KG	82	ELEVIDYS 63.5-64.4 KG	82
disoproxil fumarate	ELEVIDYS 34.5-35.4 KG	82	ELEVIDYS 64.5-65.4 KG	82
ELAPRASE	ELEVIDYS 35.5-36.4 KG	82	ELEVIDYS 65.5-66.4 KG	82
ELELYSO	ELEVIDYS 36.5-37.4 KG	82	ELEVIDYS 66.5-67.4 KG	82
ELEPSIA XR TB24	ELEVIDYS 37.5-38.4 KG	82	ELEVIDYS 67.5-68.4 KG	82
eletriptan hydrobromide	ELEVIDYS 38.5-39.4 KG	82	ELEVIDYS 68.5-69.4 KG	82
ELEVIDYS 10.0-10.4 KG	ELEVIDYS 39.5-40.4 KG	82	ELEVIDYS 69.5 KG PLUS	82
ELEVIDYS 10.5-11.4 KG	ELEVIDYS 40.5-41.4 KG	82	ELIDEL (Use pimecrolimus)	48
ELEVIDYS 11.5-12.4 KG	ELEVIDYS 41.5-42.4 KG	82	ELIGARD KIT SC 7.5 MG	29
ELEVIDYS 12.5-13.4 KG	ELEVIDYS 42.5-43.4 KG	82	ELIGARD SC 22.5 MG, 30 MG, 45 MG	29
ELEVIDYS 13.5-14.4 KG	ELEVIDYS 43.5-44.4 KG	82	ELIQUIS DVT/PE STARTER PACK TBPK	12
ELEVIDYS 14.5-15.4 KG	ELEVIDYS 44.5-45.4 KG	82	ELIQUIS TABS	12
ELEVIDYS 15.5-16.4 KG	ELEVIDYS 45.5-46.4 KG	82	ELLA	41
ELEVIDYS 16.5-17.4 KG	ELEVIDYS 46.5-47.4 KG	82	ELLEENCE SOLN	30
ELEVIDYS 17.5-18.4 KG	ELEVIDYS 47.5-48.4 KG	82	ELLUME COVID-19 HOME TEST KIT	50
ELEVIDYS 18.5-19.4 KG	ELEVIDYS 48.5-49.4 KG	82	ELMIRON CAPS	56
ELEVIDYS 19.5-20.4 KG	ELEVIDYS 49.5-50.4 KG	82	ELOCTATE	57
ELEVIDYS 20.5-21.4 KG	ELEVIDYS 50.5-51.4 KG	82	EMBRACE LANCETS ULTRA THIN 30G	63
ELEVIDYS 21.5-22.4 KG	ELEVIDYS 51.5-52.4 KG	82	EMBRACE PRESSURE ACTIVATED 21G	64
ELEVIDYS 22.5-23.4 KG	ELEVIDYS 52.5-53.4 KG	82	EMBRACE PRESSURE ACTIVATED 28G	64
ELEVIDYS 23.5-24.4 KG	ELEVIDYS 53.5-54.4 KG	82	EMCYT	29
ELEVIDYS 24.5-25.4 KG	ELEVIDYS 54.5-55.4 KG	82	EMGALITY (300 MG DOSE) SOSY 76	
ELEVIDYS 25.5-26.4 KG	ELEVIDYS 55.5-56.4 KG	82	EMGALITY SOAJ	76
ELEVIDYS 26.5-27.4 KG	ELEVIDYS 56.5-57.4 KG	82	EMGALITY SOSY	76
ELEVIDYS 27.5-28.4 KG	ELEVIDYS 57.5-58.4 KG	82	EMPLICITI	29
ELEVIDYS 28.5-29.4 KG	ELEVIDYS 58.5-59.4 KG	82		
ELEVIDYS 29.5-30.4 KG	ELEVIDYS 59.5-60.4 KG	82		
ELEVIDYS 30.5-31.4 KG	ELEVIDYS 60.5-61.4 KG	82		
ELEVIDYS 31.5-32.4 KG	ELEVIDYS 61.5-62.4 KG	82		
ELEVIDYS 32.5-33.4 KG	ELEVIDYS 62.5-63.4 KG	82		

emtricitabine CAPS	34	ENVIVE CAPS	19	STATIC S DEVI	74
emtricitabine-tenofovir disoproxil fumarate	34	EPCLUSA PACK	36	EQL ALCOHOL SWABS	71
EMTRIVA CAPS (Use emtricitabine) .	34	EPCLUSA TABS	36	EQL COLOR LANCETS 21G	64
EMTRIVA SOLN	34	EPIFOAM FOAM	47	EQL COLOR LANCETS MICRO 33G	64
EMVERM CHEW	9	epinastine hcl (ophth)	85	EQL DAILY PROBIOTIC CAPS ...	20
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	EQL SUPER THIN LANCETS 30G 64	
ENBREL SOLN	5	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	96	EQL THIN LANCETS 26G	64
ENBREL SOSY	5	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	96	ERBITUX	29
ENBREL SURECLICK SOAJ	5	EPIVIR SOLN (Use lamivudine) ...	34	ergocalciferol CAPS	96
ENCARE SUPP 100 MG	95	EPIVIR TABS 150 MG (Use lamivudine)	34	ergoloid mesylates TABS	89
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	79	EPIVIR TABS 300 MG (Use lamivudine)	34	ergotamine w/ caffeine TABS	76
ENGERIX-B SUSP 20 MCG/ML ...	93	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	58	eribulin mesylate	31
ENGERIX-B SUSY	93	epoprostenol sodium	38	ERIVEDGE	29
enoxaparin sodium SOLN IJ 300 MG/3ML	12	EPRONTIA SOLN	13	ERLEADA 60 MG	29
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EPZICOM (Use abacavir sulfate-lamivudine)	34	erlotinib hcl	29
enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ PROBIOTIC CAPS	19	ertapenem sodium IJ	27
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ PROBIOTIC CPDR	20	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ SPACE CHAMBER ANTI-STATIC DEVI	74	erythromycin (acne aid) GEL	44
ENTADFI	56	EQ SPACE CHAMBER ANTI-STATIC L DEVI	73	erythromycin (acne aid) SOLN	44
ENTRESTO CPSP	38	EQ SPACE CHAMBER ANTI-STATIC M DEVI	74	erythromycin (ophth)	84
ENTRESTO TABS	38	EQ SPACE CHAMBER ANTI-STATIC M DEVI	74	ERYTHROMYCIN	84
ENTYVIO PEN SOAJ	55	EQ SPACE CHAMBER ANTI-		erythromycin base CPEP	61
				erythromycin base TABS	61
				erythromycin base TBEC	61
				erythromycin ethylsuccinate SUSR	

61	MG/5ML, 500 MG/25ML	31	ezetimibe-simvastatin	24	
erythromycin ethylsuccinate TABS	61	etravirine 100 MG	34	EZ-LETS LANCETS 21G	64
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	32	etravirine 200 MG	34	EZ-LETS LANCETS 26G	64
escitalopram oxalate SOLN	14	EUFLEXXA SOSY	81	EZ-LETS LANCETS 28G	64
escitalopram oxalate TABS	14	EULEXIN	29	EZ-LETS LANCETS 30G	64
esomeprazole magnesium CPDR	91	EVENITY	52	FABRAZYME	53
esomeprazole magnesium PACK	91	everolimus (immunosuppressant)	77	FALESSA	39
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	57	everolimus TABS	30	famciclovir	36
estazolam	60	everolimus TBSO	30	famotidine TABS 10 MG	91
estradiol & norethindrone acetate TABS	54	EVOMELA IV	28	famotidine TABS 20 MG, 40 MG	91
estradiol PTTW	54	EVOTAZ	34	FASENRA PEN SOAJ	10
estradiol PTWK	54	EVRYSDI	83	FASENRA SOSY 10 MG/0.5ML	10
estradiol TABS	54	EXELON 13.3 MG/24HR (Use rivastigmine)	88	FASTEP COVID-19 ANTIGEN TEST KIT	50
estradiol vaginal CREA	96	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	88	FEIBA	57
estradiol vaginal TABS	96	exemestane	29	felbamate SUSP	13
ESTROVEN SLIMBIOTICS CAPS	20	EXENATIDE SOPN 10 MCG/0.04ML	17	felbamate TABS	13
eszopiclone	60	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	26	felodipine	37
ethambutol hcl TABS	27	EXONDYS 51	82	FEM-DOPHILUS WOMENS CAPS	20
ethosuximide CAPS	14	EYLEA SOLN	84	fenofibrate CAPS	25
ethosuximide SOLN	14	EYSUVIS SUSP	85	fenofibrate micronized 134 MG, 200 MG	25
ethynodiol diacet & eth estrad	39	E-Z JECT LANCET MICRO-THIN	33G	fenofibrate micronized 43 MG, 90 MG, 130 MG	24
etodolac CAPS	5	E-Z JECT LANCET SUPER THIN	30G	fenofibrate micronized 67 MG	24
etodolac TABS	5	E-Z JECT LANCETS	64	fenofibrate TABS 40 MG, 120 MG	25
etodolac TB24	5	E-Z JECT LANCETS 21G	64	fenofibrate TABS 54 MG	25
etonogestrel-ethinyl estradiol	41	E-Z JECT LANCETS THIN 26G	64	fenofibric acid	25
etoposide CAPS	31	ezetimibe	25	FENSOLVI (6 MONTH) SC	53
etoposide SOLN 1 GM/50ML, 100				fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR,	

100 MCG/HR	6	finasteride	56	FLUAD QUADRIVALENT	93
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	FINE 30	64	FLUARIX QUADRIVALENT SUSY	93
FERRETT'S TABS	59	FINGERSTIX LANCETS	64	FLUARIX SUSY	93
FERRIPROX SOLN	22	fingolimod hcl	89	FLUBLOK QUADRIVALENT	93
ferrous fumarate TABS	59	FIRDAPSE	27	FLUBLOK SOSY	93
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	59	FIRMAGON (240 MG DOSE)	29	FLUCELVAX QUADRIVALENT SUSP	93
FERROUS GLUCONATE TABS 324 MG	59	FIRMAGON 80 MG	29	FLUCELVAX QUADRIVALENT SUSY	93
ferrous gluconate TABS	59	FIRST-PROGESTERONE VGS SUPP	96	FLUCELVAX SUSP	93
ferrous sulfate dried TBCR	59	flavoxate hcl	92	FLUCELVAX SUSY	93
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	59	FLEBOGAMMA DIF SOLN	86	fluconazole SUSR	23
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	59	flecainide acetate	10	fluconazole TABS 100 MG	23
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	59	FLEXICHAMBER DEVI	74	fluconazole TABS 150 MG	23
ferrous sulfate TBEC 325 MG	59	FLORA VANCE CAPS	20	fluconazole TABS 200 MG	23
ferrous sulfate TBEC	59	FLORAJEN DIGESTION CAPS ...	20	fluconazole TABS 50 MG	23
fesoterodine fumarate	91	FLORAJEN KIDS CAPS	20	fludarabine phosphate SOLN	28
FEVERALL JUNIOR STRENGTH SUPP	6	FLORASAVE CPDR	20	FLUDARABINE PHOSPHATE SOLN	28
fexofenadine hcl SUSP	24	FLORASTOR ADVANCED CAPS	20	fludarabine phosphate SOLR	28
fexofenadine hcl TABS 180 MG ...	24	FLORASTOR DIGEST DE-STRESS CAPS	20	fludrocortisone acetate TABS	42
fexofenadine hcl TABS 60 MG	24	FLORASTOR SELECT GUT BOOST CAPS	20	FLULAVAL QUADRIVALENT SUSY .	93
FIBRICOR (Use fenofibric acid) ..	25	FLORASTOR SELECT IMMUNITY BOOS CAPS	20	FLULAVAL SUSY	93
FIBRYGA	57	FLORRAXIS CAPS	20	FLUMIST	93
FIFTY50 ALCOHOL PREP	71	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11		FLUMIST QUADRIVALENT	93
FIFTY50 SAFETY SEAL LANCETS .	64	FLOVENT DISKUS AEPB	11	flunisolide (nasal)	81
FIFTY50 UNILET LANCETS 33G .	64	FLOWFLEX COVID-19 AG HOME TEST KIT	50	fluocinolone acetonide (otic)	86
FILTER AIR PP MISC	74	FLUAD	93	fluocinolone acetonide CREA	47
				fluocinolone acetonide OIL	47
				fluocinolone acetonide OINT	47

fluocinolone acetonide SOLN47	fluticasone propionate (inhalation) AEPB11	folic acid TABS 1 MG58
fluocinonide CREA 0.05 %47	fluticasone propionate (nasal) SUSP . 81	folic acid TABS 400 MCG, 800 MCG . 58
fluocinonide CREA 0.1 %47	fluticasone propionate CREA 0.05 % 47	FOLOTYN28
fluocinonide emulsified base47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT11	fondaparinux sodium12
fluocinonide GEL47	fluticasone propionate hfa 44 MCG/ACT11	FORA LANCETS64
fluocinonide OINT47	fluticasone propionate LOTN47	FORFIVO XL TB24 (Use bupropion hcl)14
fluocinonide SOLN47	fluticasone propionate OINT47	FORTIFY 30 BILLION PROBIOT 50+ CPDR20
fluorometholone (ophth) SUSP85	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT11	FORTIFY 50 BILLION PROBIOT 50+ CPDR20
fluorouracil (topical) CREA 0.5 % ..45	fluticasone-salmeterol AERO11	FORTIFY DAILY PROBIOTIC CAPS . 20
fluorouracil (topical) CREA 5 % ...45	fluvastatin sodium CAPS25	FORTIFY DAILY PROBIOTIC EX ST CPDR20
fluorouracil (topical) SOLN45	fluvastatin sodium TB2425	FORTIFY OPTIMA PROBIOTIC CPDR20
fluoxetine hcl (pmdd) TABS 10 MG 89	fluvoxamine maleate CP2415	FORTIFY OPTIMA WOMENS ADV CARE CPDR20
fluoxetine hcl (pmdd) TABS 20 MG 89	fluvoxamine maleate TABS15	FORTIFY PROBIOTIC WOMENS CPDR20
fluoxetine hcl CAPS15	FLUZONE HIGH-DOSE QUADRIVALENT94	FORTIFY PROBIOTIC WOMENS EX ST CPDR20
fluoxetine hcl CPDR15	FLUZONE HIGH-DOSE SUSY94	fosamprenavir calcium TABS34
fluoxetine hcl SOLN15	FLUZONE QUADRIVALENT SUSP 94	fosinopril sodium & hydrochlorothiazide26
FLUOXETINE HCL TABS (Use fluoxetine hcl)15	FLUZONE QUADRIVALENT SUSY 94	fosinopril sodium25
fluoxetine hcl TABS 10 MG15	FLUZONE SUSP94	FRAGMIN SOLN 10000 UNIT/4ML 12
fluoxetine hcl TABS 20 MG15	FLUZONE SUSY94	FREDS PHARMACY UNILET LANC 28G64
fluoxetine hcl TABS 60 MG15	FLYP HYPERSONIQ CARTRIDGE MISC74	FREDS PHARMACY UNILET LANC 30G64
fluphenazine decanoate33	FOCALIN XR CP24 (Use dexamethylphenidate hcl)2	FREESTYLE LANCETS64
fluphenazine hcl TABS33		
flurandrenolide CREA47		
flurandrenolide LOTN47		
flurandrenolide OINT47		
flurazepam hcl60		
flurbiprofen sodium85		
flurbiprofen TABS5		

FREESTYLE LIBRE 14 DAY READER	64	GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	13	GENORAVANCE CAPS	20
FREESTYLE LIBRE 14 DAY SENSOR	64	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	80	GENOTROPIN CART SC	53
FREESTYLE LIBRE 2 PLUS SENSOR	64	GALAFOLD	53	GENOTROPIN MINQUICK PRSY	53
FREESTYLE LIBRE 2 READER ..	64	galantamine hydrobromide CP24 ..	88	gentamicin sulfate (ophth) SOLN ..	84
FREESTYLE LIBRE 2 SENSOR ..	64	galantamine hydrobromide SOLN ..	88	gentamicin sulfate (topical) CREA ..	44
FREESTYLE LIBRE 3 PLUS SENSOR	64	galantamine hydrobromide TABS ..	88	gentamicin sulfate (topical) OINT ..	44
FREESTYLE LIBRE 3 READER ..	64	GAMASTAN	86	GENTEEL BUTTERFLY TOUCH LANCET	64
FREESTYLE LIBRE 3 SENSOR ..	64	GAMIFANT 10 MG/2ML, 50 MG/10ML	77	GENTLE-LET GP LANCETS	64
FREESTYLE LIBRE READER	64	GAMMAGARD	86	GENTLE-LET LANCETS	64
FREESTYLE UNISTICK II LANCETS	64	GAMMAGARD S/D LESS IGA SOLR	86	GENVISC 850 SOSY	81
frovatriptan succinate	76	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	86	GENVOYA	34
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	20	GAMMAPLEX SOLN	86	GILENYA (Use fingolimod hcl)	89
FT SALINE NASAL SPRAY SOLN	81	GAMUNEX-C	86	GILENYA	89
FULL KIT NEBULIZER SET MISC	74	GARDASIL 9 SUSP	94	GILOTRIF	29
FULPHILA	58	GARDASIL 9 SUSY	94	ginger (zingiber officinalis) CAPS 250 MG	2
furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	gatifloxacin (ophth)	84	GLASSIA SOLN	89
furosemide TABS	52	GATTEX	56	glatiramer acetate SOSY	89
FYLNETRA	58	GAUZE SPONGES	64	glimepiride 1 MG, 2 MG	18
gabapentin CAPS 100 MG	13	GAZYVA	29	glimepiride 3 MG	18
gabapentin CAPS 300 MG, 400 MG . 13		gefitinib	29	glimepiride 4 MG	18
gabapentin SOLN	13	GEL-ONE	81	glipizide TABS 2.5 MG	18
gabapentin TABS 600 MG, 800 MG 13		GELSYN-3 SOSY	81	glipizide TABS 5 MG, 10 MG	18
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	13	gemfibrozil TABS	25	glipizide TB24	18
		GEMTESA	92	glipizide-metformin hcl	16
		GENABIO COVID-19 RAPID TEST KIT	50	GLOBAL ALCOHOL PREP EASE	71
				GLOBAL INJECT EASE LANCETS 28G	64
				GLOBAL INJECT EASE LANCETS 30G	64

GLUCAGEN HYPOKIT	16	GNP STERILE LANCETS 30G ...	65	HAEMOLANCE LOW FLOW LANCETS	65
glucagon (rdna)	16	GNP STERILE LANCETS 33G ...	65	HAEMOLANCE PLUS	65
GLUCAGON EMERGENCY (Use glucagon (rdna))	16	GOJJI STERILE LANCETS	65	HAEMOLANCE PLUS HIGH FLOW .	65
GLUCO TO GO CHEW	16	GOODSENSE ALCOHOL SWABS 71		HAEMOLANCE PLUS LOW FLOW .	65
GLUCOCOM LANCETS 28G	64	GOODSENSE COLOR LANCETS 33G	65	HAEMOLANCE PLUS MAX FLOW	65
GLUCOCOM LANCETS 30G	65	GOODSENSE LANCETS 26G UNIV	65	HAEMOLANCE PLUS PEDIATRIC FLOW	65
GLUCOCOM LANCETS 33G	65	GOODSENSE LANCETS 30G ...	65	halcinonide CREA	47
GLUCOSE CHEW	16	GOODSENSE LANCETS 30G UNIV	65	halobetasol propionate CREA	47
glyburide micronized 1.5 MG, 3 MG, 6 MG	18	GOODSENSE LANCETS 33G ...	65	halobetasol propionate FOAM	47
glyburide TABS	18	GOODSENSE LANCETS 33G UNIV	65	halobetasol propionate OINT	47
glyburide-metformin	16	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	50	haloperidol decanoate	33
glycerin (laxative) SUPP 2 GM ...	60	granisetron hcl TABS	23	haloperidol lactate CONC	33
glycine diluent	87	GRANIX SOLN	58	haloperidol lactate SOLN	33
glycopyrrolate TABS 1 MG, 2 MG .	91	GRANIX SOSY	58	haloperidol TABS	33
GLYXAMBI	16	griseofulvin microsize SUSP	23	HARVONI PACK	36
GNP ACIDOPHILUS HIGH POTENCY CAPS	20	griseofulvin microsize TABS	23	HARVONI TABS	36
GNP ADVANCED PROBIOTIC CAPS	20	griseofulvin ultramicrosize	23	HAVRIX 1440 EL U/ML	94
GNP ALCOHOL SWABS	71	guaifenesin-codeine SOLN	43	HAVRIX IM 720 EL U/0.5ML	94
GNP GLUCOSE CHEW	16	guaifenesin-codeine SYRP	43	HEALTHY ACCENTS UNILET LANCETS	65
GNP LANCETS 21G	65	guanfacine hcl (adhd)	2	H-E-B INCONTROL ALCOHOL ...	71
GNP LANCETS THIN 26G	65	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
GNP QUICK DISSOLVE GLUCOSE CHEW	16	HADLIMA PUSHTOUCH SOAJ	4	HEMATINIC PLUS VIT/MINERALS	
GNP STERILE LANCETS 28G ...	65	HADLIMA SOSY	4		
		HAEMOLANCE	65		

TABS	59	HUMALOG SOLN IJ	17	hydrochlorothiazide TABS 25 MG, 50 MG	52
HEMGENIX	57	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone bitartrate CP12	6
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	57	HUMATE-P SOLR	57	hydrocodone bitartrate-homatropine methylbromide SOLN	43
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	57	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7
HEPAGAM B SOLN IJ	86	HUMIRA (2 PEN) AJKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG	7
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12	HUMIRA (2 SYRINGE) PSKT	4	hydrocodone-acetaminophen TABS 325 MG-5 MG	7
HEPLISAV-B SOSY	94	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7
HERCEPTIN HYLECTA	30	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocortisone (intrarectal)	8
HIBERIX SOLR IJ	92	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocortisone (rectal) EX 1 %	8
HIGH POTENCY PROBIOTIC CAPS 20		HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocortisone (rectal) EX 2.5 % ...	8
HIZENTRA SOLN	86	HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocortisone (topical) CREA 0.5 %	47
HIZENTRA SOSY 10 GM/50ML ...	86	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocortisone (topical) CREA 1 %	47
HM STERILE ALCOHOL PREP ..	71	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	hydrocortisone (topical) CREA 2.5 %	47
HUDSON RCI AEROSOL MASK ADULT MISC	74	HUMULIN 70/30 SUSP	17	hydrocortisone (topical) LOTN 1 %	47
HULIO (2 PEN) AJKT	4	HUMULIN N SUSP	17	hydrocortisone (topical) LOTN 2.5 % .	47
HULIO (2 SYRINGE) PSKT	4	HUMULIN R SOLN IJ	17	hydrocortisone (topical) OINT 0.5 % .	47
HUMALOG JUNIOR KWIKPEN SOPN	17	HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 1 %	47
HUMALOG KWIKPEN SOPN 100 UNIT/ML	17	HUMULIN R U-500 KWIKPEN SOPN SC	17	hydrocortisone (topical) OINT 2.5 % .	47
HUMALOG MIX 50/50 KWIKPEN SUPN	17	HYALGAN SOLN	81		
HUMALOG MIX 50/50 SUSP	17	HYALGAN SOSY	81		
HUMALOG MIX 75/25 KWIKPEN SUPN	17	HYCAMPIN CAPS	32		
HUMALOG MIX 75/25 SUSP	17	hydralazine hcl TABS	26		
		hydrochlorothiazide CAPS	52		

hydrocortisone acetate (topical) CREA 1 %47	HYMOVIS 81	ibandronate sodium TABS52
hydrocortisone acetate (topical) OINT47	hyoscyamine sulfate ELIX 91	IBRANCE CAPS30
HYDROCORTISONE ACETATE CREA47	hyoscyamine sulfate SOLN PO 0.125 MG/ML 91	IBSRELA 56
hydrocortisone butyrate CREA 47	hyoscyamine sulfate SUBL 0.125 MG91	ibuprofen CHEW 5
hydrocortisone butyrate hydrophilic lipo base47	hyoscyamine sulfate TABS 0.125 MG91	ibuprofen SUSP5
hydrocortisone butyrate LOTN 48	hyoscyamine sulfate TB12 0.375 MG 91	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG5
hydrocortisone butyrate OINT 48	hyoscyamine sulfate TBDP 0.125 MG91	ibuprofen-diphenhydramine citrate 60
hydrocortisone butyrate SOLN 48	HYPERHEP B SOLN IM86	ibuprofen-diphenhydramine hcl ...60
hydrocortisone TABS42	HYPERHEP B SOSY86	icatibant acetate SOSY57
hydrocortisone vaginal96	HYPERRHO S/D SOSY IM 1500 UNIT86	ICLUSIG 15 MG, 45 MG30
hydrocortisone valerate CREA 48	HYPERRHO S/D SOSY IM 250 UNIT86	ID NOW COVID-1950
hydrocortisone valerate OINT 48	HYQVIA 87	ID NOW COVID-19 2.0 CONTROL 50
hydrocortisone w/acetic acid86	HYRIMOZ SOAJ 4	ID NOW COVID-19 2.0 TEST50
HYDROMORPHONE HCL SUPP ...6	HYRIMOZ SOSY4	ID NOW COVID-19 CONTROL ...50
hydromorphone hcl TABS6	HYRIMOZ-CROHNS/UC STARTER SOAJ4	IDACIO (2 PEN) AJKT4
hydromorphone hcl TB24 6	HYRIMOZ-PED<40KG CROHN STARTER SOSY4	IDACIO (2 SYRINGE) PSKT4
HYDROXATE GEL48	HYRIMOZ-PED>=40KG CROHN START SOSY4	IDACIO-CROHNS/UC STARTER AJKT4
HYDROXYM GEL48	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ4	IDACIO-PSORIASIS STARTER AJKT4
hydroxyprogesterone caproate (antineoplastic)29	HY-VEE LANCETS65	IDELVION57
hydroxyurea31	HY-VEE THIN LANCETS65	IGALMI FILM60
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML9	ibandronate sodium SOLN52	IHEALTH COVID-19 RAPID TEST KIT50
hydroxyzine hcl SYRP9		ILEVRO85
hydroxyzine hcl TABS9		ILUVIEN85
hydroxyzine pamoate CAPS 25 MG, 100 MG9		imatinib mesylate TABS 30
hydroxyzine pamoate CAPS 50 MG 9		IMBRUVICA CAPS 140 MG30
		IMBRUVICA CAPS 70 MG 30

IMBRUVICA TABS	30	INSPIREASE MISC	74	81
IMCIVREE	1	INSPIREASE RESERVOIR BAGS		ipratropium bromide (nasal) 0.06 %
imipramine hcl TABS	15	74		81
imipramine pamoate	15	INSULIN ASP PROT & ASP		ipratropium bromide SOLN 0.02 % 10
imiquimod 5 %	48	FLEXPEN SUPN	17	ipratropium-albuterol SOLN
IMLYGIC	32	INSULIN ASPART PROT & ASPART		11
IMOVAX RABIES SUSR	94	SUSP	17	irbesartan
IMPEKLO LOTN	48	INSULIN GLARGINE SOLN	17	25
IN TOUCH STERILE LANCETS 30G		INSULIN GLARGINE SOLOSTAR		irbesartan-hydrochlorothiazide
.....	65	SOPN 100 UNIT/ML	17	26
INCRELEX	53	INSULIN GLARGINE-YFGN SOLN		irinotecan hcl
indapamide TABS 1.25 MG, 2.5 MG .		17		32
52		INSULIN GLARGINE-YFGN SOPN		IRON CHEWS PEDIATRIC CHEW
INDICAID COVID-19 RAPID TEST		17		59
KIT	50	INSULIN LISPRO (1 UNIT DIAL)		IRON TABS 28 MG
indomethacin CAPS 25 MG, 50 MG 5		SOPN	17	59
indomethacin CPR	5	INSULIN LISPRO JUNIOR		ISENTRESS CHEW 100 MG
INFANRIX	90	KWIKPEN SOPN	17	34
INFANTS ADVIL SUSP (Use		INSULIN LISPRO PROT & LISPRO		ISENTRESS CHEW 25 MG
ibuprofen)	5	SUPN	18	34
INGREZZA CAPS	88	INSULIN LISPRO SOLN IJ	18	ISENTRESS PACK
INGREZZA CPSP	88	INSULIN SYRINGES	72	34
INLYTA	28	INTELENCE (Use etravirine)	34	ISENTRESS TABS
INNOSPIRE REPLACEMENT		INTELENCE	34	34
FILTER MISC	74	INTELENCE 200 MG (Use etravirine)		isoniazid SYRP
INPEFA	38		34	28
INSPIRACHAMBER/LARGE DEVI 74		INTELISWAB COVID-19 RAPID		isoniazid TABS
INSPIRACHAMBER/MEDIUM DEVI .		TEST KIT	50	28
74		INVEGA HAFYERA	33	ISOPTO ATROPINE SOLN
INSPIRACHAMBER/MOUTHPIECE		INVEGA SUSTENNA	33	.84
DEVI	74	INVEGA TRINZA	33	isosorbide dinitrate TABS 5 MG, 10
INSPIRACHAMBER/SMALL DEVI 74		INVOKANA	18	MG, 20 MG, 30 MG
		IPOL	94	9
		ipratropium bromide (nasal) 0.03 %		isosorbide mononitrate TABS
				9
				isotretinoin 10 MG, 20 MG, 40 MG 44
				isradipine CAPS
				37
				ITCH RELIEF CREA
				45
				itraconazole CAPS
				23
				itraconazole SOLN
				23
				ivermectin (pediculicide)
				49
				ivermectin
				9

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)	35	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	86	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	KONVOMEF SUSR	91
JANUMET XR TB24	16	KEMOPLAT SOLN	28	KOVALTRY	57
JANUVIA	17	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 %	86	KROGER LANCETS THIN 26G ..	65
JEVTANA	31	ketorolac tromethamine (ophth) 0.5 %	86	KROGER LANCETS ULTRATHIN 30G	65
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	57	ketorolac tromethamine TABS	5	KRYSTEXXA	57
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	KETOSTIX STRP	50	KYLEENA	42
JYNARQUE TABS	54	ketotifen fumarate (ophth) 0.035 % 86		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	58	KINNEY LANCETS	65	labetalol hcl TABS 300 MG	37
KALETRA SOLN	34	KINNEY THIN LANCETS	65		

LACTEROL CAPS	20	LANOLOR CREA	49	leuprolide acetate KIT IJ 1 MG/0.2ML	30
lactic acid (ammonium lactate) CREA	48	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	38	LEUPROLIDE ACETATE-BUPIVACAINE	30
lactic acid (ammonium lactate) LOTN 12 %	48	lanreotide acetate	54	levabuterol hcl	11
LACTOVIVE CAPS	20	LANREOTIDE ACETATE	54	levabuterol tartrate	11
lactulose (encephalopathy)	56	lansoprazole CPDR	91	levamlodipine maleate	37
lactulose SOLN	60	lansoprazole TBDD	91	LEVEMIR FLEXPEN SOPN	18
LAGEVRIO	36	lanthanum carbonate CHEW	56	LEVEMIR SOLN	18
lamivudine SOLN	35	LANTUS SOLOSTAR SOPN	18	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13
lamivudine TABS 150 MG	35	lapatinib ditosylate	30	levetiracetam TABS	13
lamivudine TABS 300 MG	35	LEADER QUICK DISSOLVE GLUCOSE CHEW	16	levetiracetam TB24	13
lamivudine-zidovudine	35	LEDIPASVIR-SOFOSBUVIR TABS 36		levobunolol hcl 0.5 %	84
lamotrigine CHEW	13	leflunomide	5	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	53
lamotrigine KIT 25 MG	13	lenalidomide	77	levocarnitine (metabolic modifiers) TABS	53
lamotrigine TABS	13	LENVIMA (10 MG DAILY DOSE) ..	28	levocetirizine dihydrochloride SOLN 24	
lamotrigine TB24	13	LENVIMA (12 MG DAILY DOSE) ..	28	levofloxacin (ophth) 0.5 %	84
lamotrigine TBDP	13	LENVIMA (14 MG DAILY DOSE) ..	28	levofloxacin SOLN PO	55
LANCETS	65	LENVIMA (18 MG DAILY DOSE) ..	28	levofloxacin TABS	55
LANCETS 28G THIN	65	LENVIMA (20 MG DAILY DOSE) ..	28	levoleucovorin calcium SOLN	31
LANCETS 30G	65	LENVIMA (24 MG DAILY DOSE) ..	29	levoleucovorin calcium SOLR	31
LANCETS 33G	65	LENVIMA (4 MG DAILY DOSE) ..	29	levonorgestrel & eth estradiol TABS 39	
LANCETS MICRO THIN 33G	65	LENVIMA (8 MG DAILY DOSE) ..	29	levonorgestrel (emergency oc) 1.5 MG	41
LANCETS SUPER THIN	65	LETAIRIS (Use ambrisentan)	38	levonorgestrel-eth estradiol (triphasic)	40
LANCETS SUPER THIN 28G	66	letrozole	29	levonorgestrel-ethinyl estradiol (91-day)	40
LANCETS THIN	66	leucovorin calcium TABS 5 MG, 25 MG	31		
LANCETS ULTRA THIN	66	LEUKERAN	28		
LANCETS ULTRA THIN 30G	66	LEUKINE SOLR IJ	58		
lanolin (topical) CREA	49	LEUPROLIDE ACETATE (3 MONTH) INJ	30		
lanolin XX	87				
LANOLIN XX	87				

levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	40	liothyronine sodium TABS	90	LONGS LANCETS STANDARD ..	66
levonorgestrel-ethinyl estradiol (continuous)	40	LIPOFEN CAPS (Use fenofibrate) ..	25	LONGS LANCETS THIN	66
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	90	LIQREV SUSP	38	LONGS LANCETS ULTRA THIN ..	66
levothyroxine sodium TABS	90	liraglutide	17	LONSURF	30
LEVULAN KERASTICK SOLR	45	lisdexamfetamine dimesylate CAPS 1		loperamide hcl CAPS	22
LEXIVA SUSP	35	lisdexamfetamine dimesylate CHEW . 1		loperamide hcl TABS	22
LEXIVA TABS (Use fosamprenavir calcium)	35	lisinopril & hydrochlorothiazide ...	26	lopinavir-ritonavir SOLN	35
LIALDA TBEC (Use mesalamine) .	55	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	25	lopinavir-ritonavir TABS 25 MG-100 MG	35
LIBERTY MEDICAL LANCETS ...	66	LITE TOUCH LANCETS	66	lopinavir-ritonavir TABS 50 MG-200 MG	35
LIBERVANT FILM	13	LITETOUCH LANCETS	66	loratadine CAPS	24
LIBTAYO	29	LITETOUCH MASK LARGE MISC 74		loratadine CHEW	24
LICEMD GEL	49	LITETOUCH MASK MEDIUM MISC . 74		loratadine SOLN	24
lidocaine CREA 4 %	49	LITETOUCH MASK SMALL MISC 74		loratadine TABS	24
LIDOCAINE CREA	49	LITFULO	48	loratadine TBDP 10 MG	24
lidocaine hcl (mouth-throat) 2 % ...	78	lithium	32	lorazepam CONC	10
lidocaine hcl CREA 3 %	49	lithium carbonate CAPS	32	lorazepam TABS 0.5 MG, 2 MG ...	10
lidocaine hcl CREA 4 %	49	lithium carbonate TABS	32	lorazepam TABS 1 MG	10
lidocaine hcl GEL 2 %	49	lithium carbonate TBCR	32	LORBRENA	30
lidocaine hcl PRSY	49	LITHOBID TBCR (Use lithium carbonate)	32	LOREEV XR CS24	10
lidocaine-prilocaine CREA	49	LITTLE REMEDIES SALINE SOLN 81		losartan potassium & hydrochlorothiazide	26
LIFESCAN UNISTIK 2	66	LIVE BETTER LANCET SUPER THIN	66	losartan potassium	25
LIFESCAN UNISTIK II LANCETS ..	66	LIVE BETTER LANCET ULTRA THIN	66	lovastatin TABS 10 MG, 20 MG ...	25
LILETTA (52 MG)	42	LO LOESTRIN FE TABS	40	lovastatin TABS 40 MG	25
lindane SHAM	49	LOCOID LIPOCREAM	48	loxapine succinate	33
LINZESS	56	LOKELMA	78	LUCENTIS SOSY	84
LIORESAL SOLN IT	80			LUCIRA CHECK IT COVID-19 TEST KIT	50
				LUCIRA COVID-19 ALL-IN-ONE KIT	50

luliconazole	44	MG/30ML	61	MEDLANCE UNIVERSAL 21G ...	66
LUMIZYME	53	magnesium oxide (mg supplement) TABS	77	medroxyprogesterone acetate (contraceptive) SUSP IM	41
LUMOXITI	29	magnesium oxide TABS 400 MG ...	9	medroxyprogesterone acetate (contraceptive) SUSY IM	41
LUPRON DEPOT (1-MONTH) KIT IM	30	malathion	49	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	87
LUPRON DEPOT (3-MONTH) KIT IM	30	maraviroc TABS 150 MG	35	mefloquine hcl	27
LUPRON DEPOT (4-MONTH) IM .	30	maraviroc TABS 300 MG	35	MEGA PROBIOTIC CAPS	20
LUPRON DEPOT (6-MONTH) IM .	30	MATULANE	31	megestrol acetate SUSP	30
LUPRON DEPOT-PED (1-MONTH) . 53		MAVYRET PACK	36	megestrol acetate TABS	30
LUPRON DEPOT-PED (3-MONTH) . 53		MAVYRET TABS	36	MEIJER ALCOHOL SWABS	71
LUPRON DEPOT-PED (6-MONTH) IM	53	MAXI-TUSS PE LIQD	43	MEIJER LANCETS	66
		MAYZENT STARTER PACK TBPK 0.25 MG	89	MEIJER LANCETS THIN	66
		MAYZENT TABS	89	MEIJER LANCETS UNIVERSAL 21G	66
lurasidone hcl	32	meclizine hcl CHEW	23	MEIJER LANCETS UNIVERSAL 30G	66
LUTATHERA	31	meclizine hcl TABS 12.5 MG, 25 MG 23		MEIJER LANCETS UNIVERSAL 33G	66
LUTRATE DEPOT INJ 22.5 MG ...	30	MEDICHOICE SAFETY LANCET .	66	MEIJER SUPER THIN LANCETS	66
LUZU (Use luliconazole)	45	MEDICHOICE SAFETY LANCET EXTRA	66	MEKINIST TABS	30
LYBALVI	88	MEDICHOICE SAFETY LANCET NORM	66	MEKTOVI	30
LYFGENIA	58	MEDLANCE EXTRA 21G	66	melatonin TABS 3 MG, 5 MG	2
LYRA DIRECT SARS-COV-2 ASSAY	51	MEDLANCE LITE 25G	66	meloxicam TABS	5
LYRA SARS-COV-2 ASSAY	51	MEDLANCE PLUS EXTRA 21G ..	66	melphalan	28
LYSODREN	30	MEDLANCE PLUS LANCETS	66	melphalan hcl IV	28
LYUMJEV TEMPO PEN SOPN ...	18	MEDLANCE PLUS LITE 25G	66	memantine hcl CP24	88
LYVISPAH PACK	80	MEDLANCE PLUS SPECIAL 0.8MM	66	memantine hcl SOLN	88
MACI	80	MEDLANCE PLUS SUPERLITE 30G	66	memantine hcl TABS	88
MAGE CPDR	20	MEDLANCE PLUS UNIVERSAL 21G	66	MENACTRA	92
magnesium citrate 1.745 GM/30ML 60				MENQUADFI	92
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400					

MENVEO SOLN	92	methenamine mandelate	27	methylprednisolone TBPK	42
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 hcl)	2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	37
mesalamine TBEC 1.2 GM	55	methylphenidate hcl CHEW	2	metoprolol tartrate TABS 100 MG .	37
mesalamine TBEC 800 MG	55	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metoprolol tartrate TABS 25 MG, 50 MG	37
mesalamine w/ cleanser	55	methylphenidate hcl CP24 60 MG ..	2	metoprolol tartrate TABS 37.5 MG, 75 MG	37
mesna SOLN	31	methylphenidate hcl CP24	2	metronidazole (topical) CREA	49
mesna TABS	31	methylphenidate hcl CPCR	2	metronidazole (topical) GEL 0.75 % 49	
MESNEX TABS	31	methylphenidate hcl SOLN	2	metronidazole (topical) LOTN	49
META BIOTIC/BIO-ACTIVE 12 CAPS	20	methylphenidate hcl TABS	2	metronidazole TABS 250 MG, 500 MG	26
metaxalone	80	methylphenidate hcl TB24	2	metronidazole vaginal	95
metformin hcl SOLN	16	methylphenidate hcl TBCR 10 MG, 20 MG	2	metyrosine	25
metformin hcl TABS 500 MG, 850 MG, 1000 MG	16	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	miconazole nitrate (topical) CREA .	45
metformin hcl TABS 625 MG	16	methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal CREA 2 %	95
metformin hcl TB24 500 MG, 1000 MG	16	methylprednisolone TABS 4 MG, 8 MG	42	miconazole nitrate vaginal KIT	95
metformin hcl TB24 500 MG, 750 MG	16			miconazole nitrate vaginal SUPP 100 MG	95
methadone hcl TABS 10 MG	6			miconazole nitrate vaginal SUPP 200 MG	95
methadone hcl TABS 5 MG	6				
methamphetamine hcl	1				
methazolamide TABS	52				

MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	87	MODERNA COVID-19 BIVALENT 94	morphine sulfate SUPP	6
MICROCHAMBER DEVI	74	MODERNA COVID-19 VAC 6M-11Y SUSP	morphine sulfate TABS	6
MICROCHAMBER MISC	74	MODERNA COVID-19 VAC 6M-11Y SUSY	morphine sulfate TBCR	6
MICROFLOR 33 CAPS	20	MODERNA COVID-19 VACCINE SUSP	MOTPOLY XR CP24	13
MICROFLOR CAPS	20	moexipril hcl	MOTRIN CHILDRENS CHEW (Use ibuprofen)	5
MICROLET LANCETS	66	MOI-STIR SOLN	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5
MICROSPACER MISC	74	mometasone furoate (nasal) SUSP 81	MOUNJARO	17
midazolam hcl SOLN IJ	60	mometasone furoate CREA	MOUTH KOTE REMINT SOLN	78
midodrine hcl	96	mometasone furoate OINT	MOUTH KOTE SOLN	78
MIEBO	86	mometasone furoate SOLN	MOVANTIK	56
mifepristone (hyperglycemia)	16	MOMMY'S BLISS PROBIOTIC PACK	moxifloxacin hcl (ophth) SOLN OP 84	
miglitol	15	MONISTAT 3 CREA	moxifloxacin hcl TABS	55
miglustat	58	MONOLET LANCETS	MPD SAFETY LANCET 21G	66
MINIELITE FILTER REPLACEMENTS MISC	74	MONOLET OPD LANCETS	MPD SAFETY LANCET 23G	66
minocycline hcl CAPS	90	MONOLETTOR SAFETY LANCETS 66	MPD SAFETY LANCET 28G	66
minoxidil 2.5 MG, 10 MG	26	MONOVISC	MPD SAFETY LANCET 30G	66
mirabegron TB24	92	montelukast sodium CHEW	MULPLETA	58
MIRCERA	58	montelukast sodium PACK	MULTIPLE VITAMINS TABS-ASSORTED BRAND	79
MIRENA (52 MG)	42	montelukast sodium TABS	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	79
mirtazapine TABS	14	morphine sulfate beads	multiple vitamins w/ iron TABS	79
mirtazapine TBDP	14	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	79
misoprostol	91	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	79
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	30	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	MULTIVITAMIN DROPS/IRON SOLN	79
MM TWIST LANCETS	66		MULTIVITAMIN INFANT &	
M-M-R II SOLR	94			
MOBILE LANCETS 30G	66			
MODERNA COVID-19 BIVAL 6M-5Y	94			

TODDLER SOLN	80	naloxone hcl SOSY 0.4 MG/ML ...	23	neomycin-bacitracin-polymyxin OINT	44
mupirocin calcium (topical)	44	naloxone hcl SOSY 2 MG/2ML	23	neomycin-polymy-dexameth OINT	85
mupirocin OINT	44	naltrexone hcl	23	neomycin-polymy-dexameth SUSP	85
MVASI	29	NAMENDA TITRATION PAK TABS		neomycin-polymyxin w/ pramoxine	44
MVW COMPL FORM PROBIOTIC-		(Use memantine hcl)	88	neomycin-polymyxin-gramicidin ...	84
KIDS CPDR	20	naphazoline w/ pheniramine 0.3 %-		neomycin-polymyxin-hc (ophth) ...	85
MVW COMPLETE FORMULATION		0.025 %	85	neomycin-polymyxin-hc (otic) SOLN .	86
SOLN	79	naphazoline w/ pheniramine 0.315		neomycin-polymyxin-hc (otic) SUSP .	86
MVW COMPLETE PROBIOTIC		%-0.027 %	85	NESINA (Use alogliptin benzoate)	17
CPDR	20	naproxen sodium TABS 220 MG ...	5	NEULASTA ONPRO PSKT	58
MYALEPT	53	naproxen sodium TABS 275 MG, 550		NEULASTA SOSY	58
mycophenolate mofetil CAPS	78	MG	5	NEUPOGEN SOLN	58
mycophenolate mofetil hcl	77	naproxen sodium-diphenhydramine		NEUPOGEN SOSY	58
mycophenolate mofetil SUSR	78	hcl	60	nevirapine SUSP	35
mycophenolate mofetil TABS	78	naproxen SUSP	5	nevirapine TABS	35
mycophenolate sodium	78	naproxen TABS	5	nevirapine TB24 100 MG	35
MYFEMBREE	54	naproxen TBEC	5	nevirapine TB24 400 MG	35
MYGLUCOHEALTH LANCETS 30G		naproxen-esomeprazole magnesium		NEXABIOTIC CPDR	20
66			5	NEXIUM 24HR CLEAR MINIS CPDR	
MYLERAN TABS	28	naratriptan hcl	76	(Use esomeprazole magnesium) ..	91
MYOBLOC	82	NARCAN LIQD (Use naloxone hcl)		NEXIUM 24HR CPDR (Use	
MYRBETRIQ TB24 (Use mirabegron)		23		esomeprazole magnesium)	91
.....	92	NATAZIA	40	NEXIUM CPDR 20 MG (Use	
NABI-HB SOLN IM	87	nateglinide	18	esomeprazole magnesium)	91
nabumetone	5	NATROBA (Use spinosad)	49	NEXIUM PACK 10 MG, 20 MG, 40	
nadolol TABS 20 MG, 40 MG, 80 MG		NATRUL PROBIOTIC CAPS	20	MG (Use esomeprazole magnesium)	91
.....	37	NATURAL FIBER LAXATIVE POWD			
NAGLAZYME	53	60			
naloxone hcl LIQD	23	NEBULIZER AIR TUBE/PLUGS			
naloxone hcl SOCT	23	MISC	74		
naloxone hcl SOLN 0.4 MG/ML ...	23	nefazodone hcl	15		
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin sulfate TABS	2		
		neomycin-bacitracin zn-polymyxin	84		
				NEXPLANON	41

NGENLA	53	NIVESTYM SOLN	59	MCG-0.3 MG	41
niacin (antihyperlipidemic) TBCR ..	25	NIVESTYM SOSY	59	NORLIQVA SOLN	37
niacin CPCR 250 MG, 500 MG	97	NIX LICE KILLING SPRAY LIQD XX .		NORPACE CAPS (Use disopyramide	
NIACIN ER CPCR	96	49		phosphate)	10
NIACIN ER TBCR	96	NIZORAL SHAM	45	nortriptyline hcl CAPS	15
niacin TABS 500 MG	97	NORDITROPIN FLEXPON SOPN .	53	nortriptyline hcl SOLN	15
niacin TBCR	97	norelgestromin-ethinyl estradiol ..	41	NORVIR CAPS	35
nicardipine hcl CAPS	37	norethin acet & estrad-fe CAPS ...	40	NORVIR PACK	35
NICOTINE KIT	89	norethin acet & estrad-fe CHEW ..	40	NORVIR TABS (Use ritonavir)	35
nicotine polacrilex GUM	89	norethin acet & estrad-fe TABS 1		NOSE CLIP MISC	74
nicotine polacrilex LOZG	89	MG-20 MCG-75 MG, 1.5 MG-30		NOVA SAFETY LANCETS 23G ..	66
nicotine PT24 TD 7 MG/24HR, 14		MCG-75 MG	40	NOVA SAFETY LANCETS 28G ..	67
MG/24HR, 21 MG/24HR	89	norethin acet & estrad-fe TABS 1		NOVA SUREFLEX LANCETS	67
NICOTROL INHA	89	MG-20 MCG-75 MG	40	NOVAREL IM	53
NICOTROL NS SOLN	89	norethindrone & eth estradiol 35		NOVAVAX COVID-19 VACCINE	
nifedipine CAPS	37	MCG-0.4 MG, 35 MCG-0.5 MG ...	40	SUSP	94
nifedipine TB24 30 MG, 90 MG	37	norethindrone & eth estradiol 35		NOVAVAX COVID-19 VACCINE	
nifedipine TB24 60 MG	37	MCG-1 MG	40	SUSY	94
nimodipine CAPS	37	norethindrone & ethinyl estradiol-fe		NOVOEIGHT	57
NINLARO	30	40		NOVOLOG 70/30 FLEXPEN RELION	
nisoldipine	37	norethindrone (contraceptive)	42	SUPN	18
nitisinone CAPS	53	norethindrone acet & eth estra TABS		NOVOLOG MIX 70/30 FLEXPEN	
NITRO-BID OINT	9	40		SUPN	18
nitrofurantoin	27	norethindrone acetate TABS	87	NOVOLOG MIX 70/30 RELION	
nitrofurantoin macrocrystal 50 MG,		norethindrone acetate-ethinyl		SUSP	18
100 MG	27	estradiol	54	NOVOLOG MIX 70/30 SUSP	18
nitrofurantoin monohyd macro	27	norethindrone acetate-ethinyl		NOVOSEVEN RT	57
nitroglycerin CPCR	9	estradiol-fe	40	NP THYROID TABS	90
nitroglycerin PT24	9	norethindrone-eth estradiol (triphasic)		NPLATE 250 MCG, 500 MCG	59
nitroglycerin SUBL	9		40	NUCALA SOAJ	10
NIVA THYROID TABS	90	norgestimate-ethinyl estradiol		NUCALA SOLR	10
		(triphasic)	41	NUCALA SOSY	10
		norgestimate-ethinyl estradiol	41		
		norgestrel & ethinyl estradiol 30			

NULOJIX	78	olanzapine SOLR	33	TEST KIT	51
NUMOISYN LIQD	79	olanzapine TABS	33	ONCASPAR	31
NUPLAZID CAPS	32	olanzapine TBDP	33	ondansetron hcl SOLN PO 4 MG/5ML	23
NUPLAZID TABS 10 MG	32	olmesartan medoxomil	25	ondansetron hcl TABS 4 MG, 8 MG 23	
NURTEC	76	olmesartan medoxomil-amlodipine- hydrochlorothiazide	26	ondansetron TBDP 16 MG	23
NUVESSA	95	olmesartan medoxomil- hydrochlorothiazide	26	ondansetron TBDP 4 MG, 8 MG ..	23
NUWIQ KIT	57	olopatadine hcl (nasal)	81	ONETOUCH CLUB LANCETS FINE PT	67
NUWIQ SOLR	57	olopatadine hcl	86	ONETOUCH DELICA LANCETS 33G	67
nystatin (mouth-throat)	78	OLPRUVA (2 GM DOSE) THPK ..	54	ONETOUCH DELICA PLUS LANCET30G	67
nystatin (topical) CREA	45	OLPRUVA (3 GM DOSE) THPK ..	54	ONETOUCH DELICA PLUS LANCET33G	67
nystatin (topical) OINT	45	OLPRUVA (4 GM DOSE) THPK ..	54	ONETOUCH DELICA SAFETY LANCING	67
nystatin (topical) POWD EX	45	OLPRUVA (5 GM DOSE) THPK ..	54	ONETOUCH FINEPOINT LANCETS	67
nystatin TABS	23	OLPRUVA (6 GM DOSE) THPK ..	54	ONETOUCH ULTRA 2 KIT	67
nystatin-triamcinolone CREA	45	OLPRUVA (6.67 GM DOSE) THPK 54		ONETOUCH ULTRA BLUE TEST STRP	51
NYVEPRIA	59	OLUMIANT	3	ONETOUCH ULTRA STRP	51
OBIZUR	57	omega-3-acid ethyl esters	24	ONETOUCH ULTRA TEST STRP ..	51
OALIVA	55	omeprazole CPDR	91	ONETOUCH ULTRASOFT 2 LANCETS	67
OCTAGAM SOLN	87	omeprazole TBEC	91	ONETOUCH ULTRASOFT LANCETS	67
octreotide acetate KIT	54	omeprazole-sodium bicarbonate CAPS	91	ONETOUCH VERIO FLEX SYSTEM KIT	67
octreotide acetate SOLN	54	omeprazole-sodium bicarbonate PACK	91	ONETOUCH VERIO LIQD	67
octreotide acetate SOSY	54	OMNITROPE SOCT	53	ONETOUCH VERIO REFLECT KIT 67	
ODEFSEY	35	OMVOH SOAJ	55		
ODOMZO	29	OMVOH SOLN	55		
OFEV	90	OMVOH SOSY	55		
ofloxacin (ophth)	84	ON/GO COVID-19 ANTIGEN TEST KIT	51		
ofloxacin (otic)	86	ON/GO ONE COVID-19 HOME			
ofloxacin 300 MG, 400 MG	55				
OHC COVID-19 ANTIGEN SELF TEST KIT	51				

ONETOUCH VERIO STRP51	ORTHOVISC81	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7
ONGLYZA (Use saxagliptin hcl) .. 17	oseltamivir phosphate CAPS 30 MG . 36	oxymorphone hcl TB12 15 MG7
ONPATTRO89	oseltamivir phosphate CAPS 45 MG, 75 MG36	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML29	oseltamivir phosphate SUSR36	oyster shell77
OPSYNVI38	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) 16	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 17
OPTICHAMBER DIAMOND DEVI .74	OTEZLA TABS5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML17
OPTICHAMBER DIAMOND MISC .74	OTEZLA TBPk5	OZEMPIC (2 MG/DOSE) SOPN ...17
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	OZOBAX DS SOLN PO (Use baclofen) 80
OPTICHAMBER DIAMOND-MD MASK MISC74	oxaprozin TABS5	OZOBAX SOLN PO (Use baclofen) 80
OPTICHAMBER DIAMOND-SM MASK MISC74	OXAYDO TABS 5 MG6	OZURDEX IMPL85
OPTIONS GYNOL II CONTRACEPTIVE GEL95	oxazepam CAPS10	PACLITAXEL PROTEIN-BOUND PART31
OPVEE NA23	oxcarbazepine SUSP13	paclitaxel protein-bound particles .32
OPZELURA48	oxcarbazepine TABS13	paliperidone33
ORAL RELIEF SPRAY SOLN79	OXERVATE85	PALYNZIQ54
ORALAIR SUBL2	oxiconazole nitrate CREA45	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML52
ORENITRAM MONTH 1 TEpk38	oxybutynin chloride SOLN92	PAMIDRONATE DISODIUM SOLN 52
ORENITRAM MONTH 2 TEpk38	oxybutynin chloride TABS 2.5 MG .92	pantoprazole sodium PACK 91
ORENITRAM MONTH 3 TEpk38	oxybutynin chloride TABS 5 MG ...92	pantoprazole sodium TBEC 20 MG 91
ORFADIN SUSP54	oxybutynin chloride TB2492	pantoprazole sodium TBEC 40 MG 91
ORIAHNN54	oxycodone hcl CAPS6	PANZYGA87
ORILISSA53	oxycodone hcl CONC 100 MG/5ML 7	PARAGARD INTRAUTERINE COPPER41
ORKAMBI PACK89	oxycodone hcl SOLN7	
ORKAMBI TABS89	oxycodone hcl T12A 10 MG, 20 MG, 40 MG7	
orphenadrine citrate TB1280	oxycodone hcl T12A 80 MG7	
orphenadrine w/ aspirin & caff 81	oxycodone hcl TABS7	
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG81		

PARI ALTERA NEBULIZER HANDSET MISC	74	CHEW-ASSORTED BRAND	79	permethrin LIQD EX	49
PARI BABY CONVERSION KIT MISC	74	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	79	perphenazine TABS	33
PARI ERAPID NEBULIZER HANDSET MISC	74	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	79	perphenazine-amitriptyline	88
PARI EXPIRATORY FILTER SET DEVI	75	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC ...	79	PFIZER COVID-19 BIVAL 6MO-4YR	94
PARI MASK SET MISC	75	pediatric vitamins acd w/ fluoride SOLN	79	PFIZER COVID-19 VAC BIVAL 5-11	94
PARI SOFT PLASTIC ADULT MASK MISC	75	PEDVAX HIB SUSP	92	PFIZER COVID-19 VAC BIVALENT . 94	
PARI SOFT PLASTIC PED MASK MISC	75	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	60	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	94
PARI VORTEX ADULT MASK	75	peg 3350-potassium chloride-sod bicarbonate-sod chloride	60	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	94
paricalcitol SOLN	54	PEGASYS SOLN	36	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	94
paroxetine hcl TABS	15	PEGASYS SOSY	36	PFIZER-BIONTECH COVID-19 VACC SUSP	95
paroxetine hcl TB24	15	pemetrexed disodium SOLR 100 MG, 500 MG	28	PFLEX MISC	75
paroxetine mesylate (vasomotor) .	89	PENBRAYA	92	PHARMACIST CHOICE ALCOHOL . 71	
PARSABIV	54	penciclovir	46	PHARMACIST CHOICE LANCETS . 67	
PAXLOVID (150/100)	36	penicillamine TABS	77	PHARMACIST CHOICE MASK WIPES MISC	75
PAXLOVID (300/100)	36	penicillin v potassium SOLR	87	PHARMACY COUNTER LANCETS . 67	
pazopanib hcl	31	penicillin v potassium TABS	87	PHEBURANE PLLT	54
PC LANCETS SUPER THIN 30G .67		PENTACEL	90	phenazopyridine hcl TABS 100 MG, 200 MG	56
PC PEDIATRIC POLY-VITA/FE DROP SOLN	80	pentoxifylline	58	phenelzine sulfate	14
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	80	PERFECT LANCETS 28G	67	phenobarbital ELIX	60
PEARLS IC CAPS	21	PERFECT LANCETS 30G	67	phenobarbital TABS	60
ped multivitamins w/fl & iron SOLN 79		PERFECT POINT SAFETY LANCETS	67	phenylephrine hcl (mydriatic) SOLN 2.5 %	84
PEDIARIX SUSY	90	perindopril erbumine	25		
PEDIATRIC MOUTHPIECE MISC .75		PERJETA	29		
PEDIATRIC MULTIVITAMINS W/FL		permethrin AERO	49		
		permethrin CREA	49		

phenylephrine hcl (oral) TABS81	16	pot phosphate monobasic w/ sod
phenylephrine-dm LIQD 2.5	PIP LANCETS 28G67	phosphate dibasic & monobasic .. 77
MG/5ML-5 MG/5ML43	PIP LANCETS 30G67	potassium bicarbonate TBEF77
phenylephrine-dm SOLN 43	pirfenidone CAPS90	potassium chloride CPCR 10 MEQ
phenylephrine-shark liver oil-cocoa	pirfenidone TABS 534 MG90	77
butter8	piroxicam CAPS5	potassium chloride CPCR 8 MEQ .77
phenylephrine-shark liver oil-mineral	PLEGRIDY SOSY IM89	potassium chloride
oil-petrolatum8	plerixafor59	microencapsulated crystals er 77
phenytoin CHEW14	PNEUMOVAX 23 SOLN92	potassium chloride PACK PO 20
phenytoin sodium extended 100 MG,	PNEUMOVAX 23 SOSY92	MEQ77
200 MG, 300 MG14	POCKET CHAMBER DEVI75	potassium chloride SOLN PO 10 %,
phenytoin sodium extended 200 MG,	POCKET SPACER DEVI75	20 %, 10 %77
300 MG14	podofilox SOLN49	potassium chloride TBCR 8 MEQ, 10
phenytoin SUSP 14	POLIVY 140 MG29	MEQ77
PHILLIPS COLON HEALTH CAPS	polyethylene glycol 3350 PACK ... 60	potassium citrate (alkalinizer) TBCR .
21	polyethylene glycol 3350 POWD .. 60	56
PHOTOFRIN31	polymyxin b-trimethoprim 84	potassium citrate-citric acid PACK .56
phytonadione TABS 5 MG96	polysaccharide iron complex CAPS	potassium iodide (expectorant) SOLN
PIFELTRO35	59	43
PILLOW MASK/ADULT MISC75	polyvinyl alcohol 1.4 %83	POTELIGEO 29
PILLOW MASK/CHILD MISC75	POLY-VI-SOL SOLN PO80	PRADAXA CAPS (Use dabigatran
PILLOW MASK/PEDIATRIC MISC 75	POLY-VITA SOLN PO80	etexilate mesylate)12
pilocarpine hcl (oral) 5 MG79	POLY-VITA/IRON SOLN80	PRADAXA PACK 12
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	POLY-VITE PEDIATRIC SOLN PO	pralatrexate28
84	80	PRALUENT SOAJ25
PILOT COVID-19 AT-HOME TEST	POMALYST30	pramipexole dihydrochloride TABS
KIT51	PONVORY STARTER PACK TBPk	32
pimecrolimus48	89	pramipexole dihydrochloride TB24 32
PIN RID CHEW9	PONVORY TABS89	pramoxine hcl (rectal) FOAM EX ... 8
pindolol TABS37	PORTRAZZA29	pramoxine-hc-chloroxylenol86
pioglitazone hcl18		prasugrel hcl58
pioglitazone hcl-glimepiride 16		pravastatin sodium25
pioglitazone hcl-metformin hcl TABS .		prazosin hcl CAPS26

PRECISION THINS GP LANCETS 67	GENERIC80	PRO COMFORT SPACER INFANT DEVI75
PRED MILD85	PREORBOTIC CAPS21	PROAIR DIGIHALER11
prednisolone acetate (ophth)85	PREPARATION H EX 1 %8	probenecid57
PREDNISOLONE ACETATE P-F .85	PREPARATION H SOOTHING RELIEF EX 1 %8	PROBINATE CAPS21
PREDNISOLONE SODIUM PHOSPHATE85	PREVNAR 1392	PROBIO DEFENSE CAPS21
prednisolone sodium phosphate SOLN 15 MG/5ML42	PREVNAR 2092	PROBIOFLEXX CAPS21
prednisolone sodium phosphate SOLN 20 MG/5ML42	PREVYMIS SOLN36	PROBIOMAX COMPLETE DF CAPS21
prednisolone sodium phosphate SOLN 5 MG/5ML42	PREVYMIS TABS36	PROBIOMAX DAILY DF CAPS ...21
prednisolone SOLN42	PREZCOBIX35	PROBIOMAX IG 26 DF CAPS21
PREDNISONE INTENSOL CONC 42	PREZISTA SUSP35	PROBIOMAX LEAN DF CAPS21
prednisone SOLN42	PREZISTA TABS (Use darunavir) .35	PROBIOMAX SB DF CAPS21
prednisone TABS42	PREZISTA TABS 150 MG35	PROBIONEXX CAPS21
prednisone TBPK42	PREZISTA TABS 75 MG, 600 MG, 800 MG35	PROBIOTIC & ACIDOPHILUS EX ST CAPS21
PREFERRED PLUS LANCETS COLORED67	PRIALT6	PROBIOTIC + OMEGA-3 CAPS ..21
PREFERRED PLUS LANCETS THIN67	PRIMADOPHILUS BIFIDUS CPDR 21	PROBIOTIC + TURMERIC EXTRACT CAPS21
pregabalin CAPS13	PRIMIDAR CAPS21	PROBIOTIC 10 ULTRA STRENGTH CAPS21
pregabalin SOLN13	primidone 125 MG13	PROBIOTIC BLEND CAPS21
PREGNYL IM53	primidone 50 MG, 250 MG13	PROBIOTIC COLON SUPPORT CAPS21
PREHEVBRIO95	PRIORIX SUSR95	PROBIOTIC DAILY CAPS21
PREMARIN96	PRIVIGEN SOLN87	PROBIOTIC DIGESTIVE SUP- INULIN CAPS21
PREMARIN TABS54	PRO COMFORT ALCOHOL71	PROBIOTIC DIGESTIVE SUPP CAPS21
PREMPHASE54	PRO COMFORT LANCETS 30G .67	PROBIOTIC DIGESTIVE SUPPORT CAPS22
PREMPRO54	PRO COMFORT LANCETS 31G .67	PROBIOTIC MATURE ADULT CAPS21
PRENATAL VITAMINS-ASSORTED BRAND80	PRO COMFORT SAFETY LANCETS 30G67	
PRENATAL VITAMINS-ASSORTED	PRO COMFORT SPACER ADULT MISC75	
	PRO COMFORT SPACER CHILD MISC75	

PROBIOTIC PEARLS ADVANTAGE CAPS	21	PROGLYCEM (Use diazoxide) ...	16	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	49
PROBIOTIC PEARLS CAPS	21	PROGRAF PACK	78	protriptyline hcl	15
PROBIOTIC PEARLS MAX POTENCY CAPS	21	PROGRAF SOLN	78	PROVENGE	29
PROBIOTIC PEARLS WOMENS CAPS	21	PROLASTIN-C SOLR	89	PROVENTIL HFA AERS (Use albuterol sulfate)	12
PROBIOTIC PRODUCT CAPS	21	PROLEUKIN	31	pseudoephedrine hcl TABS	81
PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	21	PROLIA SOSY	52	pseudoephedrine hcl TB12	81
PROBITROL CAPS	21	PROMACTA PACK 12.5 MG	59	pseudoephedrine-ibuprofen TABS	43
PROBIZEN CAPS	21	PROMACTA TABS	59	PSS SELECT GP LANCETS	67
PROCARE SPACER/ADULT MASK DEVI	75	PROMELLA IN PREBIOTIC CAPS	21	PSS SELECT SAFETY LANCETS	67
PROCARE SPACER/CHILD MASK DEVI	75	PROMEROL CAPS	21	psyllium CAPS 0.52 GM	60
PROCHAMBER VHC DEVI	75	promethazine & phenylephrine SYRP	43	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	60
prochlorperazine	33	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	24	PULMICORT FLEXHALER AEPB	11
prochlorperazine edisylate 10 MG/2ML	33	promethazine hcl SUPP	24	PULMOZYME	89
prochlorperazine maleate TABS ...	33	promethazine hcl TABS	24	PURE COMFORT ALCOHOL PREP	71
PROCURIT	59	promethazine w/codeine SOLN ...	43	PURE COMFORT LANCETS 30G	67
PROCYSBI CPDR	56	promethazine w/codeine SYRP ...	43	PURE COMFORT SPACER CHAMBER DEVI	75
PROCYSBI PACK	56	PRONEB ULTRA FILTER SET MISC	75	PX LANCETS MICROTHIN 33G	67
PRODIGY LANCETS 28G	67	propafenone hcl TABS	10	PX LANCETS ULTRA THIN	67
PRODIGY SAFETY LANCETS 26G	67	propranolol hcl CP24	37	PX LANCETS ULTRA THIN 28G	67
PRODIGY TWIST TOP LANCETS 28G	67	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	37	pyrantel pamoate SUSP	9
PROFILNINE	57	propranolol hcl TABS	37	pyrazinamide	28
PRO-FLORA IMMUNE CAPS	21	propylthiouracil	90	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	49
progesterone CAPS 100 MG	88	PROQUAD SUSR	95	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	49
progesterone CAPS 200 MG	88	PROTONIX PACK (Use pantoprazole sodium)	91	pyrethrins-piperonyl butoxide-	
		PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	48		

permethrin-nit remover 4 %-0.33 %-0.5 %	49	QULIPTA	76	68	
pyridostigmine bromide TABS 60 MG	27	QUVIVIQ	60	REALITY LANCETS	68
pyridostigmine bromide TBCR	27	RA ALCOHOL SWABS	71	REALITY SWABS	71
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	97	RA DRY MOUTH SOLN	79	REALITY TRIGGER LANCETS	68
pyrimethamine	27	RA E-ZJECT LANCETS 28G	68	REBINYN	57
QC ALCOHOL SWABS	71	RA E-ZJECT LANCETS THIN 26G	68	RECOMBINATE SOLR	57
QC LANCETS SUPER THIN 30G	67	RA E-ZJECT LANCETS THIN 28G	68	RECOMBIVAX HB SUSP	95
QC LANCETS ULTRA THIN	67	RA E-ZJECT LANCETS THIN 28G	68	RECOMBIVAX HB SUSY	95
QC UNILET LANCETS 28G	67	RA E-ZJECT LANCETS ULTRA THIN	68	RELEUKO SOLN	59
QC UNILET LANCETS MICRO THIN	67	RA E-ZJECT LANCETS ULTRA THIN	68	RELEUKO SOSY	59
QELBREE	2	RA PROBIOTIC COLON CARE CAPS	21	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
QUAD-PROBIOTIC CAPS	21	RA PROBIOTIC COMPLEX CAPS	21	RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)	2
QUADRACEL SUSP	90	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	21	RELION ALCOHOL SWABS	71
QUADRACEL SUSY	90	RA PROBIOTIC MAX STRENGTH CAPS	21	RELION KETONE TEST STRP	51
quetiapine fumarate TABS	33	RABAVERT	95	RELION LANCET DEVICES 30G	68
quetiapine fumarate TB24	33	rabeprazole sodium TBEC	91	RELION LANCETS	68
QUICKVUE AT-HOME COVID-19 TEST KIT	51	raloxifene hcl	53	RELION LANCETS MICRO-THIN 33G	68
QUICKVUE SARS ANTIGEN TEST	51	ramelteon	60	RELION LANCETS THIN 26G	68
quinapril hcl	25	ramipril CAPS	25	RELION LANCETS ULTRA-THIN 30G	68
quinapril-hydrochlorothiazide 12.5 MG-10 MG	26	ranolazine TB12	9	RELION ULTRA THIN LANCETS 30G	68
quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	RAPAFLO 4 MG (Use silodosin)	56	RELION ULTRA THIN PLUS LANCETS	68
quinapril-hydrochlorothiazide 25 MG-20 MG	26	RAPID RESPONSE COVID-19	51	REMODULIN SOLN IJ	38
quinidine gluconate TBCR	10	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	RENAGEL (Use sevelamer hcl)	56
quinidine sulfate TABS	10	RAVICTI	54	REVELA TABS (Use sevelamer carbonate)	56
		READYLANCE SAFETY LANCETS		repaglinide	18

REPATHA SOSY	25	riboflavin TABS	97	ROCKLATAN	85
REPATHA SURECLICK SOAJ	25	rifampin CAPS	28	ROCTAVIAN	57
REPLACEMENT AIR FILTER MISC .	75	RIGHTEST GL300 LANCETS	68	ROLVEDON	59
REPLACEMENT FILTERS MISC ..	75	riluzole TABS	81	romidepsin SOLR	31
RESTASIS EMUL (Use cyclosporine		rimantadine hydrochloride TABS ..	36	ropinirole hydrochloride TABS 0.25	
(ophth))	85	RINVOQ LQ SOLN	3	MG, 3 MG, 4 MG	32
RESTASIS MULTIDOSE EMUL	85	RINVOQ TB24	3	ropinirole hydrochloride TABS 0.5	
RESTORA CAPS	21	RISAQUAD CAPS	21	MG, 1 MG, 2 MG, 5 MG	32
RETACRIT	59	RISAQUAD-2 CAPS	21	ropinirole hydrochloride TB24	32
RETIN-A CREA (Use tretinoin)	44	risedronate sodium TABS 150 MG	52	rosuvastatin calcium TABS	25
RETIN-A GEL (Use tretinoin)	44	risedronate sodium TABS 35 MG ..	52	ROTARIX SUSP	95
RETISERT	85	risedronate sodium TABS 5 MG, 30		ROTARIX SUSR	95
RETROVIR CAPS (Use zidovudine) .	35	MG	52	ROTATEQ SOLN	95
RETROVIR SYRP (Use zidovudine) .	35	risedronate sodium TBEC	53	RUBRACA	31
REVCIVI	54	RISPERDAL CONSTA (Use		RUCONEST	58
REVLIMID	77	risperidone microspheres)	33	rufinamide SUSP	13
REXALL LANCETS ULTRA THIN		risperidone microspheres	33	RUKOBIA	35
30G	68	risperidone SOLN	33	RYALTRIS	81
REXTOVY LIQD	23	risperidone TABS	33	RYBELSUS TABS	17
REYATAZ CAPS 200 MG, 300 MG		risperidone TDBP	33	RYKINDO SRER	33
(Use atazanavir sulfate)	35	RITEFLO DEVI	75	SABRIL PACK (Use vigabatrin) ...	13
REYATAZ PACK	35	ritonavir TABS	35	SABRIL TABS (Use vigabatrin)	14
REZVOGLAR KWIKPEN	18	RITUXAN	29	SAFE-T-LANCE	68
RHOGAM ULTRA-FILTERED PLUS		rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE PLUS	68
SOSY IM	87	rivastigmine 13.3 MG/24HR	88	SAFETY LANCET 30G/PRESSURE	
RHOPHYLAC SOSY IJ	87	rivastigmine 4.6 MG/24HR, 9.5		ACT	68
RIASTAP	57	MG/24HR	88	SAFETY LANCETS	68
ribavirin (hepatitis c) CAPS	36	rivastigmine tartrate CAPS	88	SAFETY LANCETS 21G	68
ribavirin (hepatitis c) TABS 200 MG		RIXUBIS SOLR	57	SAFETY LANCETS 23G	68
36		rizatriptan benzoate TABS	76	SAFETY LANCETS 28G	68
		rizatriptan benzoate TDBP	76	salicylic acid GEL 6 %	49

saline SOLN 0.65 %	81	selegiline hcl TABS	32	SIDESTREAM PEDIATRIC FACE MASK MISC	75
salsalate	6	selenium sulfide LOTN 1 %	45	SIDESTREAM PLS ADULT FACE MASK MISC	75
SAMI THE SEAL FILTERS MISC	75	selenium sulfide LOTN 2.5 %	45	SIGNIFOR	54
SANDIMMUNE CAPS (Use cyclosporine)	78	selenium sulfide SHAM 1 %	46	SIGNIFOR LAR	54
SANDIMMUNE SOLN IV 50 MG/ML	78	SELZENTRY SOLN	35	SIKLOS TABS	58
sapropterin dihydrochloride PACK	54	SELZENTRY TABS 25 MG, 75 MG	35	sildenafil citrate (pulmonary hypertension) SOLN	38
sapropterin dihydrochloride TABS	54	SEMGLEE (YFGN) SOLN	18	sildenafil citrate (pulmonary hypertension) SUSR	38
SAPS CARE ALCOHOL PREP	71	SEMGLEE (YFGN) SOPN	18	sildenafil citrate (pulmonary hypertension) TABS	38
SAPS HEALTH ALCOHOL PREP	71	SEMGLEE SOPN	18	SILICONE MASK/ADULT MISC	75
SAPS HEALTH CARE ALCOHOL PREP	71	sennosides TABS 8.6 MG	61	SILICONE MASK/INFANT MISC	75
SAPS HEALTH PLUS LANCETS	68	sennosides-docusate sodium TABS	60	SILICONE MASK/PEDIATRIC MISC	75
SAPS HEALTH TWIST TOP LANCETS	68	SEREVENT DISKUS	12	silodosin	56
SAPS TWIST TOP LANCETS	68	SERTRALINE HCL CAPS	15	silver sulfadiazine	46
SAPSCARE TWIST TOP LANCETS	68	sertraline hcl CONC	15	SIMBRINZA	84
SAVELLA TABS	88	sertraline hcl TABS	15	simethicone CHEW 80 MG	55
SAVELLA TITRATION PACK MISC	88	sevelamer carbonate PACK	56	simethicone LIQD PO	55
saxagliptin hcl	17	sevelamer carbonate TABS	56	simethicone SUSP	55
saxagliptin-metformin hcl	16	sevelamer hcl	56	SIMLANDI (1 PEN) AJKT	4
SAXENDA	1	SEVENFACT	57	SIMLANDI (2 PEN) AJKT	4
SB ALCOHOL PREP	71	SHINGRIX	95	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4
SB LANCETS THIN	68	SHOPKO ON-THE-GO LANCETS	68	SIMPLYTHICK	87
SB LANCETS ULTRA THIN	68	30G	68	SIMPLYTHICK EASY MIX	87
SCHOOLTIME SHAMPOO SHAM	50	SHOPKO UNILET LANCETS 28G	68	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	21	SHOPKO UNILET LANCETS 30G	68	simvastatin TABS 80 MG	25
selegiline hcl CAPS	32	SHUR-SEAL CONTRACEPTIVE GEL	95	SINGLE-LET	68

sirolimus SOLN	78	sodium chloride (gu irrigant) 0.9 %	56	SOLUVITA SOLN	77
sirolimus TABS	78	sodium chloride (inhalant) AERS ..	43	SOMATULINE DEPOT	54
SITAGLIPTIN	17	sodium chloride (inhalant) NEBU 0.9 %, 7 %	43	SOMAVERT	53
SITAGLIPTIN BASE-METFORMIN HCL TABS	16	sodium citrate & citric acid	56	SOOTHENEB NBL 100 ADULT MASK MISC	75
SIVEXTRO TABS	27	sodium fluoride (dental) CREA	78	SOOTHENEB NBL 100 CHILD MASK MISC	76
SKLICE (Use ivermectin (pediculicide))	50	sodium fluoride (dental) GEL	78	SOOTHENEB NBL 100 MED CUP MISC	76
SKYLA	42	sodium fluoride (dental) SOLN 0.2 % 78		SOOTHENEB NBL 100 MESH CAP MISC	76
SKYRIZI PEN SOAJ	45	sodium fluoride CHEW	77	sorafenib tosylate	31
SKYRIZI SOCT	55	sodium fluoride SOLN 0.125 MG/DROP	77	SORBITOL PO 70 %	60
SKYRIZI SOLN	55	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	77	SORILUX FOAM	45
SKYRIZI SOSY	45	SODIUM OXYBATE SOLN	88	sotalol hcl (afib/afib)	37
SKYSONA	88	sodium phenylbutyrate POWD	54	sotalol hcl TABS 240 MG	37
SKYTROFA	53	sodium phenylbutyrate TABS	54	sotalol hcl TABS 80 MG, 120 MG, 160 MG	37
SM ACIDOPHILUS CAPS	21	sodium phosphates ENEM	61	SOTYKTU	45
SM ADVANCED PROBIOTIC CAPS . 21		sodium polystyrene sulfonate POWD 78		SOVALDI PACK	36
SM ALCOHOL PREP	72	SOFIA SARS ANTIGEN FIA	51	SOVALDI TABS	36
SM IPECAC SYRUP	22	SOFIA2 SARS ANTIGEN FIA	51	SPEEDY SWAB COVID-19 ANTIGEN KIT	51
SM LANCETS 33G	68	SOFOSBUVIR-VELPATASVIR TABS	36	SPEVIGO SOLN	45
SMART SENSE COLOR LANCETS 33G	68	SOGROYA	53	SPEVIGO SOSY	45
SMART SENSE STANDARD LANCETS	68	SOLESTA	77	SPIKEVAX COVID-19 VACCINE SUSP	95
SMART SENSE SUPER THIN LANCETS	68	solifenacin succinate TABS	92	SPIKEVAX SUSP	95
SMART SENSE THIN LANCETS 26G	68	SOLIRIS	58	SPIKEVAX SUSY	95
SMARTEST LANCETS 28G	68	SOLUS V2 LANCETS 28G	68	spinosad	50
SOAANZ TABS 20 MG	52	SOLUS V2 TWIST LANCETS 30G 68		SPINRAZA	83
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9	SOLUVITA ACD WITH FLUORIDE SOLN	79	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	10

spironolactone & hydrochlorothiazide	52	sulfacetamide sodium (acne)	44	SUPER PROBIOTIC DIGESTIVE CAPS	21
spironolactone TABS	52	sulfacetamide sodium (ophth) SOLN . 84		SUPER THIN LANCETS	68
STAMARIL SUSR	95	sulfacetamide sodium LIQD	46	SUPERIOR PROBIOTIC CAPS ...	22
stannous fluoride CONC	78	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	44	SUPPRELIN LA	53
stavudine CAPS	35	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	44	SURE COMFORT ALCOHOL PREP	72
STERILANCE TL	68	sulfacetamide sod-prednisolone SOLN	85	SURE COMFORT LANCETS 18G 68	
STERILE DILUENT FLOLAN PH 12 . 87		sulfamethoxazole-trimethoprim SUSP	27	SURE COMFORT LANCETS 21G 69	
STIMUFEND	59	sulfamethoxazole-trimethoprim TABS	27	SURE COMFORT LANCETS 23G 69	
STIOLTO RESPIMAT	12	sulfasalazine TABS	55	SURE COMFORT LANCETS 28G 69	
STIVARGA	31	sulfasalazine TBEC	55	SURE COMFORT LANCETS 30G 69	
STRENSIQ	54	sulindac TABS	5	SUREBIOTIC PROBIOTIC SUPPORT CAPS	22
STRIBILD	35	sumatriptan	76	SURELITE LANCETS	69
STROMECTOL (Use ivermectin) ...	9	sumatriptan succinate SOAJ 4 MG/0.5ML	76	SV PROBIOTIC EXTRA STRENGTH CAPS	22
SUBLOCADE SOSY	8	sumatriptan succinate SOAJ 6 MG/0.5ML	76	SYLVANT	78
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 4 MG/0.5ML	76	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	12
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 6 MG/0.5ML	76	SYMDEKO	89
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOLN 6 MG/0.5ML	76	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	35
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate TABS	76	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	35
SUCRAID	51	sumatriptan-naproxen sodium	76	SYMTUZA	35
sucralfate SUSP	91	sunitinib malate	31	SYNAGIS SOLN	87
sucralfate TABS	91	SUNLENCA TBPK 300 MG	35	SYNAREL	53
SUDAFED CHILDRENS LIQD	81	SUPARTZ FX SOSY	81		
SUDAFED PE CHILDRENS SOLN 81		SUPER PROBIOTIC CAPS	21		

SYNOJOYNT SOSY	81	TECHLITE AST LANCETS	69	MG/2.5GM, 50 MG/5GM	8
SYNRIBO	31	TECHLITE LANCETS	69	testosterone GEL TD 1 %	8
SYNTHROID TABS (Use levothyroxine sodium)	90	TECHLITE LANCETS 26G	69	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 30G	69	testosterone SOLN	8
SYNVISC SOSY	81	TEGLUTIK SUSP	81	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	90
TAB-A-VITE/IRON/BETA CAROTENE TABS	79	TEGRETOL-XR TB12 (Use carbamazepine)	13	tetrabenazine	88
TABLOID	28	TEGSEDI	89	tetracaine hcl (ophth)	85
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	48	telmisartan	26	tetrahydrozoline hcl (ophth) 0.05 % 85	
tacrolimus (topical) OINT 0.03 % ..	49	telmisartan-amlodipine	26	TEZSPIRE SOAJ	10
tacrolimus (topical) OINT 0.1 % ...	49	telmisartan-hydrochlorothiazide ..	26	TEZSPIRE SOSY	10
tacrolimus CAPS	78	temazepam 15 MG, 30 MG	60	TGT LANCET MICRO THIN 33G ..	69
tadalafil (pulmonary hypertension) TABS	38	temazepam 7.5 MG, 22.5 MG	60	TGT LANCET THIN 26G	69
TADLIQ SUSP	38	TEMODAR SOLR	28	TGT LANCET ULTRA THIN 30G ..	69
TAFINLAR CAPS	31	temozolomide CAPS	28	THALOMID	77
TAGRISSO	29	temsirolimus	31	THEO-24 CP24 100 MG	12
TAKHZYRO SOLN	58	TENIVAC INJ	90	THEO-24 CP24 200 MG, 300 MG, 400 MG	12
TALTZ SOSY	45	tenofovir disoproxil fumarate TABS 35		theophylline ELIX	12
TALZENNA 0.25 MG, 1 MG	31	terazosin hcl	26	theophylline SOLN	12
tamoxifen citrate TABS	30	terbinafine hcl (topical) CREA	45	theophylline TB12 100 MG, 200 MG, 300 MG	12
tamsulosin hcl	56	terbinafine hcl TABS	23	theophylline TB12 450 MG	12
TASCENSO ODT	89	terbutaline sulfate TABS	12	theophylline TB24	12
TASIGNA	31	terconazole vaginal CREA 0.4 % ..	96	thiamine hcl TABS	97
tasimelteon CAPS	60	terconazole vaginal CREA 0.8 % ..	96	thiamine mononitrate TABS 100 MG . 97	
TAVALISSE	58	terconazole vaginal SUPP	96	THINLETS GP LANCETS	69
tazarotene CREA	45	teriparatide SOPN	53	thioridazine hcl	33
TDVAX SUSP	90	TESTOPEL PLLT	8		
TECENTRIQ	29	testosterone cypionate SOLN IM 200 MG/ML	8		
		testosterone GEL TD 1 %, 25			

thiothixene	34	TIVICAY PD TBSO	35	topiramate TABS 25 MG	13
THRESHOLD IMT MISC	76	TIVICAY TABS	35	topiramate TABS 50 MG, 100 MG, 200 MG	13
THROMBATE III	58	tizanidine hcl CAPS	80	topotecan hcl SOLN	32
THYMOGLOBULIN	78	tizanidine hcl TABS	80	TOPOTECAN HCL SOLN	32
THYROGEN 0.9 MG	50	TOBI NEBU (Use tobramycin)	2	topotecan hcl SOLR	32
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	90	TOBRADEX OINT	85	toremifene citrate	30
tiagabine hcl 12 MG, 16 MG	14	tobramycin (ophth) SOLN	85	torsemide TABS 20 MG	52
tiagabine hcl 2 MG, 4 MG	14	tobramycin NEBU	3	torsemide TABS 5 MG, 10 MG, 100 MG	52
TIBSOVO	31	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	TOVIAZ (Use fesoterodine fumarate)	92
ticagrelor 90 MG	58	tobramycin sulfate SOLR	3	TPOXX CAPS	36
TICOVAC	95	tobramycin-dexamethasone SUSP 85		TRACLEER TABS (Use bosentan) 38	
TIGLUTIK SUSP	81	TOBREX OINT	85	TRADJENTA	17
timolol maleate (ophth) SOLG 0.25 %	84	TODAYS HEALTH THIN LANCETS 28G	69	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7
timolol maleate (ophth) SOLN 0.5 % . 84		TODAYS HEALTH THIN LANCETS 30G	69	TRAMADOL HCL SOLN (Use tramadol hcl)	7
timolol maleate (ophth) SOLN	84	TOFIDENCE	4	tramadol hcl SOLN	7
timolol maleate TABS	37	TOLECTIN 600 TABS	5	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7
TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % .84		tolmetin sodium CAPS	5	tramadol hcl TABS 50 MG	7
TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	84	tolmetin sodium TABS 600 MG	5	tramadol hcl TB24	7
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	84	tolnaftate CREA	45	tramadol-acetaminophen	7
tioconazole vaginal 6.5 %	96	tolterodine tartrate CP24	92	trandolapril 1 MG, 2 MG	25
tiopronin TABS	56	tolterodine tartrate TABS	92	trandolapril 4 MG	25
tiotropium bromide monohydrate CAPS	10	tolvaptan TABS	54	trandolapril-verapamil hcl	26
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	tranexamic acid TABS	59
		TOPCARE LANCETS MICRO-THIN 33G	69	tranylcypromine sulfate	14
		topiramate CPSP 15 MG, 25 MG ..	13	TRAVATAN Z SOLN (Use travoprost)	86

TRAVEL LANCETS	69	triamcinolone acetonide (topical) CREA 0.1 %	48	tropicamide SOLN 0.5 %	84
TRAVEL LANCETS ADVANCED 28G	69	triamcinolone acetonide (topical) CREA 0.5 %	48	tropicamide SOLN 1 %	84
travoprost SOLN	86	triamcinolone acetonide (topical) LOTN	48	trospium chloride CP24	92
trazodone hcl TABS 300 MG	15	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	48	trospium chloride TABS	92
trazodone hcl TABS 50 MG, 100 MG, 150 MG	15	triamcinolone acetonide (topical) OINT 0.05 %	48	TRUBIOTICS CAPS	22
TRECTOR	28	triamcinolone acetonide (topical) OINT 0.5 %	48	TRUBIOTICS DIGEST + IMM HEALTH CAPS	22
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	triamcinolone acetonide (topical) OINT 0.5 %	48	TRUE COMFORT ALCOHOL PREP PADS	72
TRELSTAR MIXJECT 3.75 MG ...	30	triamcinolone acetonide (topical) OINT 0.5 %	48	TRUE COMFORT PRO ALCOHOL PREP	72
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	55	triamcinolone acetonide-dimethicone- silicone	48	TRUE COMFORT SAFETY LANCETS	69
TREMFYA PEN SOAJ SC 200 MG/2ML	55	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52	TRUE COMFORT TWIST TOP LANCETS	69
TREMFYA SOLN IV	55	triamterene & hydrochlorothiazide TABS	52	TRUEPLUS GLUCOSE CHEW	16
TREMFYA SOSY SC 200 MG/2ML 55		triazolam	60	TRUEPLUS GLUCOSE ON THE GO CHEW	16
treprostinil SOLN IJ	38	trientine hcl 250 MG	77	TRUEPLUS LANCETS 26G	69
tretinoin (chemotherapy)	31	trifluoperazine hcl TABS	33	TRUEPLUS LANCETS 28G	69
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44	trihexyphenidyl hcl SOLN	32	TRUEPLUS LANCETS 30G	69
tretinoin CREA 0.025 %	44	trihexyphenidyl hcl TABS	32	TRUEPLUS LANCETS 33G	69
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	44	TRIKAFTA TBPK 100 MG-50 MG .	90	TRUEPLUS SAFETY LANCETS 28G	69
tretinoin microsphere	44	TRILEPTAL SUSP (Use oxcarbazepine)	13	TRULICITY	17
TRETEN	57	TRILURON SOSY	81	TRUMENBA	92
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	trimethoprim TABS	26	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	35
triamcinolone acetonide (mouth) ..	78	trimipramine maleate CAPS	15	TUBING/WING TIP MISC	76
triamcinolone acetonide (topical) AERS	48	TRIUMEQ PD TBSO	35	TWINRIX SUSY	95
triamcinolone acetonide (topical) CREA 0.025 %	48	TRIUMEQ TABS	35	TWIST TOP LANCETS 30G	69
		TRIVISC SOSY	81	TYBLUME CHEW	41
		TRIZIVIR	35	TYBOST	35

TYENNE SOAJ	4	UNILET G.P. SUPERLITE LANCET .	69	UNISTIK TOUCH SAFETY LANC	23G	70
TYENNE SOLN	4					
TYENNE SOSY	4	UNILET GP 28 ULTRA THIN	69	UNISTIK TOUCH SAFETY LANC	28G	70
TYLENOL CHILDRENS		UNILET LANCET	69	UNISTIK TOUCH SAFETY LANC	30G	70
CHEWABLES CHEW (Use		UNILET MICRO-THIN 33G	69	UNITUXIN		29
acetaminophen)	6	UNILET SUPERLITE LANCET ...	69	UNIVERSAL 1 LANCETS THIN 26G		70
TYPHIM VI SOLN	92	UNILET SUPER-THIN 30G	69	UNIVERSAL 1 LANCETS THIN 33G		70
TYPHIM VI SOSY	92	UNILET ULTRA-THIN 28G	70	UNIVERSAL 1 LANCETS THIN 30G		70
UBRELVY	76	UNISTIK 1	70	UNIVERSAL 1 LANCETS ULTRA		70
UDENYCA ONBODY SOSY	59	UNISTIK 2	70	THIN		70
UDENYCA SOAJ	59	UNISTIK 2 COMFORT	70	UP4 PROBIOTICS ADULT CAPS .		22
UDENYCA SOSY	59	UNISTIK 2 EXTRA	70	UP4 PROBIOTICS MENS CAPS .		22
ULTICARE ALCOHOL SWABS ...	72	UNISTIK 2 NEONATAL	70	UP4 PROBIOTICS ULTRA CAPS .		22
ULTILET ALCOHOL SWABS	72	UNISTIK 2 NORMAL	70	UP4 PROBIOTICS WOMENS CAPS		22
ULTILET CLASSIC LANCETS	69	UNISTIK 2 SUPER	70	22		
ULTILET LANCETS	69	UNISTIK 3	70	urea CREA 40 %		48
ULTILET SAFETY LANCETS	69	UNISTIK 3 COMFORT	70	urea LOTN 40 %		48
ULTILET SAFETY LANCETS 23G		UNISTIK 3 EXTRA	70	URETRON D/S TABS 81.6 MG ...		27
69		UNISTIK 3 GENTLE	70	ursodiol CAPS		55
ULTRA THIN LANCETS 31G	69	UNISTIK 3 NEONATAL	70	ursodiol TABS 250 MG		55
ULTRA-CARE ALCOHOL PREP		UNISTIK 3 NORMAL	70	UZEDY SUSY 100 MG/0.28ML, 150		
PADS	72	UNISTIK CZT COMFORT	70	MG/0.42ML, 200 MG/0.56ML, 250		
ULTRA-CARE LANCETS 30G	69	UNISTIK CZT NORMAL	70	MG/0.7ML		33
ULTRAFLORA IMMUNE HEALTH		UNISTIK NORMAL	70	UZEDY SUSY 50 MG/0.14ML, 75		
CAPS	22	UNISTIK PRO SAFETY LANCET .	70	MG/0.21ML, 125 MG/0.35ML		33
ULTRA-THIN II AUTO LANCET ..	69	UNISTIK SAFETY LANCETS 28G		valacyclovir hcl 1 GM		36
ULTRA-THIN II LANCETS	69	70		valacyclovir hcl 500 MG		36
UNILET COMFORTOUCH LANCET		UNISTIK SAFETY LANCETS 30G		valganciclovir hcl TABS		36
69		70		valproate sodium SOLN PO 250		
UNILET EXCELITE	69	UNISTIK TOUCH SAFETY LANC		MG/5ML, 500 MG/10ML		14
UNILET EXCELITE II	69	21G	70	valproic acid CAPS		14
UNILET G.P. LANCET	69					

valrubicin	30	varenicline tartrate TBPK	89	verapamil hcl TBCR	38
valsartan SOLN	26	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	13	VAXELIS SUSY	90	VERIFINE SAFE LANCET MINI 23G	70
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	13	VAXNEUVANCE	92	VERIFINE SAFE LANCET MINI 28G	70
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	13	VCF VAGINAL CONTRACEPTIVE FILM	95	VERIFINE SAFE LANCET MINI 30G	70
VALTOCO 5 MG DOSE LIQD	13	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	14
VANCOMYCIN HCL SOLR IV 500 MG	27	venlafaxine hcl TB24	15	vigabatrin TABS	14
vancomycin hcl SOLR PO 25 MG/ML	27	VENTOLIN HFA AERS (Use albuterol sulfate)	12	VIJOICE TBPK	78
VANDAZOLE	96	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	38	VILTEPSO	82
VAQTA	95	verapamil hcl CP24 300 MG	38		
varenicline tartrate TABS	89	verapamil hcl CP24 360 MG	38		
		VERAPAMIL HCL ER CP24 (Use verapamil hcl)	37		
		verapamil hcl TABS	38		

VIMIZIM	54	VONVENDI	57	72	
vincristine sulfate	32	VORAXAZE	31	WEBCOL ALCOHOL PREP MEDIUM	72
VIRACEPT TABS 250 MG	35	VORTEX HOLD		WEGOVY	1
VIRACEPT TABS 625 MG	35	CHMBR/MASK/CHILD DEVI	76	WELLPRO 31 CAPS	22
VIREAD POWD	35	VORTEX HOLD		white petrolatum-mineral oil	83
VIREAD TABS (Use tenofovir disoproxil fumarate)	36	CHMBR/MASK/TODDLER DEVI ..	76	WILATE KIT	57
VIREAD TABS	35	VORTEX VALVE CHAMBER-PEDI MASK DEVI	76	WINDMILL TRAINER MISC	76
VISBIOME GI CARE CAPS	22	VORTEX VALVED HOLDING		WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	87
VISCO-3 SOSY	81	CHAMBER DEVI	76	XACIATO GEL	96
VISTOGARD	22	VOSEVI	36	XALKORI CAPS	31
VISUDYNE	85	VOTRIENT	31	XARELTO STARTER PACK TBPK	
VITAMIN D3 LIQD PO 125 MCG/ML . 96		VPRIV	58	12	
vitamin e CAPS	96	VSL#3 CAPS	22	XARELTO SUSR	12
VITAMIN E CAPS	96	VTAMA	45	XARELTO TABS 10 MG, 20 MG ..	12
VITAMIN E CHEW	96	VYNDAMAX	38	XARELTO TABS 15 MG	12
VITAMINS ACD-FLUORIDE SOLN 79		VYND AQEL	38	XCOPRI (250 MG DAILY DOSE) TBPK	13
vitamins w/ lipotropics CAPS	80	VYONDYS 53	82	XCOPRI TABS	13
VITRAKVI CAPS	31	VYVANSE CAPS	1	XELJANZ SOLN	3
VITRAKVI SOLN	31	VYVANSE CHEW	1	XELSTRYM	1
VIVAGUARD LANCETS	70	WALGREENS ADV TRAVEL LANCETS	71	XEOMIN	82
VIVAGUARD LANCETS 30G	70	WALGREENS GLUCOSE CHEW .	16	XGEVA SOLN	53
VIVAGUARD SAFETY LANCETS 28G	70	WALGREENS LANCETS	71	XIAFLEX	77
VIVIMUSTA SOLN	28	WALGREENS LANCETS MICRO THIN	71	XIIDRA	85
VIVITROL	23	WALGREENS LANCETS SUPER THIN	71	XOFLUZA (40 MG DOSE) 40 MG .	36
VIVOTIF	92	WALGREENS THIN LANCETS ...	71	XOFLUZA (80 MG DOSE) 80 MG .	36
VIZIMPRO	29	WALGREENS ULTRA THIN LANCETS	71	XOLAIR SOAJ	10
VOGELXO PUMP GEL TD (Use testosterone)	8	warfarin sodium TABS	12	XOLAIR SOLR	10
		WEBCOL ALCOHOL PREP LARGE		XOLAIR SOSY	10

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	52	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	53
XYNTHA SOLOFUSE	57	ZEV RX STERILE ALCOHOL PREP PAD	72	zoledronic acid SOLN 4 MG/100ML 53	
XYREM SOLN	88	ZEV RX TWIST TOP LANCETS 30G 71		zoledronic acid SOLN 5 MG/100ML 53	
YERVOY	29	ZIAGEN SOLN (Use abacavir sulfate)	36	ZOLEDRONIC ACID SOLN	53
YESCARTA	29	ZIAGEN TABS (Use abacavir sulfate)	36	ZOLGENSMA 20.6-21.0 KG	83
YF-VAX INJ	95	zidovudine CAPS	36	ZOLGENSMA 10.1-10.5 KG	83
YONDELIS	28	zidovudine SYRP	36	ZOLGENSMA 10.6-11.0 KG	83
YOSPRALA 81 MG-40 MG	58	zidovudine TABS	36	ZOLGENSMA 11.1-11.5 KG	83
YUFLYMA (1 PEN) AJKT	4	ZIEXTENZO	59	ZOLGENSMA 11.6-12.0 KG	83
YUFLYMA (2 PEN) AJKT	4	zileuton TB12	10	ZOLGENSMA 12.1-12.5 KG	83
YUFLYMA (2 SYRINGE) PSKT	4	ZILRETTA SRER	42	ZOLGENSMA 12.6-13.0 KG	83
YUFLYMA-CD/UC/HS STARTER AJKT	4	ZIMHI SOSY	23	ZOLGENSMA 13.1-13.5 KG	83
YUSIMRY	4	zinc oxide (topical) OINT 20 %	49	ZOLGENSMA 13.6-14.0 KG	83
YUTIQ	85	zinc sulfate CAPS	77	ZOLGENSMA 14.1-14.5 KG	83
zafirlukast	10	ZINPLAVA	87	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	59			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
ZEGALOGUE SOSY	16			ZOLGENSMA 17.6-18.0 KG	83
ZELAC CAPS	22			ZOLGENSMA 18.1-18.5 KG	83
ZELBORAF	31			ZOLGENSMA 18.6-19.0 KG	83

ZOLGENSMA 19.1-19.5 KG	83	ZORYVE CREA EX 0.3 %	49
ZOLGENSMA 19.6-20.0 KG	83	ZOVIRAX CREA (Use acyclovir topical)	46
ZOLGENSMA 2.6-3.0 KG	83	ZOVIRAX OINT (Use acyclovir topical)	46
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	56
ZOLGENSMA 8.6-9.0 KG	83	ZYMFENTRA (2 PEN) AJKT	56
ZOLGENSMA 9.1-9.5 KG	83	ZYMFENTRA (2 SYRINGE) PSKT	56
ZOLGENSMA 9.6-10.0 KG	83	ZYNTEGLO	58
ZOLINZA	31	ZYPREXA RELPREVV	33
zolmitriptan SOLN 2.5 MG	76		
zolmitriptan TABS	77		
zolmitriptan TBDP	77		
ZOLPIDEM TARTRATE CAPS	60		
zolpidem tartrate SUBL	60		
zolpidem tartrate TABS	60		
zolpidem tartrate TBCR	60		
ZOMIG SOLN 2.5 MG (Use zolmitriptan)	77		
ZONISADE SUSP	13		
zonisamide CAPS	13		