

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	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 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 CP24 60 MG</i>	1	MP; PA
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	2	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
Alternative Medicine - M's		
<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	2	SP; PA
<i>neomycin sulfate TABS</i>	1	
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	SP; PA
RINVOQ LQ SOLN	2	SP	ADALIMUMAB-ADAZ SOSY	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADAZ SOSY	NP	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
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	0	MP; RX/OTC
<i>diclofenac potassium TABS 50 MG</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP
<i>etodolac CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP
<i>etodolac TB24</i>	1	MP
<i>flurbiprofen TABS</i>	1	MP
<i>ibuprofen CHEW</i>	0	MP
<i>ibuprofen SUSP</i>	0	MP; RX/OTC
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
<i>indomethacin CPCR</i>	1	MP
INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	0	MP
<i>ketoprofen CAPS 50 MG</i>	1	MP
<i>ketoprofen CP24</i>	1	MP
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS</i>	1	MP
MOTRIN CHILDRENS CHEW (Use <i>ibuprofen</i>)	0	MP
MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i>)	0	MP
<i>nabumetone</i>	1	MP
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
<i>oxaprozin TABS</i>	1	MP
<i>piroxicam CAPS</i>	1	MP
<i>sulindac TABS</i>	1	MP
<i>tolmetin sodium CAPS</i>	1	MP
<i>tolmetin sodium TABS 600 MG</i>	1	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	SP; PA
OTEZLA TBPk	2	SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)	salsalate	1	
Analgesics Other			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
			Opioid Agonists		
acetaminophen CHEW	0		codeine sulfate TABS 30 MG	1	QL(2 EA daily)
acetaminophen ELIX	0		CODEINE SULFATE TABS	2	QL(2 EA daily)
acetaminophen LIQD 160 MG/5ML	0		CONZIP CP24 (Use tramadol hcl)	NP	PA
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	0		fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	10 per month; QL(0.34 EA daily)
acetaminophen SUPP 120 MG, 650 MG	0	QL(12 EA per fill retail)	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	PA
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	1		hydrocodone bitartrate CP12	1	
acetaminophen TABS 325 MG, 500 MG	1		HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	hydromorphone hcl TABS	1	QL(8 EA daily)
TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	0		hydromorphone hcl TB24	1	PA
Analgesics-Peptide Channel Blockers			meperidine hcl SOLN PO 50 MG/5ML	1	QL(500 ML per fill retail)
PRIALT	2	SP; PA	meperidine hcl TABS 50 MG	1	QL(6 EA daily)
Salicylates			methadone hcl TABS 5 MG	1	QL(4 EA daily); PA
aspirin buffered (cal carb-mag carb-mag oxide)	1		methadone hcl TABS 10 MG	1	QL(10 EA daily); PA
aspirin CHEW	0		morphine sulfate beads	1	PA
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	PA
aspirin TABS 325 MG	0		morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	1	QL(240 ML per fill retail)
aspirin TBEC 81 MG, 325 MG	0		morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	1	QL(16.67 ML daily)
diflunisal TABS	1	MP			
ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	0				
ECOTRIN TBEC (Use aspirin)	0				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG	1	QL(12 EA daily)	<i>methyltestosterone TABS</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA	TESTOPEL PLLT	2	SP; PA
<i>buprenorphine</i> PTWK	1	PA	<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
BUTRANS PTWK (<i>Use buprenorphine</i>)	2	PA	<i>testosterone GEL TD 1.62 %</i> , 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP	<i>testosterone GEL TD 1 %</i> , 25 MG/2.5GM, 50 MG/5GM	1	
SUBOXONE FILM SL 0.5 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)	<i>testosterone GEL TD 1 %</i>	2	
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 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 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 0.71 MG-2.9 MG	2	QL(6 EA daily)	Rectal Combinations		
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)	<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 EA per fill retail)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)	<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 GM per fill retail)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)	Rectal Local Anesthetics		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>pramoxine hcl (rectal)</i> FOAM EX	1	QL(15 GM per fill retail)
Androgens			Rectal Steroids		
AVEED SOLN	2	SP; PA	ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
			<i>hydrocortisone (rectal)</i> EX 1 %	1	RX/OTC
			<i>hydrocortisone (rectal)</i> EX 2.5 %	1	QL(30 GM per fill retail)
			PREPARATION H EX 1 %	2	RX/OTC
			PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
STROMEKTOL (<i>Use ivermectin</i>)	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZY 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
ANTIANKXIETY 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 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 EA daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	
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		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zileuton TB12</i>	1		AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	2	
Steroid Inhalants			AIRSUPRA	NP	
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 GM daily)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
ASMANEX (14 METERED DOSES) AEPB	2		<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
ASMANEX (30 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
ASMANEX (60 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	2	QL(2 EA daily)	ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
FLOVENT DISKUS AEPB	2	QL(2 EA daily)	<i>albuterol sulfate SYRP</i>	1	MP
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	<i>albuterol sulfate TABS</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	BEVESPI AEROSPHERE	NP	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	BREO ELLIPTA	2	
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)	BREZTRI AEROSPHERE	NP	
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 GM per 30 day(s) retail)
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	2	QL(2 EA daily)	COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
ADVAIR HFA AERO (<i>Use 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 DIGIHALER	NP		DULERA 50 MCG/ACT-5 MCG/ACT	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use 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)
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	2				

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol AERO</i>	1	
<i>ipratropium-albuterol SOLN</i>	1	QL(12 ML daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PROAIR DIGIHALER	NP	
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)
<i>terbutaline sulfate TABS</i>	1	MP
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 GM daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	2	
Xanthines		
THEO-24 CP24 100 MG	2	MP
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	QL(475 ML per fill retail); MP
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>theophylline TB12 450 MG</i>	1	
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)
<i>rivaroxaban TABS 2.5 MG</i>	1	
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		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ML per 30 day(s) retail)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ML per 30 day(s) retail)
<i>fondaparinux sodium</i>	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	2	
PRADAXA PACK	2	SP
ANTICONVULSANTS - Drugs to Treat Seizures		

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

Drug Name	Drug Tier	Requirements/ Limits
GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	2	MP
SABRIL PACK (Use vigabatrin)	2	SP; PA
SABRIL TABS (Use vigabatrin)	2	SP; PA
tiagabine hcl 2 MG, 4 MG	1	MP
tiagabine hcl 12 MG, 16 MG	1	
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 200 MG, 300 MG	NP	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	MP
phenytoin CHEW	1	MP
phenytoin SUSP	1	MP
Succinimides		
CELONTIN (Use methsuximide)	2	
ethosuximide CAPS	1	MP
ethosuximide SOLN	1	MP
methsuximide	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	2	MP
divalproex sodium CSDR	1	MP
divalproex sodium TB24	1	MP
divalproex sodium TBEC	1	MP

Drug Name	Drug Tier	Requirements/ Limits
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	MP
valproic acid CAPS	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	MP
mirtazapine TBDP	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
bupropion hcl TABS	1	MP
bupropion hcl TB12 150 MG	1	QL(3 EA daily); MP
bupropion hcl TB12 100 MG	1	QL(4 EA daily); MP
bupropion hcl TB12 200 MG	1	QL(2 EA daily); MP
bupropion hcl TB24 150 MG	1	QL(3 EA daily); MP
bupropion hcl TB24 450 MG	2	
bupropion hcl TB24 300 MG	1	QL(1 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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide TABS</i>	1	MP	DESVENLAFAXINE ER	2	
<i>escitalopram oxalate SOLN</i>	1		<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP
<i>escitalopram oxalate TABS</i>	1	MP	<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP
<i>fluoxetine hcl CAPS</i>	1	MP	<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl CPDR</i>	1		<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 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 37.5 MG</i>	1	QL(4 EA daily); MP
<i>fluoxetine hcl TABS 60 MG</i>	1		<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 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 60 MG (Use <i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP	<i>nortriptyline hcl SOLN</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>protriptyline hcl</i>	1	
			<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin benzoate</i>	1	QL(1 EA daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
NESINA (<i>Use alogliptin benzoate</i>)	2	QL(1 EA daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
ONGLYZA (<i>Use saxagliptin hcl</i>)	2		HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMALOG TEMPO PEN SOPN	2	
SITAGLIPTIN	2		HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	NP		HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
Incretin Mimetic Agents			HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
<i>exenatide SOPN 10 MCG/0.04ML</i>	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	
<i>exenatide SOPN 5 MCG/0.02ML</i>	1	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA	HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
<i>liraglutide</i>	1	QL(0.3 ML daily); PA	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	PA	INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
TRULICITY	2	PA	INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
Insulin			INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
HUMALOG JUNIOR KWIKPEN SOPN	2		INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)	INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)	<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
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 1 MG, 2 MG</i>	1	QL(4 EA daily); MP	BIO-KULT CAPS	2	RX/OTC
<i>glimepiride 3 MG</i>	1		BIOZEN CAPS	2	RX/OTC
<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP			
<i>glipizide TABS 2.5 MG</i>	1				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	NEXABIOTIC CPDR	2	
			PEARLS IC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIOTIC PRODUCT CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC	RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC	RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC	RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC	RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC	RELIBIOTIC CAPS	2	RX/OTC
PROBIOTIC ADVANCED FORMULA CAPS	2	RX/OTC	RESTORA CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS	2	RX/OTC	RISAQUAD-2 CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	RISAQUAD CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC	SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC	SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC
			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	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC	<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP	<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP	Antiemetics - Miscellaneous		
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP	BONJESTA TBCR	2	
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1		<i>doxylamine-pyridoxine TBEC</i>	1	
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>naltrexone hcl</i>	0	MP	APONVIE EMUL	NP	
NARCAN LIQD (Use <i>naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC	<i>aprepitant CAPS</i>	1	
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP	<i>aprepitant MISC</i>	1	
REXTOVY LIQD	2		ANTIFUNGALS - Drugs to Treat Fungal Infections		
VIVITROL	0	SP; MP	Antifungals		
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP	<i>griseofulvin microsize SUSP</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>griseofulvin microsize TABS</i>	1	
5-HT3 Receptor Antagonists			<i>griseofulvin ultramicrosize</i>	1	
<i>granisetron hcl TABS</i>	1		<i>nystatin TABS</i>	1	QL(6 EA daily)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)	<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)	Imidazole-Related Antifungals		
<i>ondansetron TBDP 16 MG</i>	1		<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)	<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
Antiemetics - Anticholinergic			<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
			<i>fluconazole TABS 200 MG</i>	1	
			<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
			<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
			<i>itraconazole SOLN</i>	1	PA
			ANTI HISTAMINES - 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 180 MG</i>	1	QL(1 EA daily)
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	

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 134 MG, 200 MG</i>	1	QL(1 EA daily); MP
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR (Use <i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
<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		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	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		
PRALUENT SOAJ	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		
<i>metyrosine</i>	1	SP; PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 EA daily); MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1	

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 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>prazosin hcl CAPS</i>	1	MP	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>terazosin hcl</i>	1	MP	<i>telmisartan-amlodipine</i>	1	
Antihypertensive Combinations			<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>ACCURETIC 12.5 MG-10 MG (Use 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		<i>VECAMYL</i>	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	
<i>EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)</i>	NP				
<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
DARAPRIM (Use pyrimethamine)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP

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 SUSR</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
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1		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 3.6 MG	2	SP; PA	<i>everolimus TABS</i>	1	SP; PA
ZOLADEX 10.8 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 70 MG	2	QL(1 EA daily); SP; PA
ELLEENCE SOLN	2	SP; PA	IMBRUVICA CAPS 140 MG	2	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

Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA
NINLARO	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA
RUBRACA	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA
STIVARGA	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
<i>temsirolimus</i>	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VOTRIENT	2	SP; PA
XALKORI CAPS	2	SP; PA
XOSPATA	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	SP; PA
Antineoplastic Enzymes		
ONCASPAR	2	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (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
VRAYLAR CAPS	2	
VRAYLAR CPPK	2	
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	1	
RISPERDAL CONSTA (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>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP

Drug Name	Drug Tier	Requirements/ Limits
Butyrophenones		
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	0	
<i>clozapine TBDP</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1	
ZYPREXA RELPREVV	NP	SP
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)	<i>efavirenz TABS</i>	0	QL(1 EA daily)
<i>aripiprazole TABS</i>	1	QL(1 EA daily)	<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</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 (Use <i>emtricitabine</i>)	0	QL(1 EA daily)
<i>thiothixene</i>	1		EMTRIVA SOLN	0	QL(24 ML daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EPIVIR SOLN (Use <i>lamivudine</i>)	0	QL(30 ML daily)
Antiretrovirals			EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	0	QL(2 EA daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	<i>etravirine 200 MG</i>	0	QL(2 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EVOTAZ	0	QL(1 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		GENVOYA	0	QL(1 EA daily)
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	0	QL(2 EA daily)	INTELENCE	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	INTELENCE 200 MG (Use <i>etravirine</i>)	0	QL(2 EA daily)
DELSTRIGO	0	QL(1 EA daily)	INTELENCE (Use <i>etravirine</i>)	0	QL(4 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
DESCOVY 120 MG-15 MG	2		ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
DOVATO	0		ISENTRESS PACK	0	QL(2 EA daily)
EDURANT	0	QL(1 EA daily)	ISENTRESS TABS	0	QL(2 EA daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)			
<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALETRA SOLN	0	QL(160 ML per fill retail)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(6 EA daily)	PREZISTA TABS 150 MG	0	QL(3 EA daily)
KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	0	QL(4 EA daily)	RETROVIR CAPS (<i>Use zidovudine</i>)	0	QL(6 EA daily)
<i>lamivudine SOLN</i>	0	QL(30 ML daily)	RETROVIR SYRP (<i>Use zidovudine</i>)	0	QL(60 ML daily)
<i>lamivudine TABS 150 MG</i>	0	QL(2 EA 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-zidovudine</i>	0	QL(2 EA daily)	<i>ritonavir TABS</i>	0	QL(12 EA daily)
LEXIVA SUSP	0	QL(56 ML daily)	RUKOBIA	0	
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	0	QL(4 EA daily)	SELZENTRY SOLN	0	QL(35 ML daily)
<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)	SELZENTRY TABS 25 MG, 75 MG	NP	
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)	<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>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)	SUNLENCA TBP 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>nevirapine SUSP</i>	0	QL(40 ML daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine TB24 100 MG</i>	0	QL(3 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	
NORVIR CAPS	0	QL(12 EA daily)	TIVICAY TABS	0	
NORVIR PACK	0		TRIUMEQ PD TBSO	0	
NORVIR TABS (<i>Use ritonavir</i>)	0	QL(12 EA daily)	TRIUMEQ TABS	0	
ODEFSEY	0		TRIZIVIR	0	QL(2 EA daily)
PIFELTRO	0	QL(1 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PREZCOBIX	0	QL(1 EA daily)	TYBOST	0	QL(1 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)	VIRACEPT TABS 250 MG	0	QL(9 EA daily)
PREZISTA TABS (<i>Use darunavir</i>)	0	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABS 625 MG	0	QL(4 EA daily)	SOFOSBUVIR-VELPATASVIR TABS	2	SP
VIREAD POWD	0		SOVALDI PACK	NP	SP; PA
VIREAD TABS	0	QL(1 EA daily)	SOVALDI TABS	NP	SP; PA
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	VOSEVI	NP	SP; PA
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	0	QL(30 ML daily)	ZEPATIER	NP	SP; PA
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	0	QL(2 EA daily)	Herpes Agents		
zidovudine CAPS	0	QL(6 EA daily)	<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
zidovudine SYRP	0	QL(60 ML daily)	<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)
zidovudine TABS	0	QL(2 EA daily)	<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
Antiviral Combinations			<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
PAXLOVID	0		<i>famciclovir</i>	1	
PAXLOVID (150/100)	0		<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
PAXLOVID (300/100)	0		<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
CMV Agents			Influenza Agents		
PREVYMIS SOLN	2	SP; PA	<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
PREVYMIS TABS	2	SP; PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)	<i>oseltamivir phosphate SUSR</i>	1	QL(120 ML per fill retail)
Hepatitis Agents			<i>rimantadine hydrochloride TABS</i>	1	PA
EPCLUSA PACK	NP	SP; PA	XOFLUZA (40 MG DOSE) 40 MG	NP	
EPCLUSA TABS	NP	SP; PA	XOFLUZA (80 MG DOSE) 80 MG	NP	
HARVONI PACK	NP	SP; PA	Misc. Antivirals		
HARVONI TABS	NP	SP; PA	LAGEVRIO	0	
LEDIPASVIR-SOFOSBUVIR TABS	2	SP	TPOXX CAPS	2	
MAVYRET PACK	2	SP	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
MAVYRET TABS	2	SP	Alpha-Beta Blockers		
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP	<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP	<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>carvedilol phosphate</i>	1	QL(1 EA daily); MP	<i>timolol maleate TABS</i>	1	MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP	Calcium Channel Blockers		
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
Beta Blockers Cardio-Selective			CONJUPRI (Use levamlodipine maleate)	2	
<i>acebutolol hcl CAPS</i>	1	MP	<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>betaxolol hcl</i>	1		<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP	<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1		<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
Beta Blockers Non-Selective			<i>felodipine</i>	1	QL(1 EA daily); MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>isradipine CAPS</i>	1	
<i>pindolol TABS</i>	1	MP	<i>levamlodipine maleate</i>	1	
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>nicardipine hcl CAPS</i>	1	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine CAPS</i>	1	QL(4 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>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP

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

Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP
LETAIRIS (Use ambrisentan)	NP	SP
TRACLEER TABS (Use bosentan)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		

Drug Name	Drug Tier	Requirements/ Limits
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ML per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
FALESSA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Implants		
Combination Contraceptives - Transdermal			NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Vaginal			DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
Copper Contraceptives - IUD			<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
MIUDELLA INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	Progestin Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV			
Emergency Contraceptives					

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 5 MG/5ML</i>	1	
CORTISONE ACETATE TABS	2		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
<i>deflazacort SUSP</i>	1	SP; PA	<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	
<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		

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 SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>benzonatate 100 MG</i>	1	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>adapalene GEL</i>	1	
			<i>adapalene GEL</i>	1	RX/OTC
			<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin 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 (refrigerate)</i>	1		Antibiotics - Topical		
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1		<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)
<i>clindamycin phosphate-tretinoin</i>	1		<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)
DIFFERIN CREA (Use <i>adapalene</i>)	2		<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
DIFFERIN GEL 0.3 % (Use <i>adapalene</i>)	2		<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
DIFFERIN LOTN	2		<i>mupirocin calcium (topical)</i>	1	
<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)	<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
<i>erythromycin (acne aid) SOLN</i>	1		<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 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-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)
RETIN-A CREA (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	Antifungals - Topical		
RETIN-A GEL (Use <i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>ciclopirox SOLN</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)	<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)	<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)	<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)
<i>tretinoin microsphere</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>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)	<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 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
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)
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 2.5 %</i>	1	QL(120 ML per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 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 0.25 %	1	
desoximetasone CREA 0.05 %	1	QL(60 GM per fill retail)
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 0.1 %	1	
fluocinonide CREA 0.05 %	1	QL(60 GM per fill retail)
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 1 %	1	QL(85.2 GM per fill retail); RX/OTC
hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 GM per fill retail)
hydrocortisone (topical) LOTN 1 %	1	QL(99 GM per fill retail)
hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ML per fill retail)
hydrocortisone (topical) OINT 0.5 %	1	
hydrocortisone (topical) OINT 1 %	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
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	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate LOTN</i>	1		<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
<i>hydrocortisone butyrate OINT</i>	1		Eczema Agents		
<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ML per fill retail)	ADBRY SOAJ	2	SP; PA
<i>hydrocortisone valerate CREA</i>	1		ADBRY SOSY	2	SP; PA
<i>hydrocortisone valerate OINT</i>	1		CIBINQO	NP	SP; PA
HYDROXATE GEL	NP		DUPIXENT SOAJ	2	SP; PA
HYDROXYM GEL	NP		DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA
IMPEKLO LOTN	NP		OPZELURA	NP	PA
LOCOID LIPOCREAM	NP		Emollient/Keratolytic Agents		
<i>mometasone furoate CREA</i>	1	QL(50 GM per fill retail)	<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC
<i>mometasone furoate OINT</i>	1	QL(45 GM per fill retail)	<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)
<i>mometasone furoate SOLN</i>	1	QL(60 ML per fill retail)	Emollients		
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP		<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 GM per fill retail); RX/OTC
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)	Hair Growth Agents		
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)	LITFULO	NP	SP; PA
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)	Immunomodulating Agents - Topical		
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1		Immunosuppressive Agents - Topical		
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)	ELIDEL (<i>Use pimecrolimus</i>)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)	<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
			<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
Local Anesthetics - Topical		
<i>capsaicin CREA 0.035 %</i>	1	QL(42.5 GM per fill retail)
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
<i>dibucaine</i>	1	QL(56.7 GM per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ML per fill retail)
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)
LIDOCAINE CREA	2	QL(85 GM per fill retail)
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)
Misc. Topical		
CVS LANOLIN CREA	2	
<i>lanolin (topical) CREA</i>	1	
LANOLOR CREA	2	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spinosad</i>	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	COVID-19 OTC ANTIGEN 1-PACK KIT	0	
			COVID-19 OTC ANTIGEN 2-PACK KIT	0	
Tar Products			CVS COVID-19 AT HOME TEST KIT KIT	0	
<i>coal tar extract SHAM 0.5 %</i>	1		DIATRUST COVID-19 HOME TEST KIT	0	
Wound Care Products			ELLUME COVID-19 HOME TEST KIT	0	
APLIGRAF DISK	2	PA	FASTEP COVID-19 ANTIGEN TEST KIT	0	
DIAGNOSTIC PRODUCTS			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
Diagnostic Drugs			GENABIO COVID-19 RAPID TEST KIT	0	
<i>cosyntropin SOLR</i>	1	SP; PA	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
THYROGEN 0.9 MG	2	SP; PA	ID NOW COVID-19	0	
Diagnostic Tests			ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
ACCUA SARS-COV-2	0		ID NOW COVID-19 2.0 TEST	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0		ID NOW COVID-19 CONTROL	0	RX/OTC
BD VERITOR SYSTEM SARS-COV-2	0		IHEALTH COVID-19 RAPID TEST KIT	0	
BINAXNOW COVID-19 AG CARD	0		INDICAID COVID-19 RAPID TEST KIT	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
CARESTART COVID-19 HOME TEST KIT	0		KETONE TEST STRP	2	
CHEMSTRIP K STRP	2		KETOSTIX STRP	2	
CLEARDETECT COVID-19 AG HOME KIT	0		LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC
CLINITEST RAPID COVID-19 TEST KIT	0		LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC
COBAS LIAT SARS-COV-2 ASSAY	0		LYRA DIRECT SARS-COV-2 ASSAY	0	
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC	LYRA SARS-COV-2 ASSAY	0	
COVID-19 AT HOME ANTIGEN TEST KIT	0				
COVID-19 AT-HOME TEST KIT	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OHC COVID-19 ANTIGEN SELF TEST KIT	0		ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
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			
ONETOUCH ULTRA 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	
			QUICKVUE AT-HOME COVID-19 TEST KIT	0	
			QUICKVUE SARS ANTIGEN TEST	0	
			RAPID RESPONSE COVID-19	0	
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	RELION KETONE TEST STRP	2	
			SOFIA SARS ANTIGEN FIA	0	
			SOFIA2 SARS ANTIGEN FIA	0	
			SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
			XPERT XPRESS SARS-COV-2	0	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
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
<i>SOAANZ TABS 20 MG</i>	2	MP
<i>torsemide TABS 20 MG</i>	1	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)

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 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
BONSITY SOPN 560 MCG/2.24ML	2	PA
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TBEC</i>	1	
<i>teriparatide SOPN</i>	1	PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR GEL	2	SP; PA
CORTROPHIN GEL	2	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM	2	PA
PREGNYL IM	2	PA
GnRH/LHRH Antagonists		
ORILISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPPO SOPN	2	SP; PA
OMNITROPE SOCT	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	2	SP; PA
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
SUPPRELIN LA	NP	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA
<i>betaine</i>	1	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA
<i>calcitriol CAPS</i>	1	
CARBAGLU (<i>Use carglumic acid</i>)	2	SP; PA
<i>carglumic acid</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA
CRYSVITA	2	SP; PA
ELAPRASE	2	SP; PA
FABRAZYME	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA
KANUMA	2	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)
LUMIZYME	2	SP; PA
MYALEPT	2	SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 EA daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	1	SP; PA
CTEXLI 250 MG	2	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 10 MG</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
CANASA SUPP (<i>Use mesalamine</i>)	2	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 EA daily)
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA SOLN IV	NP	SP; PA
TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
VELSIPITY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENAGEL (Use sevelamer hcl)	2	
RENVELA TABS (Use sevelamer carbonate)	NP	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate & citric acid</i>	1	QL(16.67 ML daily); RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 EA daily); MP
RAPAFLO 4 MG (Use silodosin)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
<i>tiopronin TABS</i>	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		

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	
<i>cilostazol</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTelet	2	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEULASTA SOSY	NP	SP; PA	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
NEUPOGEN SOLN	2	SP; PA	<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
NEUPOGEN SOSY	2	SP; PA	<i>ferrous sulfate TBEC 325 MG</i>	1	MP
NIVESTYM SOLN	NP	SP; PA	<i>ferrous sulfate TBEC</i>	1	
NIVESTYM SOSY	NP	SP; PA	IRON CHEWS PEDIATRIC CHEW	2	
NPLATE 250 MCG, 500 MCG	2	SP; PA	IRON TABS 28 MG	2	
NYVEPRIA	2	SP; PA	<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
PROCRIT	NP	SP; PA	Stem Cell Mobilizers		
PROCRIT	NP	SP; PA	<i>plerixafor</i>	1	SP; PA
RELEUKO SOLN	NP	SP	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
RELEUKO SOSY	NP	SP	Hemostatics - Systemic		
RETACRIT	2	SP; PA	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
ROLVEDON	NP	SP	<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
STIMUFEND	NP	SP	<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
UDENYCA ONBODY SOSY	NP	SP	<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)
UDENYCA SOAJ	NP	SP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
UDENYCA SOSY	NP	SP; PA	Antihistamine Hypnotics		
ZARXIO	NP	SP; PA	<i>diphenhydramine hcl (sleep) CAPS</i>	1	
ZIEXTENZO	NP	SP	<i>diphenhydramine hcl (sleep) LIQD</i>	1	
Hematopoietic Mixtures			<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
<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					
FERRETTTS 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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1		ZOLPIDEM TARTRATE CAPS	2	
<i>diphenhydramine hcl (sleep) TBDP</i>	1		<i>zolpidem tartrate SUBL</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1		<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	1		<i>zolpidem tartrate TBCR</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1		Orexin Receptor Antagonists		
<i>ibuprofen-diphenhydramine hcl</i>	1		QUVIVIQ	NP	
<i>naproxen sodium-diphenhydramine hcl</i>	1		Selective Melatonin Receptor Agonists		
Barbiturate Hypnotics			<i>ramelteon</i>	1	
<i>phenobarbital ELIX</i>	1		<i>tasimelteon CAPS</i>	1	SP; PA
<i>phenobarbital TABS</i>	1		LAXATIVES - Bowel Treatment Drugs		
Hypnotics - Tricyclic Agents			Bulk Laxatives		
<i>doxepin hcl (sleep)</i>	1		<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
Non-Barbiturate Hypnotics			METAMUCIL CAPS	2	
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		NATURAL FIBER LAXATIVE POWD	2	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>psyllium CAPS 0.52 GM</i>	1	
<i>estazolam</i>	1		<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
<i>eszopiclone</i>	1		Laxative Combinations		
<i>flurazepam hcl</i>	1	QL(1 EA daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)
IGALMI FILM	NP		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>midazolam hcl SOLN IJ</i>	1		<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
MIDAZOLAM HCL SOLN IJ	2		Laxatives - Miscellaneous		
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)	<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>temazepam 7.5 MG, 22.5 MG</i>	1		<i>lactulose SOLN</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)	<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)	<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
SORBITOL PO 70 %	2	
Saline Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)
<i>sodium phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)
Clarithromycin		

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2	
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEANLET 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
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	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 23G	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	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 28G	2	QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	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 LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC
FINE 30	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA	GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA	HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER 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
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	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
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO LIQD	2	
MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC	PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC	SMARTTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RIGHTTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
			SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI BABY CONVERSION KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; PA
NURTEC	2	PA
QULIPTA	2	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)
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		

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<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

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>azathioprine TABS 50 MG</i>	1	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<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)		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DESTRESS-IRON TABS	2	QL(1 EA daily)	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)	SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Multiple Vitamins w/ Minerals			VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC	Ped MV w/ Iron		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
Multivitamins			ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	MULTIVITAMIN DROPS/IRON SOLN	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	MULTIVITAMIN INFANT & TODDLER SOLN	2	
Ped Multi Vitamins w/Fl & FE			PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
Ped Multiple Vitamins w/ Minerals			POLY-VITE/IRON SOLN	2	
MVW COMPLETE FORMULATION SOLN	2		Pediatric Multiple Vitamins		
Ped MV w/ Fluoride			BPROTECTED PEDIA POLY-VITE SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	2	
			POLY-VITE PEDIATRIC SOLN PO	2	
			Prenatal Vitamins		
			PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 PO 5 MG/5ML</i>	1		OZOBAX DS SOLN PO (Use <i>baclofen</i>)	NP	
<i>baclofen SOLN PO 10 MG/5ML</i>	2		OZOBAX SOLN PO (Use <i>baclofen</i>)	2	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	<i>tizanidine hcl CAPS</i>	1	
<i>baclofen SUSP</i>	1		<i>tizanidine hcl TABS</i>	1	
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP	Direct Muscle Relaxants		
<i>baclofen TABS 15 MG</i>	1		<i>dantrolene sodium CAPS</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA	Muscle Relaxant Combinations		
<i>carisoprodol TABS 350 MG</i>	1	MP; PA	<i>orphenadrine w/ aspirin & caff</i>	1	
<i>carisoprodol TABS 250 MG</i>	1	PA	<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	1	MP	Viscosupplements		
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1		EUFLEXXA SOSY	2	SP; PA
<i>cyclobenzaprine hcl CP24</i>	1		GEL-ONE	2	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); MP	GELSYN-3 SOSY	2	SP; PA
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)	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

Drug Name	Drug Tier	Requirements/ Limits
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)
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) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 GM per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<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
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)	ERYTHROMYCIN	2	QL(4 GM per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)	<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)	<i>gatifloxacin (ophth)</i>	1	
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)	<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)	<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)	<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)	<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)
Miotics			<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
Ophthalmic - Angiogenesis Inhibitors			<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA	<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA	TOBREX OINT	2	QL(4 GM per fill retail)
EYLEA SOLN	2	SP; PA	Ophthalmic Decongestants		
LUCENTIS SOSY	2	SP; PA	<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents			<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
ALPHAGAN P (Use <i>brimonidine tartrate</i>)	2		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
<i>apraclonidine hcl</i>	1		Ophthalmic Immunomodulators		
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1		CEQUA SOLN	NP	
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)	<i>cyclosporine (ophth) EMUL</i>	1	
SIMBRINZA	2		RESTASIS MULTIDOSE EMUL	2	
Ophthalmic Anti-infectives					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) retail
ILUVIEN	2	SP; PA	<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)	MIEBO	NP	
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)	<i>olopatadine hcl</i>	1	RX/OTC
OZURDEX IMPL	2	SP; PA	Prostaglandins - Ophthalmic		
PRED MILD	2	QL(10 ML per fill retail)	<i>bimatoprost SOLN</i>	1	
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)	IYUZEH SOLN	NP	
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)	TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)	<i>travoprost SOLN</i>	1	
			OTIC AGENTS - Drugs to Treat the Ear		
			Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
<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-chloroxylonol</i>	1	QL(15 ML per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HIZENTRA SOSY 10 GM/50ML	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		

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

Drug Name	Drug Tier	Requirements/ Limits
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
<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-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	Movement Disorder Drug Therapy		
<i>donepezil hydrochloride TBDP</i>	1		AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	2		AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	2	QL(1 EA daily)	AUSTEDO XR TB24	2	SP; PA
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)	AUSTEDO XR TB24	2	SP; PA
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ML daily)	AUSTEDO TABS	2	SP; PA
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)	INGREZZA CAPS	2	SP; PA
<i>memantine hcl CP24</i>	1		INGREZZA CPSP	2	SP; PA
<i>memantine hcl SOLN</i>	1	QL(10 ML daily)	<i>tetrabenazine</i>	1	SP; PA
<i>memantine hcl TABS</i>	2	QL(1 EA per 28 day(s) retail)	Multiple Sclerosis Agents		
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP	AVONEX PEN AJKT	2	SP; PA
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)	AVONEX PREFILLED PSKT	2	SP; PA
<i>rivastigmine 13.3 MG/24HR</i>	1		BAFIERTAM	NP	SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 EA daily)	BRIUMVI	NP	SP
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)	COPAXONE SOSY (Use <i>glatiramer acetate</i>)	2	SP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents			<i>dalfampridine</i>	1	SP; PA
SKYSONA	2	SP; PA	<i>dimethyl fumarate CDPK</i>	1	SP; PA
Combination Psychotherapeutics			<i>dimethyl fumarate CPDR</i>	1	SP; PA
LYBALVI	NP		<i>ingolimod hcl</i>	1	SP; PA
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)	GILENYA (Use <i>ingolimod hcl</i>)	NP	SP; PA
Fibromyalgia Agents			GILENYA	NP	SP; PA
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA	<i>glatiramer acetate SOSY</i>	1	SP; PA
SAVELLA TABS	2	QL(2 EA daily); PA	KESIMPTA	2	SP; PA
			MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
			MAYZENT TABS	NP	SP
			PLEGRIDY SOSY IM	NP	SP
			PONVORY STARTER PACK TBPK	NP	SP
			PONVORY TABS	NP	SP
			TASCENSO ODT	NP	SP
			ZEPOSIA STARTER KIT CPPK	NP	SP

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

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
PROLASTIN-C SOLR	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents			DAPTACEL	0	AL(At least 19 yrs old)
<i>methimazole TABS</i>	1	MP	INFANRIX	0	AL(At least 19 yrs old)
<i>propylthiouracil</i>	1	MP	KINRIX SUSY	0	AL(At least 19 yrs old)
Thyroid Hormones			PEDIARIX 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	PENTACEL	0	AL(At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	QUADRACEL SUSP	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		QUADRACEL SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	TDVAX SUSP	0	AL(At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	TENIVAC INJ	0	AL(At least 19 yrs old)
NIVA THYROID TABS	2	MP	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
NP THYROID TABS	2	MP	VAXELIS SUSP	0	AL(At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	VAXELIS SUSY	0	AL(At least 19 yrs old)
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	2	MP	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	Antispasmodics		
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i>)	2		<i>dicyclomine hcl CAPS</i>	1	
TOXOIDS			<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)
Toxoid Combinations			<i>dicyclomine hcl TABS</i>	1	
ADACEL SUSP	0	AL(At least 19 yrs old)	<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)
BOOSTRIX SUSP	0	AL(At least 19 yrs old)	<i>hyoscyamine sulfate ELIX</i>	1	
BOOSTRIX SUSY	0	AL(At least 19 yrs old)	<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	
			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-2 Antagonists			<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)	PROTONIX PACK (Use <i>pantoprazole sodium</i>)	2	
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC	<i>rabeprazole sodium TBEC</i>	1	
<i>cimetidine TABS 300 MG, 400 MG</i>	1		Ulcer Drugs - Prostaglandins		
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC	<i>misoprostol</i>	1	
<i>famotidine TABS 10 MG</i>	1		Ulcer Therapy Combinations		
Misc. Anti-Ulcer			KONVOMEK SUSR	NP	
<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)	<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC
<i>sucralfate TABS</i>	1	QL(4 EA daily); MP	<i>omeprazole-sodium bicarbonate PACK</i>	1	
Proton Pump Inhibitors			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>esomeprazole magnesium PACK</i>	1		<i>darifenacin hydrobromide</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC	<i>fesoterodine fumarate</i>	1	
<i>lansoprazole TBDD</i>	1	PA; RX/OTC	<i>oxybutynin chloride SOLN</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 2.5 MG</i>	1	
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC	<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP
NEXIUM PACK 10 MG, 20 MG, 40 MG (Use <i>esomeprazole magnesium</i>)	2		<i>solifenacin succinate TABS</i>	1	
<i>omeprazole CPDR</i>	1	QL(2 EA daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>omeprazole TBEC</i>	1	QL(1 EA daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>pantoprazole sodium PACK</i>	1		TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)	<i>trospium chloride CP24</i>	1	
			<i>trospium chloride TABS</i>	1	QL(2 EA daily)
			VESICARE LS SUSP	NP	
			Urinary Antispasmodics - Beta-3 Adrenergic Agonists		

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	0	
HAVRIX IM 720 EL U/0.5ML	0	AL(At least 19 yrs old)	PFIZER COVID-19 BIVAL 6MO-4YR	0	
HAVRIX 1440 EL U/ML	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC BIVAL 5-11	0	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	PFIZER COVID-19 VAC BIVALENT	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
IPOLE	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
IXCHIQ	0	AL(At least 19 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
IXIARO	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19 VACC SUSP	0	
JANSSEN COVID-19 VACCINE	0		PREHEVBRIQ	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
JYNNEOS	0	AL(At least 19 yrs old)	PRIORIX SUSR	0	AL(At least 19 yrs old)
M-M-R II SOLR	0	AL(At least 19 yrs old)	PROQUAD SUSR	0	AL(At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y	0		RABAVERT	0	AL(At least 19 yrs old)
MODERNA COVID-19 BIVALENT	0		RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	0		RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	0		ROTARIX SUSP	0	AL(At least 19 yrs old)
			ROTARIX SUSR	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ SOLN	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	GYNAZOLE-1	2	
			<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
SPIKEVAX SUSP	0		MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
SPIKEVAX SUSY	0		<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
STAMARIL SUSR	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
TICOVAC	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
TWINRIX SUSY	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)
VAQTA	0	AL(At least 19 yrs old)	MONISTAT 3 CREA	2	QL(15 GM daily)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	NUVESSA	2	
YF-VAX INJ	0	AL(At least 19 yrs old)	<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
VAGINAL AND RELATED PRODUCTS			<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
Spermicides			<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)	<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)	VANDAZOLE	NP	QL(70 GM per fill retail)
SHUR-SEAL CONTRACEPTIVE GEL	2	QL(24 EA per fill retail)	XACIATO GEL	NP	
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)	Vaginal Anti-inflammatory Agents		
VCF VAGINAL CONTRACEPTIVE GEL	2		<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
Vaginal Anti-infectives			Vaginal Estrogens		
<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 GM per fill retail)	<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
CLINDESSE	2		<i>estradiol vaginal TABS</i>	1	
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)	PREMARIN	2	QL(43 GM per 30 day(s) retail)
			Vaginal Progestins		
			CRINONE GEL	2	AL(At least 15 yrs old)
			FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) 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>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1	
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 EA daily)
<i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	

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

INDEX

1ST TIER UNILET COMFORTOUCH	61	acebutolol hcl CAPS	37	61	
abacavir sulfate SOLN	34	acetaminophen CHEW	6		ACTI-LANCE SPECIAL LANCETS 17G
abacavir sulfate TABS	34	acetaminophen ELIX	6		62
abacavir sulfate-lamivudine	34	acetaminophen LIQD 160 MG/5ML ..	6		ACTI-LANCE UNIVERSAL 23G ..
ABILIFY ASIMTUFII PRSY	33	acetaminophen SOLN PO 160			62
ABILIFY MAINTENA PRSY	33	MG/5ML, 325 MG/10.15ML, 650			ACTIMMUNE 100 MCG/0.5ML
ABILIFY MAINTENA SRER	33	MG/20.3ML	6		31
ABILIFY MYCITE MAINTENANCE KIT	34	acetaminophen SUPP 120 MG, 650			ACTIPHLOA CAPS
ABILIFY MYCITE STARTER KIT ..	34	MG	6		18
abiraterone acetate	29	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	6		ACTIVITY POUCH MISC
ABRILADA (1 PEN) AJKT	3	acetaminophen TABS 325 MG, 500			71
ABRILADA (2 PEN) AJKT	3	MG	6		acyclovir CAPS
ABRILADA (2 SYRINGE) PSKT	3	acetaminophen w/ codeine SOLN ..	7		36
ABRYSVO	91	acetaminophen w/ codeine TABS 15			acyclovir SUSP
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	43	MG-300 MG, 30 MG-300 MG, 60			36
ACAM2000	91	MG-300 MG	7		acyclovir TABS PO 400 MG
acamprosate calcium	86	acetazolamide CP12	52		36
acarbose	16	acetazolamide TABS	52		acyclovir TABS PO 800 MG
ACCU-CHEK FASTCLIX LANCETS .		acetic acid (otic)	85		36
61		acetylcysteine SOLN	43		acyclovir topical CREA
ACCU-CHEK SAFE-T PRO		ACIDOPHILUS HIGH-POTENCY			46
LANCETS	61	CAPS	18		acyclovir topical OINT
ACCU-CHEK SOFTCLIX LANCETS		ACIDOPHILUS PEARLS CAPS ...	18		46
61		ACIDOPHILUS PROBIOTIC BLEND			ADACEL SUSP
ACCUA SARS-COV-2	50	CAPS	18		89
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	26	ACIDOPHILUS SUPER PROBIOTIC			ADALIMUMAB-AACF (2 PEN) AJKT .
ACCUTREND PLUS	61	CAPS	18		3
ACE AEROSOL CLOUD		ACIDOPHILUS/GOAT MILK CAPS			ADALIMUMAB-AACF (2 SYRINGE)
ENHANCER MISC	71	18			PSKT
		ACTHAR GEL	53		3
		ACTHIB SOLR IM	91		ADALIMUMAB-AATY (1 PEN) AJKT .
		ACTI-LANCE 28G	61		3
		ACTI-LANCE LITE LANCETS 28G			ADALIMUMAB-AATY (2 PEN) AJKT .
					3
					ADALIMUMAB-AATY (2 SYRINGE)
					PSKT
					3
					ADALIMUMAB-ADAZ SOAJ 40
					MG/0.4ML
					3
					ADALIMUMAB-ADAZ SOAJ 80
					MG/0.8ML
					3
					ADALIMUMAB-ADAZ SOSY
					3

ADALIMUMAB-ADBM (2 PEN) AJKT 3	fluticasone-salmeterol)11	AEROCHAMBER PLUS FLO-VU LARGE DEVI71
ADALIMUMAB-ADBM (2 SYRINGE) PSKT3	ADVAIR HFA AERO (Use fluticasone-salmeterol)11	AEROCHAMBER PLUS FLO-VU LARGE MISC71
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT3	ADVANCED MOBILE LANCET ...62	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI71
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT3	ADVANCED PROBIOTIC CAPS .. 18	AEROCHAMBER PLUS FLO-VU MEDIUM MISC71
ADALIMUMAB-FKJP (2 PEN) AJKT . 3	ADVANCED PROBIOTIC-14 CAPS 18	AEROCHAMBER PLUS FLO-VU MISC71
ADALIMUMAB-FKJP (2 SYRINGE) PSKT3	ADVATE57	AEROCHAMBER PLUS FLO-VU SMALL DEVI71
ADALIMUMAB-RYVK (2 PEN) AJKT . 3	ADVIL TABS (Use ibuprofen)4	AEROCHAMBER PLUS FLO-VU SMALL MISC71
ADALIMUMAB-RYVK (2 SYRINGE) PSKT3	ADVIN COVID-19 ANTIGEN TEST KIT50	AEROCHAMBER PLUS FLO-VU W/MASK MISC71
ADAPALENE CREA43	ADVOCATE ALCOHOL PREP PADS69	AEROCHAMBER PLUS FLOW VU MISC71
ADAPALENE GEL43	ADVOCATE LANCETS62	AEROCHAMBER PLUS FLOW VU MISC71
ADAPALENE SOLN43	ADVOCATE LANCETS 30G62	AEROCHAMBER W/FLOWSIGNAL MISC71
adapalene-benzoyl peroxide GEL .43	ADVOCATE SAFETY LANCETS .62	AEROCHAMBER Z-STAT PLUS CHAMBR MISC71
ADBRY SOAJ48	ADVOCATE SAFETY LANCETS 21G62	AEROCHAMBER Z-STAT PLUS MISC71
ADBRY SOSY48	ADVOCATE SAFETY LANCETS 23G62	AEROCHAMBER Z-STAT PLUS/LARGE MISC71
ADCETRIS29	ADVOCATE SAFETY LANCETS 26G62	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC71
ADDERALL TABS (Use amphetamine-dextroamphetamine) .1	ADVOCATE SAFETY LANCETS 28G62	AEROCHAMBER Z-STAT PLUS/SMALL MISC71
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .1	ADYNOVATE57	AEROTRACH PLUS MISC71
ADLARITY PTWK86	AEROCHAMBER HOLDING CHAMBER DEVI71	AEROVENT PLUS DEVI71
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG89	AEROCHAMBER MINI CHAMBER DEVI71	AFLURIA PRESERVATIVE FREE SUSY91
ADULT AEROSOL MASK MISC ...71	AEROCHAMBER MV MISC71	AFLURIA QUADRIVALENT SUSP 91
ADULT MASK LARGE MISC71	AEROCHAMBER PLS FLOVU MTHPIECE DEVI71	
ADVAIR DISKUS AEPB (Use	AEROCHAMBER PLUS FLO-VU INTERM DEVI71	

AFLURIA QUADRIVALENT SUSY 0.5 ML91	ALCOH-GLOVE CONTOURED WIPE 69	alosetron hcl56
AFLURIA SUSP91	ALCOHOL PADS69	ALPHAGAN P (Use brimonidine tartrate)83
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT57	ALCOHOL PREP69	ALPHANATE SOLR57
AGAMATRIX ULTRA-THIN LANCETS 62	ALCOHOL PREP PADS 69	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT57
AIMSCO TWIST LANCETS 32G .62	ALCOHOL PREP PADS-MISC ... 61	ALPRAZOLAM INTENSOL CONC 10
AIMSCO TWIST LANCETS 33G .62	ALCOHOL SWABS69	alprazolam TABS 10
AIRDUO DIGIHALER 11	ALCOHOL SWABSTICK69	alprazolam TB2410
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)11	ALDURAZYME53	alprazolam TBDP 10
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)11	ALECENSA30	ALPROLIX57
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)11	alendronate sodium SOLN52	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT57
AIRS PEDIATRIC AEROSOL MASK MISC72	alendronate sodium TABS 35 MG, 70 MG 52	alum & mag hydrox-simethicone LIQD9
AIRSUPRA 11	alendronate sodium TABS 5 MG, 10 MG 52	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML9
AJOVY SOAJ75	ALFERON N31	ALUMINUM HYDROXIDE GEL SUSP9
AJOVY SOSY75	alfuzosin hcl56	amantadine hcl CAPS 32
AKLIEF43	ALIGN CAPS 10 MG18	amantadine hcl SOLN 32
albuterol sulfate AERS11	ALIGN EXTRA STRENGTH CAPS 18	amantadine hcl TABS32
albuterol sulfate NEBU 0.083 % ...11	ALIGN EXTRA STRENGTH CAPS 18	ambrisentan38
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML11	ALL FLOW 1000 PFT FILTER MISC . 72	amcinonide CREA 46
albuterol sulfate NEBU11	allopurinol 100 MG, 300 MG57	amcinonide LOTN 46
ALBUTEROL SULFATE NEBU11	almotriptan malate75	amcinonide OINT 46
albuterol sulfate SYRP11	ALOE 10000 & PROBIOTICS CAPS . 18	amiloride & hydrochlorothiazide ..52
albuterol sulfate TABS11	alogliptin benzoate 17	amiloride hcl TABS52
alclometasone dipropionate CREA 46	alogliptin-metformin hcl16	aminocaproic acid SOLN PO 0.25
alclometasone dipropionate OINT .46	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 16	
	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 54	

GM/ML	59	amoxicillin CAPS	86	AREXVY	91
aminocaproic acid TABS 1000 MG 59		amoxicillin CHEW 125 MG, 250 MG . 86		aripiprazole SOLN PO	34
aminocaproic acid TABS 500 MG .	59	amoxicillin SUSR	86	aripiprazole TABS	34
amiodarone hcl TABS 200 MG	10	amoxicillin TABS 875 MG	86	aripiprazole TBDP	34
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	11
AMJEVITA SOSY	3	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	ARMOUR THYROID TABS	89
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	86	ARZERRA	29
amlodipine besylate TABS	37	anastrozole	29	ascorbic acid TABS	95
amlodipine besylate-atorvastatin calcium	38	ANDEXXA 200 MG	22	ASMANEX (120 METERED DOSES) AEPB	11
amlodipine besylate-benazepril hcl 26		ANUSOL-HC EX (Use hydrocortisone (rectal))	8	ASMANEX (14 METERED DOSES) AEPB	11
amlodipine besylate-olmesartan medoxomil	26	APLIGRAF DISK	50	ASMANEX (30 METERED DOSES) AEPB	11
amlodipine besylate-valsartan	26	APOKYN SOCT	32	ASMANEX (60 METERED DOSES) AEPB	11
amlodipine-valsartan- hydrochlorothiazide	26	apomorphine hydrochloride SOCT	32	aspirin buffered (cal carb-mag carb- mag oxide)	6
AMONDYS 45	80	apomorphine hydrochloride SOCT	32	aspirin CHEW	6
amoxapine	15	APONVIE EMUL	23	ASPIRIN SUPP 300 MG	6
amoxicillin & pot clavulanate CHEW . 86		APO-VARENICLINE TABS	88	aspirin TABS 325 MG	6
amoxicillin & pot clavulanate SUSR 86		apraclonidine hcl	83	aspirin TBEC 81 MG, 325 MG	6
amoxicillin & pot clavulanate TABS 125 MG-250 MG	86	aprepitant CAPS	23	aspirin-dipyridamole	58
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 86		aprepitant MISC	23	ASPRUZYO SPRINKLE PACK	9
amoxicillin & pot clavulanate TB12	86	APTIVUS CAPS	34	ASSURE COMFORT LANCETS 28G	62
		AQUALANCE LANCETS 30G	62	ASSURE HAEMOLANCE PLUS HIGH	62
		AQUORAL SOLN	77	ASSURE HAEMOLANCE PLUS LOW	62
		ARALAST NP SOLR 500 MG, 1000 MG	88		
		ARESTIN	77		

ASSURE HAEMOLANCE PLUS MICRO62	TEPK87	bacitracin zinc OINT 44
ASSURE HAEMOLANCE PLUS NORMAL62	AUSTEDO XR TB2487	bacitracin-polymyxin b (ophth)83
ASSURE HAEMOLANCE PLUS PED62	AUVELITY14	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML79
ASSURE LANCE LANCETS62	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML95	baclofen SOLN PO 10 MG/5ML ... 79
ASSURE LANCE LANCETS 21G .62	AUVI-Q SOAJ 0.3 MG/0.3ML95	baclofen SOLN PO 5 MG/5ML79
ASSURE LANCE PLUS SAFETY 25G62	AVASTIN28	baclofen SUSP79
ASSURE LANCE PLUS SAFETY 30G62	AVEED SOLN8	baclofen TABS 10 MG, 20 MG 79
ASSURE LANCE SAFETY LANCET 28G62	AVONEX PEN AJKT87	baclofen TABS 15 MG79
ASTAGRAF XL CP2476	AVONEX PREFILLED PSKT87	baclofen TABS 5 MG 79
atazanavir sulfate CAPS34	azacitidine SUSR28	BAFIERTAM87
atenolol & chlorthalidone26	azathioprine TABS 50 MG76	balsalazide disodium CAPS 55
atenolol TABS37	azathioprine TABS 75 MG, 100 MG 76	BAQSIMI ONE PACK POWD16
ATGAM76	AZEDRA DOSIMETRIC31	BAQSIMI TWO PACK POWD 16
atomoxetine hcl1	AZEDRA THERAPEUTIC31	BCG VACCINE91
ATORVALIQ SUSP25	azelastine hcl (ophth) 84	b-complex vitamins CAPS77
atorvastatin calcium TABS25	azelastine hcl80	b-complex vitamins TABS 77
atropine sulfate (ophthalmic) OINT 83	azelastine hcl-fluticasone propionate SUSP80	b-complex w/ c & folic acid CAPS . 77
atropine sulfate (ophthalmic) SOLN 83	azithromycin SUSR 100 MG/5ML . 61	b-complex w/ c & folic acid TABS .77
ATROPINE SULFATE SOLN 1 % .83	azithromycin SUSR 200 MG/5ML . 61	BD AUTOSHIELD DUO70
ATROVENT HFA10	azithromycin TABS 250 MG61	BD GLUCOSE CHEW 16
AUM ALCOHOL PREP PADS69	azithromycin TABS 500 MG61	BD LANCET ULTRAFINE 30G ... 62
AURORA LANCET SUPER THIN 30G62	azithromycin TABS 600 MG61	BD LANCET ULTRAFINE 33G ... 62
AURORA LANCET THIN 23G62	AZSTARYS2	BD MICROTAINER LANCETS ...62
AUSTEDO TABS87	b complex w/ c CAPS77	BD PEN NEEDLE MICRO ULTRAFINE70
AUSTEDO XR PATIENT TITRATION	B-1 TABS95	BD PEN NEEDLE MINI ULTRAFINE70
	BACICAP CAPS 18	BD PEN NEEDLE NANO 2ND GEN . 70
	BACID CAPS18	BD PEN NEEDLE NANO
	bacitracin (topical) OINT44	

ULTRAFINE	70	betaine	53	bicalutamide	29
BD PEN NEEDLE ORIG ULTRAFINE	70	betamethasone dipropionate (topical) CREA	46	BIKTARVY 120 MG-30 MG-15 MG 34	
BD PEN NEEDLE SHORT ULTRAFINE	71	betamethasone dipropionate (topical) LOTN	46	BIKTARVY 200 MG-50 MG-25 MG 34	
BD PEN NEEDLES	71	betamethasone dipropionate (topical) OINT	46	BILAC CAPS	18
BD SWAB SINGLE USE REGULAR 69		betamethasone dipropionate augmented CREA	46	bimatoprost SOLN	84
BD VERITOR SYSTEM SARS-COV-2	50	betamethasone dipropionate augmented GEL 0.05 %	46	BIMZELX SOAJ 160 MG/ML	45
BELEODAQ	30	betamethasone dipropionate augmented LOTN	46	BIMZELX SOSY 160 MG/ML	45
BELRAPZO SOLN	28	betamethasone dipropionate augmented OINT	46	BINAXNOW COVID-19 AG CARD 50	
BENADRYL ALLERGY EXTRA STR TABS	24	betamethasone dipropionate augmented OINT	46	BINAXNOW COVID-19 AG HOME TEST KIT	50
benazepril & hydrochlorothiazide ..	26	betamethasone valerate CREA ...	46	BIOHM PROBIOTIC SUPPLEMENT CAPS	18
benazepril hcl 40 MG	25	betamethasone valerate FOAM ...	46	BIOHM PROBIOTIC/VITAMIN C CAPS	18
benazepril hcl 5 MG, 10 MG, 20 MG .	25	betamethasone valerate LOTN ...	46	BIO-KULT CAPS	18
BENDAMUSTINE HCL SOLN	28	betamethasone valerate OINT	46	BIOTENE DRY MOUTH MOIST SPRAY SOLN	77
bendamustine hcl SOLR	28	betaxolol hcl (ophth) SOLN	82	BIOTHRAX	91
BENDEKA SOLN	28	betaxolol hcl	37	BIOZEN CAPS	18
BENEFIX KIT	57	bethanechol chloride	91	bisacodyl SUPP	61
BENLYSTA SOLR	77	BETHKIS NEBU (Use tobramycin) .	2	bisacodyl TBEC	61
BENZNIDAZOLE	9	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 83		bismuth subsalicylate CHEW 262 MG	19
benzonatate 100 MG	43	BEVACIZUMAB IZ 2.75 MG/0.11ML . 83		bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	19
benzonatate 200 MG	43	BEVESPI AEROSPHERE	11	bisoprolol & hydrochlorothiazide ..	26
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	43	bexarotene (topical)	45	bisoprolol fumarate	37
benzoyl peroxide LIQD 5 %, 10 % .	43	bexarotene	31	BIVIGAM SOLN	85
benzoyl peroxide LOTN 5 %, 10 % 43		BEXSERO 0.5 ML	91	BLINCYTO	29
benztropine mesylate TABS	32	BEYFORTUS	86		
BERINERT KIT	58				

BONJESTA TBCR	23	brimonidine tartrate-timolol maleate .	dihydrate FILM SL 2 MG-8 MG	7
BONSITY SOPN 560 MCG/2.24ML		82	buprenorphine hcl-naloxone hcl	
52		BRIUMVI	dihydrate FILM SL 3 MG-12 MG	7
BOOSTRIX SUSP	89	BRIVIACT SOLN IV 50 MG/5ML ..	buprenorphine hcl-naloxone hcl	
BOOSTRIX SUSY	89	BRIXADI (WEEKLY) SOSY	dihydrate SUBL 0.5 MG-2 MG	8
bortezomib SOLR IJ	30	BRIXADI SOSY 64 MG/0.18ML, 96	buprenorphine hcl-naloxone hcl	
BORTEZOMIB SOLR IV 3.5 MG ..	30	MG/0.27ML, 128 MG/0.36ML	dihydrate SUBL 2 MG-8 MG	7
bosentan TABS	38	bromfenac sodium (ophth)	buprenorphine PTWK	8
BOSULIF TABS 100 MG, 500 MG	30	bromocriptine mesylate CAPS	bupropion hcl (smoking deterrent)	88
BOTOX IJ	81	bromocriptine mesylate TABS 2.5	bupropion hcl TABS	14
BPROTECTED PEDIA POLY-VITE		MG	bupropion hcl TB12 100 MG	14
SOLN PO	78	43	bupropion hcl TB12 150 MG	14
BPROTECTED PEDIA POLY-		brompheniramine & phenyleph ELIX .	bupropion hcl TB12 200 MG	14
VITE/FE SOLN	78	43	bupropion hcl TB24 150 MG	14
BRAFTOVI 75 MG	30	brompheniramine & pseudoeph ELIX	bupropion hcl TB24 300 MG	14
BREATHE COMFORT		43	bupropion hcl TB24 450 MG	14
CHAMBER/ADULT DEVI	72	brompheniramine & pseudoeph LIQD	buspirone hcl	9
BREATHE COMFORT		15 MG/5ML-1 MG/5ML	butalbital-acetaminophen TABS 50	
CHAMBER/CHILD DEVI	72	BUBBLES THE FISH II PEDI MASK	MG-325 MG	5
BREATHE EASE LARGE DEVI ...	72	MISC	butalbital-acetaminophen-caffeine	
BREATHE EASE MEDIUM DEVI ..	72	budesonide (inhalation) SUSP	CAPS 40 MG-50 MG-325 MG	5
BREATHE EASE NEB MASK/CHILD		11	butalbital-acetaminophen-caffeine	
MISC	72	budesonide TB24	TABS 40 MG-50 MG-325 MG	5
BREATHE EASE NEB		42	butalbital-acetaminophen-caffeine w/	
MASK/INFANT MISC	72	budesonide-formoterol fumarate	codeine 30 MG-40 MG-50 MG-325	
BREATHE EASE SMALL DEVI	72	dihydrate	MG	7
BREATHERITE VALVED MDI		11	butalbital-aspirin-caffeine CAPS	5
CHAMBER DEVI	72	bumetanide TABS	butalbital-aspirin-caffeine w/cod	7
BREO ELLIPTA	11	52	BUTRANS PTWK (Use	
BREZTRI AEROSPHERE	11	BUPHENYL POWD (Use sodium	buprenorphine)	8
BRIDION SOLN	22	phenylbutyrate)	CABOMETYX TABS	30
brimonidine tartrate 0.1 %, 0.15 %	83	53	caffeine citrate SOLN PO	1
brimonidine tartrate 0.2 %	83	BUPHENYL TABS (Use sodium	calcipotriene CREA	45
		phenylbutyrate)		
		53		
		buprenorphine hcl SUBL		
		8		
		buprenorphine hcl-naloxone hcl		
		dihydrate FILM SL 0.5 MG-2 MG ...		
		7		
		buprenorphine hcl-naloxone hcl		
		dihydrate FILM SL 1 MG-4 MG		
		7		
		buprenorphine hcl-naloxone hcl		

CALCIPOTRIENE FOAM	45	capsaicin CREA 0.025 %, 0.075 %	62
calcipotriene OINT	45	49	CARETOUCH SAFETY LANCETS
calcipotriene SOLN	45	capsaicin CREA 0.035 %	49 26G
calcipotriene-betamethasone		capsaicin CREA 0.1 %	49 CARETOUCH TWIST LANCETS
dipropionate OINT	46	captopril & hydrochlorothiazide ...	26 28G
calcipotriene-betamethasone		captopril	25 CARETOUCH TWIST LANCETS
dipropionate SUSP	46	CARAC CREA	45 30G
calcitonin (salmon) IJ	52	CARBAGLU (Use carglumic acid) 53	62 CARETOUCH TWIST LANCETS
calcitonin (salmon) NA	52	carbamazepine CHEW 100 MG ...	13 33G
calcitriol CAPS	53	carbamazepine CHEW 200 MG ...	13 CARETOUCH TWIST MC LANCETS
calcium acetate (phosphate binder)		carbamazepine CP12	13 30G
CAPS	56	carbamazepine SUSP	13 carglumic acid
calcium acetate (phosphate binder)		carbamazepine TABS	13 carisoprodol TABS 250 MG
TABS	56	carbamazepine TB12	13 carisoprodol TABS 350 MG
calcium carbonate (antacid) CHEW		carbamide peroxide (otic) 6.5 % ..	85 carteolol hcl (ophth)
500 MG	9	CARBATROL CP12 (Use	carvedilol 25 MG
calcium carbonate-cholecalciferol		carbamazepine)	13 carvedilol 3.125 MG, 6.25 MG, 12.5
TABS 10 MCG-600 MG, 200 UNIT-		carbidopa	32 MG
600 MG, 400 UNIT-600 MG, 5 MCG-		carbidopa-levodopa TABS	32 carvedilol phosphate
600 MG	75	carbidopa-levodopa TBCR	32 CASGEVY
calcium polycarbophil TABS	60	carboplatin SOLN 50 MG/5ML, 150	CASTIVA WARMING LOTN
CAMCEVI	29	MG/15ML, 450 MG/45ML, 600	27 CAYSTON
camphor & menthol LOTN	45	MG/60ML	28 cefaclor CAPS
CANASA SUPP (Use mesalamine)		CAREONE LANCET SUPER THIN	39 30G
55		30G	62 CEFACLOER ER TB12
candesartan cilexetil	25	CAREONE LANCET THIN 23G ...	62 cefaclor SUSR 125 MG/5ML, 250
candesartan cilexetil-		CARESENS LANCETS	62 MG/5ML, 375 MG/5ML
hydrochlorothiazide	26	CARESENS LANCETS 30G	62 cefadroxil CAPS
capecitabine	28	CARESTART COVID-19 HOME	50 cefadroxil SUSR
CAPEX SHAM	46	TEST KIT	50 cefadroxil TABS
CAPHOSOL SOLN	77	CARETOUCH ALCOHOL PREP ..	70 cefdinir CAPS
CAPLYTA	32	CARETOUCH SAFETY LANCETS	62 cefdinir SUSR
CAPRELSA	30		39 cefixime CAPS

cefixime SUSR	39	MG/5ML (Use ibuprofen)	5	CIBINQO	48
cefpodoxime proxetil SUSR	39	chlordiazepoxide hcl CAPS	10	ciclopirox SOLN	44
cefpodoxime proxetil TABS	39	chlorhexidine gluconate (mouth-throat)	77	cilostazol	58
cefprozil SUSR	39	chloroquine phosphate TABS 250 MG	27	cimetidine TABS 200 MG	90
cefprozil TABS	39	chloroquine phosphate TABS 500 MG	27	cimetidine TABS 300 MG, 400 MG 90	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	39	chlorpheniramine maleate SYRP ..	24	cimetidine TABS 800 MG	90
cefuroxime axetil TABS	39	chlorpheniramine maleate TABS ..	24	cinacalcet hcl	53
celecoxib	4	chlorpromazine hcl TABS	33	CINQAIR	10
CELONTIN (Use methsuximide) ..	14	chlorthalidone 25 MG, 50 MG	52	CINRYZE SOLR IV	58
cephalexin CAPS 250 MG, 500 MG 39		chlorzoxazone TABS 250 MG, 375 MG, 750 MG	79	CIPRO SUSR	55
cephalexin SUSR	39	chlorzoxazone TABS 500 MG	79	CIPRODEX (Use ciprofloxacin-dexamethasone)	85
CEPROTIN	58	CHOLBAM	55	ciprofloxacin hcl (ophth) SOLN	83
CEQUA SOLN	83	cholecalciferol CAPS 1.25 MG, 50000 UNIT	95	ciprofloxacin hcl (otic)	85
CERDELGA	58	cholecalciferol CAPS 125 MCG, 5000 UNIT	95	ciprofloxacin hcl TABS 100 MG ...	55
CEREZYME 400 UNIT	58	cholecalciferol CAPS	95	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	55
cetirizine hcl CAPS	24	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	95	ciprofloxacin-dexamethasone	85
cetirizine hcl CHEW	24	cholestyramine light PACK	24	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28
cetirizine hcl SOLN PO	24	cholestyramine light POWD	24	CISPLATIN SOLR	28
cetirizine hcl SYRP PO	24	cholestyramine PACK	24	CITALOPRAM HYDROBROMIDE CAPS	14
cetirizine hcl TABS	24	cholestyramine POWD	24	citalopram hydrobromide SOLN ...	14
CETRAXAL (Use ciprofloxacin hcl (otic))	85	CHORIONIC GONADOTROPIN IM 53		citalopram hydrobromide TABS ...	15
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	88	CHOSEN LANCETS 30G	62	cladribine 10 MG/10ML	28
CHEMET	22	CHOSEN SAFETY LANCETS 28G 62		clarithromycin SUSR	61
CHEMSTRIP K STRP	50			clarithromycin TABS	61
chenodiol	55			clarithromycin TB24	61
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4			CLEANLET LANCETS 28G	63
CHILDRENS MOTRIN SUSP 100				CLEARDETECT COVID-19 AG	

HOME KIT	50	clobetasol propionate CREA 0.05 % .	46	clotrimazole w/ betamethasone	LOTN	44
clemastine fumarate TABS 1.34 MG .	24	clobetasol propionate emollient base	0.05 %	46	clozapine TABS	33
CLEVER CHEK LANCETS	63	clobetasol propionate emulsion ...	46	clozapine TBDP	33	
CLEVER CHOICE COMFORT EZ	63	clobetasol propionate FOAM	46	CO MONITOR REPLACEMENT	PIECES MISC	72
CLEVER CHOICE HOLDING		clobetasol propionate GEL 0.05 %	46	COAGADDEX	57	
CHAMBER DEVI	72	clobetasol propionate LIQD	46	COAGUCHEK LANCETS	63	
CLEVER CHOICE LANCETS 21G	63	clobetasol propionate LOTN	46	coal tar extract SHAM 0.5 %	50	
CLEVER CHOICE LANCETS 23G	63	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	CONTROL	50
clindamycin palmitate hydrochloride .	27	clocortolone pivalate	46	codeine sulfate TABS 30 MG	6	
clindamycin phosphate (topical) GEL	43	CLODAN	46	CODEINE SULFATE TABS	6	
clindamycin phosphate (topical)		CLODERM (Use clocortolone	pivalate)	47	colchicine TABS	57
LOTN	44	clomipramine hcl	15	colchicine w/ probenecid	57	
clindamycin phosphate (topical)		clonazepam TABS	13	colestipol hcl GRAN	24	
SOLN	44	clonazepam TBDP	13	colestipol hcl TABS	24	
clindamycin phosphate vaginal CREA		clonidine hcl (adhd) TB12	1	COMBIGAN (Use brimonidine	tartrate-timolol maleate)	82
.....	94	clonidine hcl TABS	26	COMBIPATCH PTTW	54	
clindamycin phosphate-benzoyl		clopidogrel bisulfate 300 MG	58	COMBIVENT RESPIMAT AERS ..	11	
peroxide (refrigerate)	44	clopidogrel bisulfate 75 MG	58	COMBIVIR (Use lamivudine-	zidovudine)	34
clindamycin phosphate-benzoyl		clorazepate dipotassium TABS	10	COMETRIQ (100 MG DAILY DOSE)	KIT	30
peroxide GEL	44	clotrimazole (topical) CREA	44	COMETRIQ (140 MG DAILY DOSE)	KIT	30
clindamycin phosphate-tretinoin ..	44	clotrimazole (topical) SOLN	44	COMETRIQ (60 MG DAILY DOSE)	KIT	30
CLINDESSE	94	clotrimazole vaginal CREA 1 % ...	94	COMFORT ASSURED LANCETS		
CLINITEST RAPID COVID-19 TEST		clotrimazole vaginal CREA 2 % ...	94			
KIT	50	clotrimazole w/ betamethasone	CREA			
clobazam SUSP	13		44			
clobazam TABS	13					

28G	63	CORTISONE ACETATE TABS	42	CAPS	22
COMFORT ASSURED LANCETS		CORTROPHIN GEL	53	CULTURELLE DIGESTIVE DAILY	
33G	63	COSENTYX (300 MG DOSE) SOSY .		PRO CAPS	22
COMFORT LANCETS	63	45		CULTURELLE DIGESTIVE HEALTH	
COMFORT TOUCH ALCOHOL		COSENTYX SENSOREADY (300		CAPS	22
PREP	70	MG) SOAJ	45	CULTURELLE DIGESTIVE HEALTH	
COMFORT TOUCH LANCETS 31G .		COSENTYX SENSOREADY PEN		CHEW	22
63		SOAJ	45	CULTURELLE HEALTH (INULIN)	
COMFORT TOUCH PLUS LANCETS		COSENTYX SOLN	45	CAPS	22
28G	63	COSENTYX SOSY	45	CULTURELLE IMMUNE DEFENSE	
COMFORT TOUCH PLUS LANCETS		COSENTYX UNOREADY SOAJ ..	45	CAPS	19
30G	63	cosyntropin SOLR	50	CULTURELLE KID	
COMFORT TOUCH TWIST LANCET		COTELLIC	30	PROBIOTIC+FIBER PACK	19
30G	63	COVID-19 AT HOME ANTIGEN		CULTURELLE KIDS CHEW	19
COMIRNATY SUSP	91	TEST KIT	50	CULTURELLE KIDS PACK	19
COMIRNATY SUSY	91	COVID-19 AT-HOME TEST KIT ..	50	CULTURELLE KIDS PURELY	
COMPACT SPACE CHAMBER DEVI		COVID-19 OTC ANTIGEN 1-PACK		CHEW	19
.....	72	KIT	50	CULTURELLE KIDS PURELY PACK	
COMPACT SPACE CHAMBER/LG		COVID-19 OTC ANTIGEN 2-PACK		19	
MASK DEVI	72	KIT	50	CULTURELLE METABOLISM-	
COMPACT SPACE CHAMBER/MED		CREON CPEP	51	WEIGHT CAPS	19
MASK DEVI	72	CRINONE GEL	94	CULTURELLE PROBIOTICS KIDS	
COMPACT SPACE CHAMBER/SM		cromolyn sodium (nasal) 5.2		PACK	19
MASK DEVI	72	MG/ACT	80	CULTURELLE PRO-WELL CAPS .	19
COMPLETE PROBIOTIC PEARLS		cromolyn sodium (ophth)	84	CULTURELLE ULTIMATE	
CAPS	19	cromolyn sodium NEBU	10	STRENGTH CAPS	22
CONCERTA TBCR (Use		CRYSVITA	53	CURITY ALCOHOL PREPS	70
methylphenidate hcl)	2	CTEXLI 250 MG	55	CUVITRU SOLN	85
CONDOMS-MISC	61	CULTURELLE ADULT ULT		CVS ADULT 50+ PROBIOTIC CAPS	19
CONJUPRI (Use levamlodipine		BALANCE CAPS	22	19	
maleate)	37	CULTURELLE BLOATING & GAS		CVS ADULT PROBIOTIC CAPS ..	19
CONZIP CP24 (Use tramadol hcl) ..	6	DEF CAPS	19	CVS ALCOHOL PREP PADS	70
COPAXONE SOSY (Use glatiramer		CULTURELLE DIGESTIVE DAILY		CVS COVID-19 AT HOME TEST KIT	
acetate)	87			KIT	50
CORIFACT	57				

CVS DAILY PROBIOTIC CAPS ... 19	cyclophosphamide CAPS 50 MG ..28	dalfampridine87
CVS DAILY PROBIOTIC CHILDRENS PACK19	CYCLOPHOSPHAMIDE TABS ...28	dantrolene sodium CAPS79
CVS DIGESTIVE PROBIOTIC CAPS19	cyclosporine (ophth) EMUL83	dapagliflozin propanediol18
CVS DRY MOUTH SOLN77	cyclosporine CAPS76	dapsone27
CVS EVERYDAY CARE PROBIOTIC CAPS19	cyclosporine modified (for microemulsion) CAPS76	DAPTACEL89
CVS GLUCOSE CHEW16	cyclosporine modified (for microemulsion) SOLN76	DARAPRIM (Use pyrimethamine) 27
CVS LANCETS ORIGINAL63	cyclosporine SOLN IV 50 MG/ML .76	darifenacin hydrobromide90
CVS LANCETS THIN 26G63	CYLTEZO (2 PEN) AJKT3	darunavir TABS34
CVS LANOLIN CREA49	CYLTEZO (2 SYRINGE) PSKT4	DARZALEX29
CVS MOOD SUPPORT PROBIOTIC CAPS19	CYLTEZO-CD/UC/HS STARTER AJKT4	dasatinib30
CVS PREP70	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	DAURISMO29
CVS PROBIOTIC CAPS19	CYMBALTA CPEP 60 MG (Use duloxetine hcl)15	DAYHIST ALLERGY 12 HOUR RELIEF TABS24
CVS PROBIOTIC MAXIMUM STRENGTH CAPS19	cyproheptadine hcl SYRP24	decitabine28
CVS PROBIOTIC PEARLS EX ST CAPS19	cyproheptadine hcl TABS24	deferasirox PACK22
CVS SENIOR PROBIOTIC CAPS .19	CYRAMZA28	deferasirox TABS22
CVS SOFT GLUCOSE CHEW16	CYSTAGON CAPS56	deferasirox TBSO22
CVS ULTRA THIN LANCETS63	CYSTARAN84	deferiprone TABS22
cyanocobalamin SOLN IJ 1000 MCG/ML58	cytarabine SOLN28	deferoxamine mesylate22
cyclobenzaprine hcl CP2479	CYTOGAM SOLN85	DEFITELIO58
cyclobenzaprine hcl TABS 5 MG, 10 MG79	dabigatran etexilate mesylate CAPS .12	deflazacort SUSP42
cyclobenzaprine hcl TABS 7.5 MG 79	DAILY DIGESTIVE PROBIOTIC CAPS19	deflazacort TABS42
CYCLOGYL 0.5 %83	DAILY PROBIOTIC CAPS19	DEFLUX56
cyclopentolate hcl 1 %83	DAILY ULTIMATE PROBIOTIC-14 CAPS19	DELSTRIGO34
		DENAVIR (Use penciclovir)46
		DENG VAXIA91
		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)14
		DEPO-SUBQ PROVERA 104 SUSY

SC	41	MG	15	dextromethorphan-guaifenesin LIQD	
DERMACINRX PROBISOL CAPS	19	dexamethasone ELIX	42	100 MG/5ML-10 MG/5ML, 150	
DERMACINRX PROBITRAN CAPS		DEXAMETHASONE INTENSOL		MG/7.5ML-15 MG/7.5ML, 200	
19		CONC	42	MG/10ML-20 MG/10ML	43
DESCOVY 120 MG-15 MG	34	dexamethasone sodium phosphate		dextromethorphan-guaifenesin SYRP	
DESCOVY 200 MG-25 MG	34	(ophth)	84	100 MG/5ML-10 MG/5ML, 200	
desipramine hcl TABS	15	dexamethasone sodium phosphate		MG/10ML-20 MG/10ML	43
desloratadine TBDP	24	SOLN IJ 4 MG/ML, 20 MG/5ML, 120		DHIVY TABS	32
desmopressin acetate SOLN IJ ...	54	MG/30ML	42	DIATHRIVE LANCET ULTRA THIN	
DESMOPRESSIN ACETATE SOLN		DEXAMETHASONE SODIUM		30	63
NA	54	PHOSPHATE SOLN IJ 4 MG/ML	42	DIATHRIVE LANCETS	63
desmopressin acetate spray	54	dexamethasone sodium phosphate		DIATRUST COVID-19 HOME TEST	
desmopressin acetate spray		SOSY IJ 4 MG/ML	42	KIT	50
refrigerated 0.01 %	54	dexamethasone SOLN	42	diazepam CONC	10
desmopressin acetate TABS	54	dexamethasone TABS 0.5 MG, 0.75		DIAZEPAM SOAJ	10
desogestrel & ethinyl estradiol	39	MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42	diazepam SOLN IJ 5 MG/ML, 10	
desogestrel-ethinyl estradiol		dexchlorpheniramine maleate SOLN .	24	MG/2ML	10
(biphasic)	39	24		DIAZEPAM SOLN IJ 5 MG/ML	10
desogestrel-ethinyl estradiol		dexmedetomidine hcl in sodium		diazepam SOLN PO 5 MG/5ML ...	10
(triphasic)	39	chloride SOLN	60	diazepam TABS	10
desonide CREA	47	dexmedetomidine hcl SOLN 200		diazoxide	16
desonide LOTN	47	MCG/2ML	60	dibucaine	49
desonide OINT	47	dexmethylphenidate hcl CP24	2	diclofenac potassium TABS 50 MG .	5
desoximetasone CREA 0.05 %	47	dexmethylphenidate hcl TABS	2	diclofenac sodium (ophth)	84
desoximetasone CREA 0.25 %	47	dexrazoxane hcl	31	diclofenac sodium (topical) GEL EX	
desoximetasone GEL	47	DEXTENZA INST	84	45	
desoximetasone LIQD	47	dextroamphetamine sulfate CP24 10		diclofenac sodium TB24	5
desoximetasone OINT	47	MG, 15 MG	1	diclofenac sodium TBEC	5
DESTRESS-IRON TABS	78	dextroamphetamine sulfate CP24 5		dicloxacillin sodium	86
DESVENLAFAXINE ER	15	MG	1	dicyclomine hcl CAPS	89
desvenlafaxine succinate 100 MG .	15	dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl SOLN PO	89
desvenlafaxine succinate 25 MG, 50		dextroamphetamine sulfate TABS 15		dicyclomine hcl TABS	89
		MG, 20 MG, 30 MG	1	DIFFERIN CREA (Use adapalene)	
		dextroamphetamine sulfate TABS 5			
		MG, 10 MG	1		

44		diltiazem hcl CP1237	disopyramide phosphate CAPS ... 10
DIFFERIN GEL 0.3 % (Use adapalene)44	diltiazem hcl CP24 120 MG, 240 MG 37		disulfiram 250 MG86
DIFFERIN LOTN44	diltiazem hcl CP24 180 MG37		divalproex sodium CSDR14
diflorasone diacetate CREA47	diltiazem hcl extended release beads37		divalproex sodium TB2414
diflorasone diacetate OINT47	diltiazem hcl TABS37		divalproex sodium TBEC14
diflunisal TABS6	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG37		docetaxel CONC 160 MG/8ML31
DIGESTIVE ADV			DOCETAXEL CONC 160 MG/8ML 31
DIGESTIVE/IMMUNE CAPS19	dimethyl fumarate CDPK87		DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML31
DIGESTIVE ADV LACTOSE	dimethyl fumarate CPDR87		docetaxel SOLN31
SUPPORT CAPS19	diphenhydramine hcl (sleep) CAPS 59		DOCIVYX SOLN31
DIGESTIVE ADV MULTI-STRAIN CAPS19	diphenhydramine hcl (sleep) LIQD 59		docusate sodium CAPS 100 MG, 250 MG61
DIGESTIVE ADV+BOWEL	diphenhydramine hcl (sleep) TABS 25 MG59		docusate sodium CAPS 50 MG ...61
SUPPORT CAPS19	diphenhydramine hcl (sleep) TABS 50 MG60		docusate sodium LIQD 50 MG/5ML, 100 MG/10ML61
DIGESTIVE ADV+GAS DEFENSE CAPS19	diphenhydramine hcl (sleep) TBDP 60		DOCUSATE SODIUM SYRP61
DIGESTIVE ADV+LACTOSE			docusate sodium TABS61
SUPPORT CAPS19			dofetilide10
DIGESTIVE ADVANTAGE CAPS .19	diphenhydramine hcl CAPS24		donepezil hydrochloride TABS 23 MG86
digoxin SOLN PO 0.05 MG/ML38	diphenhydramine hcl ELIX 12.5 MG/5ML24		donepezil hydrochloride TABS 5 MG, 10 MG87
digoxin TABS 125 MCG, 250 MCG 38	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML24		donepezil hydrochloride TBDP87
dihydroergotamine mesylate SOLN NA 4 MG/ML75	diphenhydramine hcl TABS 25 MG 24		DOPTelet58
DILANTIN (Use phenytoin sodium extended)14	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG60		dorzolamide hcl84
DILANTIN INFATABS CHEW (Use phenytoin)14	diphenoxylate w/ atropine LIQD ...22		DORZOLAMIDE HCL84
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG37	diphenoxylate w/ atropine TABS ..22		DORZOLAMIDE HCL-TIMOLOL MAL82
diltiazem hcl coated beads CP24 240 MG37	dipyridamole58		dorzolamide hcl-timolol maleate ..82
diltiazem hcl coated beads CP24 360 MG37			DOVATO34

doxazosin mesylate	26	DRUG MART UNILET LANCETS 33G	63	EASY TOUCH LANCETS 28G	63
doxepin hcl (sleep)	60	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	11	EASY TOUCH LANCETS 28G/TWIST	63
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	15	DULERA 50 MCG/ACT-5 MCG/ACT . 11		EASY TOUCH LANCETS 30G	63
doxepin hcl CAPS 150 MG	15			EASY TOUCH LANCETS 30G/TWIST	63
doxepin hcl CONC	15			EASY TOUCH LANCETS 32G	63
doxycycline (monohydrate) CAPS 50 MG, 100 MG	88	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	15	EASY TOUCH LANCETS 32G/TWIST	63
doxycycline (monohydrate) TABS 50 MG, 100 MG	88	duloxetine hcl CPEP 60 MG	15	EASY TOUCH LANCETS 33G/TWIST	63
doxycycline hyclate CAPS	88	DUPIXENT SOAJ	48	EASY TOUCH SAFETY LANCETS 21G	63
doxycycline hyclate TABS 100 MG 88		DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	48	EASY TOUCH SAFETY LANCETS 23G	63
doxylamine succinate (sleep)	60	dutasteride	56	EASY TOUCH SAFETY LANCETS 26G	63
doxylamine-pyridoxine TBEC	23	dutasteride-tamsulosin hcl	56	EASY TOUCH SAFETY LANCETS 28G	63
droperidol SOLN 2.5 MG/ML	9	DYANAVEL XR TBCR	1	EBASE CONTROLLER KIT MISC .72	
DROPLET LANCETS ULTRA THIN 30G	63	DYSPORT	81	econazole nitrate CREA	44
DROPLET PERSONAL LANCETS 30G	63	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	61	ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	6
DROPSAFE ACTI-LANCE 23G	63	EASIVENT MASK LARGE MISC ..72		ECOTRIN TBEC (Use aspirin)	6
DROPSAFE ALCOHOL PREP70		EASIVENT MASK MEDIUM MISC 72		EDURANT	34
drospirenone-ethinyl estradiol	39	EASIVENT MASK SMALL MISC ..72		efavirenz CAPS 200 MG	34
drospirenone-ethinyl estradiol-levomefolate calcium	39	EASIVENT MISC	72	efavirenz CAPS 50 MG	34
DROXIA CAPS	58	EASY COMFORT ALCOHOL PADS 70		efavirenz TABS	34
droxidopa	95	EASY COMFORT LANCETS	63	efavirenz-emtricitabine-tenofovir disoproxil fumarate	34
DRUG MART ON-THE-GO LANCET 30G	63	EASY COMFORT LANCETS TWIST TOP	63	efavirenz-lamivudine-tenofovir disoproxil fumarate	34
DRUG MART UNILET LANCETS 28G	63	EASY TOUCH ALCOHOL PREP MEDIUM	70	ELAPRASE	53
DRUG MART UNILET LANCETS 30G	63	EASY TOUCH LANCETS 21G	63	ELELYSO	58
		EASY TOUCH LANCETS 23G	63		
		EASY TOUCH LANCETS 26G	63		

ELEPSIA XR TB24	13	ELEVIDYS 37.5-38.4 KG	81	ELEVIDYS 67.5-68.4 KG	81
eletriptan hydrobromide	75	ELEVIDYS 38.5-39.4 KG	81	ELEVIDYS 68.5-69.4 KG	81
ELEVIDYS 10.0-10.4 KG	80	ELEVIDYS 39.5-40.4 KG	81	ELEVIDYS 69.5 KG PLUS	81
ELEVIDYS 10.5-11.4 KG	80	ELEVIDYS 40.5-41.4 KG	81	ELIDEL (Use pimecrolimus)	48
ELEVIDYS 11.5-12.4 KG	80	ELEVIDYS 41.5-42.4 KG	81	ELIGARD KIT SC 7.5 MG	29
ELEVIDYS 12.5-13.4 KG	80	ELEVIDYS 42.5-43.4 KG	81	ELIGARD SC 22.5 MG, 30 MG, 45 MG	29
ELEVIDYS 13.5-14.4 KG	80	ELEVIDYS 43.5-44.4 KG	81	ELIQUIS DVT/PE STARTER PACK TBPK	12
ELEVIDYS 14.5-15.4 KG	80	ELEVIDYS 44.5-45.4 KG	81	ELIQUIS TABS	12
ELEVIDYS 15.5-16.4 KG	80	ELEVIDYS 45.5-46.4 KG	81	ELLA	41
ELEVIDYS 16.5-17.4 KG	80	ELEVIDYS 46.5-47.4 KG	81	ELLEENCE SOLN	30
ELEVIDYS 17.5-18.4 KG	80	ELEVIDYS 47.5-48.4 KG	81	ELLUME COVID-19 HOME TEST KIT	50
ELEVIDYS 18.5-19.4 KG	80	ELEVIDYS 48.5-49.4 KG	81	ELMIRON CAPS	56
ELEVIDYS 19.5-20.4 KG	80	ELEVIDYS 49.5-50.4 KG	81	ELOCTATE	57
ELEVIDYS 20.5-21.4 KG	80	ELEVIDYS 50.5-51.4 KG	81	eltrombopag olamine PACK 12.5 MG	58
ELEVIDYS 21.5-22.4 KG	80	ELEVIDYS 51.5-52.4 KG	81	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	58
ELEVIDYS 22.5-23.4 KG	80	ELEVIDYS 52.5-53.4 KG	81	EMBECTA AUTOSHIELD DUO ...	71
ELEVIDYS 23.5-24.4 KG	81	ELEVIDYS 53.5-54.4 KG	81	EMBECTA PEN NEEDLE NANO .	71
ELEVIDYS 24.5-25.4 KG	81	ELEVIDYS 54.5-55.4 KG	81	EMBECTA PEN NEEDLE NANO 2 GEN	71
ELEVIDYS 25.5-26.4 KG	81	ELEVIDYS 55.5-56.4 KG	81	EMBECTA PEN NEEDLE ULTRAFINE	71
ELEVIDYS 26.5-27.4 KG	81	ELEVIDYS 56.5-57.4 KG	81	EMBRACE LANCETS ULTRA THIN 30G	63
ELEVIDYS 27.5-28.4 KG	81	ELEVIDYS 57.5-58.4 KG	81	EMBRACE PRESSURE ACTIVATED 21G	64
ELEVIDYS 28.5-29.4 KG	81	ELEVIDYS 58.5-59.4 KG	81	EMBRACE PRESSURE ACTIVATED 28G	64
ELEVIDYS 29.5-30.4 KG	81	ELEVIDYS 59.5-60.4 KG	81	EMCYT	29
ELEVIDYS 30.5-31.4 KG	81	ELEVIDYS 60.5-61.4 KG	81		
ELEVIDYS 31.5-32.4 KG	81	ELEVIDYS 61.5-62.4 KG	81		
ELEVIDYS 32.5-33.4 KG	81	ELEVIDYS 62.5-63.4 KG	81		
ELEVIDYS 33.5-34.4 KG	81	ELEVIDYS 63.5-64.4 KG	81		
ELEVIDYS 34.5-35.4 KG	81	ELEVIDYS 64.5-65.4 KG	81		
ELEVIDYS 35.5-36.4 KG	81	ELEVIDYS 65.5-66.4 KG	81		
ELEVIDYS 36.5-37.4 KG	81	ELEVIDYS 66.5-67.4 KG	81		

EMGALITY (300 MG DOSE) SOSY 75	MG/0.4ML, 60 MG/0.6ML	12	EQ PROBIOTIC CPDR	19
EMGALITY SOAJ	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ SPACE CHAMBER ANTI-STATIC DEVI	72
EMGALITY SOSY	ENTADFI	56	EQ SPACE CHAMBER ANTI-STATIC L DEVI	72
EMPLICITI	ENTRESTO CPSP	38	EQ SPACE CHAMBER ANTI-STATIC M DEVI	72
emtricitabine CAPS	ENTRESTO TABS	38	EQ SPACE CHAMBER ANTI-STATIC S DEVI	72
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	ENTYVIO PEN SOAJ	55	EQL ALCOHOL SWABS	70
emtricitabine-tenofovir disoproxil fumarate	ENVIVE CAPS	19	EQL DAILY PROBIOTIC CAPS	20
EMTRIVA CAPS (Use emtricitabine)	EPCLUSA PACK	36	EQL DRY MOUTH ORAL RINSE SOLN	77
EMTRIVA SOLN	EPCLUSA TABS	36	EQL PROBIOTIC COLON SUPPORT CAPS	20
EMVERM CHEW	EPIFOAM FOAM	47	ERBITUX	29
enalapril maleate & hydrochlorothiazide	epinastine hcl (ophth)	84	ergocalciferol CAPS	95
enalapril maleate TABS	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	95	ergoloid mesylates TABS	88
ENBREL MINI SOCT	epinephrine (anaphylaxis) SOAJ	95	ergotamine w/ caffeine TABS	75
ENBREL SOLN	epinephrine hcl (nasal)	80	eribulin mesylate	31
ENBREL SOSY	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95	ERIVEDGE	29
ENBREL SURECLICK SOAJ	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95	ERLEADA 60 MG	29
ENCARE SUPP 100 MG	EPIVIR SOLN (Use lamivudine)	34	erlotinib hcl	29
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	EPIVIR TABS 150 MG (Use lamivudine)	34	ertapenem sodium IJ	27
ENERGIX-B SUSP 20 MCG/ML	EPIVIR TABS 300 MG (Use lamivudine)	34	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61
ENERGIX-B SUSY	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	58	erythromycin (acne aid) GEL	44
enoxaparin sodium SOLN IJ 300 MG/3ML	epoprostenol sodium	38	erythromycin (acne aid) SOLN	44
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	EPRONTIA SOLN	13	erythromycin (ophth)	83
enoxaparin sodium SOSY 30 MG/0.3ML	EPZICOM (Use abacavir sulfate-lamivudine)	34	ERYTHROMYCIN	83
enoxaparin sodium SOSY 40	EQ PROBIOTIC CAPS	19	erythromycin base CPEP	61
			erythromycin base TABS	61

erythromycin base TBEC	61	etoposide CAPS	31	EZ-LETS LANCETS 30G	64
erythromycin ethylsuccinate SUSR 61		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	31	FABRAZYME	53
erythromycin ethylsuccinate TABS 61		etravirine 100 MG	34	FALESSA	39
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	33	etravirine 200 MG	34	famciclovir	36
escitalopram oxalate SOLN	15	EUFLEXXA SOSY	79	famotidine TABS 10 MG	90
escitalopram oxalate TABS	15	EULEXIN	29	famotidine TABS 20 MG, 40 MG ..	90
esomeprazole magnesium CPDR .	90	EVENITY	52	FASENRA PEN SOAJ	10
esomeprazole magnesium PACK .	90	everolimus (immunosuppressant) .	76	FASENRA SOSY 10 MG/0.5ML ...	10
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 57		everolimus TABS	30	FASTEP COVID-19 ANTIGEN TEST KIT	50
estazolam	60	everolimus TBSO	30	FEIBA	57
estradiol & norethindrone acetate TABS	54	EVOMELA IV	28	felbamate SUSP	13
estradiol PTTW	54	EVOTAZ	34	felbamate TABS	13
estradiol PTWK	54	EVRYSDI	81	felodipine	37
estradiol TABS	54	EXELON 13.3 MG/24HR (Use rivastigmine)	87	FEM-DOPHILUS WOMENS CAPS 20	
estradiol vaginal CREA	94	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	87	fenofibrate CAPS	25
estradiol vaginal TABS	94	exemestane	29	fenofibrate micronized 134 MG, 200 MG	24
ESTROVEN SLIMBIOTICS CAPS 20		exenatide SOPN 10 MCG/0.04ML .	17	fenofibrate micronized 43 MG, 90 MG, 130 MG	24
eszopiclone	60	exenatide SOPN 5 MCG/0.02ML ..	17	fenofibrate micronized 67 MG	25
ethambutol hcl TABS	27	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	26	fenofibrate TABS 40 MG, 120 MG .	25
ethosuximide CAPS	14	EXONDYS 51	81	fenofibrate TABS 54 MG	25
ethosuximide SOLN	14	EYLEA SOLN	83	fenofibric acid	25
ethynodiol diacet & eth estrad	39	EYSUVIS SUSP	84	FENSOLVI (6 MONTH) SC	53
etodolac CAPS	5	ezetimibe	25	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etodolac TABS	5	ezetimibe-simvastatin	24	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etodolac TB24	5	EZ-LETS LANCETS 21G	64	FERRETTS TABS	59
etonogestrel-ethinyl estradiol	41	EZ-LETS LANCETS 26G	64		
		EZ-LETS LANCETS 28G	64		

FERRIPROX SOLN	22	fingolimod hcl	87	FLUBLOK QUADRIVALENT	92
ferrous fumarate TABS	59	FIRDAPSE	27	FLUBLOK SOSY	92
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	59	FIRMAGON (240 MG DOSE)	29	FLUCELVAX QUADRIVALENT SUSP	92
FERROUS GLUCONATE TABS 324 MG	59	FIRMAGON 80 MG	29	FLUCELVAX QUADRIVALENT SUSY	92
ferrous gluconate TABS	59	FIRST-PROGESTERONE VGS SUPP	94	FLUCELVAX SUSP	92
ferrous sulfate dried TBCR	59	flavoxate hcl	91	FLUCELVAX SUSY	92
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	59	FLEBOGAMMA DIF SOLN	85	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	72	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	90	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 . 92	
FIBRICOR (Use fenofibric acid) ..	25	FLORASTOR SELECT IMMUNITY BOOS CAPS	20	FLULAVAL SUSY	92
FIBRYGA	57	FLORRAXIS CAPS	20	FLUMIST	92
FIFTY50 ALCOHOL PREP	70	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11		FLUMIST QUADRIVALENT	92
FIFTY50 SAFETY SEAL LANCETS . 64		FLOVENT DISKUS AEPB	11	flunisolide (nasal)	80
FIFTY50 UNILET LANCETS 33G .	64	FLOWFLEX COVID-19 AG HOME TEST KIT	50	fluocinolone acetonide (otic)	85
FILTER AIR PP MISC	72	FLUAD	92	fluocinolone acetonide CREA	47
finasteride	56	FLUAD QUADRIVALENT	92	fluocinolone acetonide OINT	47
FINE 30	64	FLUARIX QUADRIVALENT SUSY	92	fluocinolone acetonide SOLN	47
FINGERSTIX LANCETS	64	FLUARIX SUSY	92	fluocinonide CREA 0.05 %	47
				fluocinonide CREA 0.1 %	47

fluocinonide emulsified base	47	fluticasone propionate CREA 0.05 % 47	fondaparinux sodium	12	
fluocinonide GEL	47		FORA LANCETS	64	
fluocinonide OINT	47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	FORFIVO XL TB24 (Use bupropion hcl)	14
fluocinonide SOLN	47	fluticasone propionate hfa 44 MCG/ACT	11	FORTIFY 30 BILLION PROBIOT 50+ CPDR	20
fluorometholone (ophth) SUSP	84	fluticasone propionate LOTN	47	FORTIFY 50 BILLION PROBIOT 50+ CPDR	20
fluorouracil (topical) CREA 0.5 %	45	fluticasone propionate OINT	47		
fluorouracil (topical) CREA 5 %	45	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	FORTIFY DAILY PROBIOTIC CAPS . 20	
fluorouracil (topical) SOLN	45	fluticasone-salmeterol AERO	12	FORTIFY DAILY PROBIOTIC EX ST CPDR	20
fluoxetine hcl (pmdd) TABS 10 MG 88		fluvastatin sodium CAPS	25	FORTIFY OPTIMA PROBIOTIC CPDR	20
fluoxetine hcl (pmdd) TABS 20 MG 88		fluvastatin sodium TB24	25	FORTIFY OPTIMA WOMENS ADV CARE CPDR	20
fluoxetine hcl CAPS	15	fluvoxamine maleate CP24	15	FORTIFY PROBIOTIC WOMENS CPDR	20
fluoxetine hcl CPDR	15	fluvoxamine maleate TABS	15		
fluoxetine hcl SOLN	15	FLUZONE HIGH-DOSE QUADRIVALENT	92	FORTIFY PROBIOTIC WOMENS EX ST CPDR	20
FLUOXETINE HCL TABS (Use fluoxetine hcl)	15	FLUZONE HIGH-DOSE SUSY	92	fosamprenavir calcium TABS	34
fluoxetine hcl TABS 10 MG	15	FLUZONE QUADRIVALENT SUSP 92		fosinopril sodium & hydrochlorothiazide	26
fluoxetine hcl TABS 20 MG	15	FLUZONE QUADRIVALENT SUSY 92		fosinopril sodium	25
fluoxetine hcl TABS 60 MG	15	FLUZONE SUSP	92	FRAGMIN SOLN 10000 UNIT/4ML 12	
fluphenazine decanoate	33	FLUZONE SUSY	93	FREDS PHARMACY UNILET LANC 28G	64
fluphenazine hcl TABS	33	FLYP HYPERSONIQ CARTRIDGE MISC	72	FREDS PHARMACY UNILET LANC 30G	64
flurandrenolide CREA	47	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FREESTYLE LANCETS	64
flurandrenolide LOTN	47	folic acid TABS 1 MG	58	FREESTYLE LIBRE 14 DAY READER	64
flurandrenolide OINT	47	folic acid TABS 400 MCG, 800 MCG . 58		FREESTYLE LIBRE 14 DAY SENSOR	64
flurazepam hcl	60	FOLOTYN	28		
flurbiprofen sodium	84				
flurbiprofen TABS	5				
fluticasone propionate (inhalation) AEPB	11				
fluticasone propionate (nasal) SUSP . 80					

FREESTYLE LIBRE 2 PLUS SENSOR 64	GALAFOLD 53	gentamicin sulfate (topical) CREA .44
FREESTYLE LIBRE 2 READER ..64	galantamine hydrobromide CP24 ..87	gentamicin sulfate (topical) OINT ..44
FREESTYLE LIBRE 2 SENSOR ..64	galantamine hydrobromide SOLN .87	GENTEEL BUTTERFLY TOUCH LANCET64
FREESTYLE LIBRE 3 PLUS SENSOR 64	galantamine hydrobromide TABS .87	GENTLE-LET GP LANCETS 64
FREESTYLE LIBRE 3 READER ..64	GAMASTAN 85	GENTLE-LET LANCETS 64
FREESTYLE LIBRE 3 SENSOR ..64	GAMIFANT 10 MG/2ML, 50 MG/10ML76	GENVISC 850 SOSY79
FREESTYLE LIBRE READER64	GAMMAGARD 85	GENVOYA 34
FREESTYLE UNISTICK II LANCETS 64	GAMMAGARD S/D LESS IGA SOLR 85	GILENYA (Use fingolimod hcl)87
frovatriptan succinate 75	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 85	GILENYA 87
FT ACIDOPHILUS PROBIOTIC BLEND CAPS20	GAMMAPLEX SOLN 85	GILOTRIF 29
FT SALINE NASAL SPRAY SOLN 80	GAMUNEX-C 85	ginger (zingiber officinalis) CAPS 250 MG2
FULL KIT NEBULIZER SET MISC 72	GARDASIL 9 SUSP 0.5 ML93	GLASSIA SOLN 88
FULPHILA58	GARDASIL 9 SUSY 0.5 ML93	glatiramer acetate SOSY 87
furosemide SOLN PO 8 MG/ML, 10 MG/ML 52	gatifloxacin (ophth) 83	glimepiride 1 MG, 2 MG18
furosemide TABS 52	GATTEX 56	glimepiride 3 MG18
FYLNETRA58	GAUZE SPONGES64	glimepiride 4 MG18
gabapentin CAPS 100 MG13	GAZYVA29	glipizide TABS 2.5 MG18
gabapentin CAPS 300 MG, 400 MG . 13	gefitinib 29	glipizide TABS 5 MG, 10 MG 18
gabapentin SOLN13	GEL-ONE79	glipizide TB2418
gabapentin TABS 600 MG, 800 MG 13	GELSYN-3 SOSY79	glipizide-metformin hcl 16
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)13	gemfibrozil TABS 25	GLOBAL ALCOHOL PREP EASE 70
GABITRIL 2 MG, 4 MG (Use tiagabine hcl)14	GEMTESA91	GLOBAL INJECT EASE LANCETS 28G64
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML79	GENABIO COVID-19 RAPID TEST KIT50	GLOBAL INJECT EASE LANCETS 30G64
	GENORAVANCE CAPS20	GLUCAGEN HYPOKIT16
	GENOTROPIN CART SC53	glucagon (rdna)16
	GENOTROPIN MINIRAPID PRSY 53	GLUCAGON EMERGENCY (Use glucagon (rdna)) 16
	gentamicin sulfate (ophth) SOLN ..83	GLUCO TO GO CHEW16

GLUCOCOM LANCETS 28G64	GRANIX SOSY58	HARVONI PACK36
GLUCOCOM LANCETS 30G64	griseofulvin microsize SUSP23	HARVONI TABS36
GLUCOCOM LANCETS 33G64	griseofulvin microsize TABS23	HAVRIX 1440 EL U/ML93
GLUCOSE CHEW16	griseofulvin ultramicrosize23	HAVRIX IM 720 EL U/0.5ML93
glyburide micronized 1.5 MG, 3 MG, 6 MG18	guaifenesin-codeine SOLN43	HEALTHY ACCENTS UNILET LANCETS65
glyburide TABS18	guaifenesin-codeine SYRP43	H-E-B INCONTROL ALCOHOL ...70
glyburide-metformin16	guanfacine hcl (adhd)2	H-E-B INCONTROL LANCETS 28G . 65
glycerin (laxative) SUPP 2 GM60	guanfacine hcl26	H-E-B INCONTROL LANCETS 30G . 65
glycine diluent86	GVOKE KIT SOLN16	H-E-B INCONTROL LANCETS 33G . 65
glycopyrrolate TABS 1 MG, 2 MG .89	GYNAZOLE-194	HEMATINIC PLUS VIT/MINERALS TABS59
GLYXAMBI16	HADLIMA PUSHTOUCH SOAJ4	HEMGENIX57
GNP ACIDOPHILUS HIGH POTENCY CAPS20	HADLIMA SOSY4	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML57
GNP ADVANCED PROBIOTIC CAPS20	HAEMOLANCE64	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT57
GNP ALCOHOL SWABS70	HAEMOLANCE LOW FLOW LANCETS64	HEPAGAM B SOLN IJ85
GNP GLUCOSE CHEW16	HAEMOLANCE PLUS64	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML12
GNP PROBIOTIC COLON SUPPORT CAPS20	HAEMOLANCE PLUS HIGH FLOW . 65	HEPLISAV-B SOSY93
GNP PROBIOTIC EXTRA STRENGTH CAPS22	HAEMOLANCE PLUS LOW FLOW . 65	HERCEPTIN HYLECTA30
GNP STERILE LANCETS 28G ...64	HAEMOLANCE PLUS MAX FLOW 65	HIBERIX SOLR IJ91
GNP STERILE LANCETS 30G ...64	HAEMOLANCE PLUS PEDIATRIC FLOW65	HIGH POTENCY PROBIOTIC CAPS 20
GNP STERILE LANCETS 33G ...64	halcinonide CREA47	HIZENTRA SOLN85
GOJJI STERILE LANCETS64	halobetasol propionate CREA47	HIZENTRA SOSY 10 GM/50ML ...85
GOODSENSE ALCOHOL SWABS 70	halobetasol propionate FOAM47	HM STERILE ALCOHOL PREP ..70
GOTOKNOW COVID-19 ANTIGEN RAPI KIT50	halobetasol propionate OINT47	
granisetron hcl TABS23	haloperidol decanoate33	
GRANIX SOLN58	haloperidol lactate CONC33	
	haloperidol lactate SOLN33	
	haloperidol TABS33	

HUDSON RCI AEROSOL MASK	STARTER AJKT	4	47	
ADULT MISC	HUMULIN 70/30 SUSP	17	hydrocortisone (topical) CREA 2.5 %	
HULIO (2 PEN) AJKT	HUMULIN N SUSP	17	47	
HULIO (2 SYRINGE) PSKT	HUMULIN R SOLN IJ	17	hydrocortisone (topical) LOTN 1 %	
HUMALOG JUNIOR KWIKPEN			47	
SOPN	HUMULIN R U-500		hydrocortisone (topical) LOTN 2.5 %	
	(CONCENTRATED) SOLN SC	17	47	
HUMALOG KWIKPEN SOPN 100	HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone (topical) OINT 0.5 %	
UNIT/ML	SC	17	47	
HUMALOG MIX 50/50 KWIKPEN	HYALGAN SOLN	79	hydrocortisone (topical) OINT 1 %	47
SUPN	HYALGAN SOSY	79	hydrocortisone (topical) OINT 2.5 %	
HUMALOG MIX 50/50 SUSP	HYCAMPIN CAPS	32	47	
HUMALOG MIX 75/25 KWIKPEN	hydralazine hcl TABS	26	hydrocortisone (topical) SOLN 1 %	
SUPN	hydrochlorothiazide CAPS	52	47	
HUMALOG MIX 75/25 SUSP	hydrochlorothiazide TABS 25 MG, 50		hydrocortisone acetate (topical)	
HUMALOG SOLN IJ	MG	52	CREA 1 %	47
HUMALOG TEMPO PEN SOPN ..	hydrocodone bitartrate CP12	6	hydrocortisone acetate (topical) OINT	
HUMATE-P SOLR	hydrocodone bitartrate-homatropine			47
	methylbromide SOLN	43	HYDROCORTISONE ACETATE	
HUMIRA (2 PEN) AJKT 40	hydrocodone-acetaminophen SOLN		CREA	47
MG/0.8ML	108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone butyrate CREA	47
HUMIRA (2 PEN) AJKT	MG/10ML-5 MG/10ML, 325		hydrocortisone butyrate hydrophilic	
HUMIRA (2 SYRINGE) PSKT	MG/15ML-7.5 MG/15ML	7	lipo base	47
HUMIRA-CD/UC/HS STARTER	hydrocodone-acetaminophen TABS		hydrocortisone butyrate LOTN	48
AJKT 40 MG/0.8ML	325 MG-10 MG	7	hydrocortisone butyrate OINT	48
HUMIRA-CD/UC/HS STARTER	hydrocodone-acetaminophen TABS		hydrocortisone butyrate SOLN	48
AJKT 80 MG/0.8ML	325 MG-5 MG	7	hydrocortisone TABS	42
HUMIRA-PED<40KG CROHNS	hydrocodone-acetaminophen TABS		hydrocortisone vaginal	94
STARTER PSKT	325 MG-7.5 MG	7	hydrocortisone valerate CREA	48
HUMIRA-PED>=40KG CROHNS	hydrocortisone (intrarectal)	8	hydrocortisone valerate OINT	48
START PSKT	hydrocortisone (rectal) EX 1 %	8	hydrocortisone w/acetic acid	85
HUMIRA-PED>=40KG UC	hydrocortisone (rectal) EX 2.5 % ...	8	HYDROMORPHONE HCL SUPP ...	6
STARTER AJKT	hydrocortisone (topical) CREA 0.5 %		hydromorphone hcl TABS	6
	47			
HUMIRA-PSORIASIS/UVEIT	hydrocortisone (topical) CREA 1 %			

hydromorphone hcl TB24	6	HYRIMOZ SOSY	4	IDACIO-CROHNS/UC STARTER AJKT	4
HYDROXATE GEL	48	HYRIMOZ-CROHNS/UC STARTER SOAJ	4	IDACIO-PSORIASIS STARTER AJKT	4
HYDROXYM GEL	48	HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	IDELVION	57
hydroxyprogesterone caproate (antineoplastic)	29	HYRIMOZ-PED>=40KG CROHN START SOSY	4	IGALMI FILM	60
hydroxyurea	31	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	4	IHEALTH COVID-19 RAPID TEST KIT	50
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	9	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	4	ILEVRO	84
hydroxyzine hcl SYRP	9	HY-VEE LANCETS	65	ILUVIEN	84
hydroxyzine hcl TABS	9	HY-VEE THIN LANCETS	65	imatinib mesylate TABS	30
hydroxyzine pamoate CAPS 25 MG, 100 MG	9	ibandronate sodium SOLN	52	IMBRUVICA CAPS 140 MG	30
hydroxyzine pamoate CAPS 50 MG	9	ibandronate sodium TABS	52	IMBRUVICA CAPS 70 MG	30
HYMOVIS	79	IBRANCE CAPS	30	IMBRUVICA TABS	30
hyoscyamine sulfate ELIX	89	IBSRELA	56	IMCIVREE	1
hyoscyamine sulfate SOLN PO 0.125 MG/ML	89	ibuprofen CHEW	5	imipramine hcl TABS	15
hyoscyamine sulfate SUBL 0.125 MG	89	ibuprofen SUSP	5	imipramine pamoate	15
hyoscyamine sulfate TABS 0.125 MG	89	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	5	imiquimod 5 %	48
hyoscyamine sulfate TB12 0.375 MG 89		ibuprofen-diphenhydramine citrate 60		IMLYGIC	32
hyoscyamine sulfate TBDP 0.125 MG	89	ibuprofen-diphenhydramine hcl ...	60	IMOVAX RABIES SUSR	93
HYPERHEP B SOLN IM	85	icatibant acetate SOSY	57	IMPEKLO LOTN	48
HYPERHEP B SOSY	85	ICLUSIG 15 MG, 45 MG	30	IN TOUCH STERILE LANCETS 30G	65
HYPERRHO S/D SOSY IM 1500 UNIT	85	ID NOW COVID-19	50	INCRELEX	53
HYPERRHO S/D SOSY IM 250 UNIT	85	ID NOW COVID-19 2.0 CONTROL 50		indapamide TABS 1.25 MG, 2.5 MG . 52	
HYQVIA	86	ID NOW COVID-19 2.0 TEST	50	INDICAID COVID-19 RAPID TEST KIT	50
HYRIMOZ SOAJ	4	ID NOW COVID-19 CONTROL ...	50	indomethacin CAPS 25 MG, 50 MG	5
		IDACIO (2 PEN) AJKT	4	indomethacin CPCR	5
		IDACIO (2 SYRINGE) PSKT	4	INFANRIX	89
				INFANTS ADVIL SUSP (Use	

ibuprofen)5	INSULIN SYRINGES71	MG, 20 MG, 30 MG9
INGREZZA CAPS87	INTELENCE (Use etravirine)34	isosorbide mononitrate TABS9
INGREZZA CPSP87	INTELENCE34	ISOSORBIDE MONONITRATE TABS9
INLYTA28	INTELENCE 200 MG (Use etravirine)34	isosorbide mononitrate TB249
INNOSPIRE REPLACEMENT FILTER MISC72	INTELISWAB COVID-19 RAPID TEST KIT50	isotretinoin 10 MG, 20 MG, 40 MG 44
INPEFA38	INVEGA HAFYERA33	isradipine CAPS37
INSPIRACHAMBER/LARGE DEVI 73	INVEGA SUSTENNA33	ITCH RELIEF CREA45
INSPIRACHAMBER/MEDIUM DEVI . 73	INVEGA TRINZA33	itraconazole CAPS23
INSPIRACHAMBER/MOUTHPIECE DEVI73	INVOKANA18	itraconazole SOLN23
INSPIRACHAMBER/SMALL DEVI 73	IPOLE93	ivermectin (pediculicide)49
INSPIREASE MISC73	ipratropium bromide (nasal) 0.03 % 80	ivermectin9
INSPIREASE RESERVOIR BAGS 73	ipratropium bromide (nasal) 0.06 % 80	IXCHIQ93
INSULIN ASP PROT & ASP FLEXPEN SUPN17	ipratropium bromide SOLN 0.02 % 10	IXEMPRA KIT31
INSULIN ASPART PROT & ASPART SUSP17	ipratropium-albuterol SOLN12	IXIARO93
INSULIN GLARGINE SOLN17	irbesartan25	IXINITY SOLR57
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML17	irbesartan-hydrochlorothiazide ...26	IYUZEH SOLN84
INSULIN GLARGINE-YFGN SOLN 17	irinotecan hcl32	JAKAFI30
INSULIN GLARGINE-YFGN SOPN 17	IRON CHEWS PEDIATRIC CHEW 59	JANSSEN COVID-19 VACCINE ..93
INSULIN LISPRO (1 UNIT DIAL) SOPN17	IRON TABS 28 MG59	JANUMET TABS16
INSULIN LISPRO JUNIOR KWIKPEN SOPN17	ISENTRESS CHEW 100 MG34	JANUMET XR TB2416
INSULIN LISPRO PROT & LISPRO SUPN17	ISENTRESS CHEW 25 MG34	JANUVIA17
INSULIN LISPRO SOLN IJ17	ISENTRESS PACK34	JARDIANCE18
	ISENTRESS TABS34	JARRO-DOPHILUS EPS CPDR ...20
	isoniazid SYRP28	JARRO-DOPHILUS EPS PROBIOTIC CPDR20
	isoniazid TABS28	JARRO-DOPHILUS HYPOALLERGENIC CAPS20
	ISOPTO ATROPINE SOLN83	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS20
	isosorbide dinitrate TABS 5 MG, 10	JARRO-DOPHILUS VAGINAL PROBIOT CPDR20

JENTADUETO TABS	16	ketorolac tromethamine (ophth) 0.5 %	84	KYMRIAH	29
JEVTANA	31	ketorolac tromethamine TABS	5	KYPROLIS	30
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	57	KETOSTIX STRP	50	labetalol hcl TABS 100 MG	37
JOURNAVX	6	ketotifen fumarate (ophth) 0.035 % 84		labetalol hcl TABS 200 MG	37
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	KEY-E CHEW	95	labetalol hcl TABS 300 MG	37
JYNNEOS	93	KEYTRUDA	29	LACTEROL CAPS	20
KADCYLA	29	KHAPZORY	31	lactic acid (ammonium lactate) CREA	48
KALBITOR	58	KINNEY LANCETS	65	lactic acid (ammonium lactate) LOTN 12 %	48
KALETRA SOLN	35	KINNEY THIN LANCETS	65	LACTOVIVE CAPS	20
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	35	KINRIX SUSY	89	lactulose (encephalopathy)	56
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	35	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	2	lactulose SOLN	60
KALYDECO PACK 50 MG, 75 MG 88		KLOXXADO LIQD	22	LAGEVRIO	36
KALYDECO TABS	88	KOATE SOLR	57	lamivudine SOLN	35
KANJINTI 420 MG	29	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	57	lamivudine TABS 150 MG	35
KANUMA	53	KOGENATE FS KIT	57	lamivudine TABS 300 MG	35
KAZANO (Use alogliptin-metformin hcl)	16	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	16	lamivudine-zidovudine	35
KCENTRA	57	KONVOMEK SUSR	90	lamotrigine CHEW	13
KEMOPLAT SOLN	28	KOVALTRY	57	lamotrigine KIT 25 MG	13
KEPIVANCE 6.25 MG	31	KRINTAFEL	27	lamotrigine TABS	13
KESIMPTA	87	KROGER HEALTHPRO LANCET 26G	65	lamotrigine TB24	13
ketoconazole (topical) CREA	44	KROGER LANCETS	65	lamotrigine TBDP	13
ketoconazole (topical) SHAM 2 %	44	KROGER LANCETS SUPER THIN 65		LANCETS	65
KETONE TEST STRP	50	KROGER LANCETS THIN	65	LANCETS 28G THIN	65
ketoprofen CAPS 50 MG	5	KRYSTEXXA	57	LANCETS 30G	65
ketoprofen CP24	5	KYLEENA	42	LANCETS 33G	65
ketorolac tromethamine (ophth) 0.4 %	84			LANCETS MICRO THIN 33G	65
				LANCETS SUPER THIN	65
				LANCETS SUPER THIN 28G	65
				LANCETS THIN	65

LANCETS ULTRA THIN	65	LEUKERAN	28	levonorgestrel-eth estradiol (triphasic)	40
LANCETS ULTRA THIN 30G	65	LEUKINE SOLR IJ	58	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	40
lanolin (topical) CREA	49	leuprolide acetate (3 month) INJ 22.5 MG	30	levonorgestrel-ethinyl estradiol (continuous)	40
lanolin XX	86	leuprolide acetate KIT IJ 1 MG/0.2ML	30	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	89
LANOLIN XX	86	LEUPROLIDE ACETATE-BUPIVACAINE	30	levothyroxine sodium TABS	89
LANOLOR CREA	49	levalbuterol hcl	12	LEVULAN KERASTICK SOLR	45
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	38	levalbuterol tartrate	12	LEXIVA SUSP	35
lanreotide acetate	54	levamlodipine maleate	37	LEXIVA TABS (Use fosamprenavir calcium)	35
LANREOTIDE ACETATE	54	LEVEMIR FLEXPEN SOPN	18	LIALDA TBEC (Use mesalamine) .	55
lansoprazole CPDR	90	LEVEMIR SOLN	18	LIBERTY MEDICAL LANCETS ...	65
lansoprazole TBDD	90	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	LIBERVANT FILM	13
lanthanum carbonate CHEW	56	levetiracetam TABS	13	LIBTAYO	29
LANTUS SOLOSTAR SOPN	18	levetiracetam TB24	13	LICEMD GEL	49
lapatinib ditosylate	30	levobunolol hcl 0.5 %	82	lidocaine CREA 4 %	49
LEDIPASVIR-SOFOSBUVIR TABS 36		levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	53	LIDOCAINE CREA	49
leflunomide	5	levocarnitine (metabolic modifiers) TABS	53	lidocaine hcl (mouth-throat) 2 % ...	77
lenalidomide	76	levocetirizine dihydrochloride SOLN 24		lidocaine hcl CREA 3 %	49
LENVIMA (10 MG DAILY DOSE) .	28	levofloxacin (ophth) 0.5 %	83	lidocaine hcl CREA 4 %	49
LENVIMA (12 MG DAILY DOSE) .	28	levofloxacin SOLN PO	55	lidocaine hcl GEL 2 %	49
LENVIMA (14 MG DAILY DOSE) .	28	levofloxacin TABS	55	lidocaine hcl PRSY	49
LENVIMA (18 MG DAILY DOSE) .	28	levoleucovorin calcium SOLN	31	lidocaine-prilocaine CREA	49
LENVIMA (20 MG DAILY DOSE) .	28	levoleucovorin calcium SOLR	31	LILETTA (52 MG)	42
LENVIMA (24 MG DAILY DOSE) .	29	levonorgestrel & eth estradiol TABS 40		lindane SHAM	49
LENVIMA (4 MG DAILY DOSE) ..	29	levonorgestrel (emergency oc) 1.5 MG	41	LINZESS	56
LENVIMA (8 MG DAILY DOSE) ..	29			LIORESAL SOLN IT	79
LETAIRIS (Use ambrisentan)	38				
letrozole	29				
leucovorin calcium TABS 5 MG, 25 MG	31				

[illegible]

magnesium oxide TABS 400 MG ...	9	medroxyprogesterone acetate (contraceptive) SUSY IM	41	meprobamate	9
malathion	49	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	86	mercaptopurine SUSP 2000 MG/100ML	28
maraviroc TABS 150 MG	35	mefloquine hcl	27	mercaptopurine TABS	28
maraviroc TABS 300 MG	35	MEGA PROBIOTIC CAPS	20	mesalamine ENEM	55
MATULANE	31	megestrol acetate SUSP	30	mesalamine SUPP	55
MAVYRET PACK	36	megestrol acetate TABS	30	mesalamine TBEC 1.2 GM	55
MAVYRET TABS	36	MEIJER ALCOHOL SWABS	70	mesalamine TBEC 800 MG	55
MAXI-TUSS PE LIQD	43	MEIJER LANCETS	66	mesalamine w/ cleanser	55
MAYZENT STARTER PACK TBPk 0.25 MG	87	MEIJER LANCETS UNIVERSAL 21G	66	mesna SOLN	31
MAYZENT TABS	87	MEIJER LANCETS UNIVERSAL 30G	66	mesna TABS	31
meclizine hcl CHEW	23	MEIJER LANCETS UNIVERSAL 33G	66	MESNEX TABS	31
meclizine hcl TABS 12.5 MG, 25 MG 23		MEIJER LANCETS UNIVERSAL 33G	66	META BIOTIC/BIO-ACTIVE 12 CAPS	20
MEDICHOICE SAFETY LANCET ..	65	MEKINIST TABS	30	METAMUCIL CAPS	60
MEDICHOICE SAFETY LANCET EXTRA	65	MEKTOVI	30	metaxalone	79
MEDICHOICE SAFETY LANCET NORM	65	melatonin TABS 3 MG, 5 MG	2	metformin hcl SOLN	16
MEDLANCE EXTRA 21G	65	meloxicam TABS	5	metformin hcl TABS 500 MG, 850 MG, 1000 MG	16
MEDLANCE LITE 25G	65	melphalan	28	metformin hcl TABS 625 MG	16
MEDLANCE PLUS EXTRA 21G ..	65	melphalan hcl IV	28	metformin hcl TB24 500 MG, 1000 MG	16
MEDLANCE PLUS LANCETS	65	memantine hcl CP24	87	metformin hcl TB24 500 MG, 750 MG	16
MEDLANCE PLUS LITE 25G	65	memantine hcl SOLN	87	methadone hcl TABS 10 MG	6
MEDLANCE PLUS SPECIAL 0.8MM	65	memantine hcl TABS	87	methadone hcl TABS 5 MG	6
MEDLANCE PLUS SUPERLITE 30G	65	MENACTRA	91	methamphetamine hcl	1
MEDLANCE PLUS UNIVERSAL 21G	65	MENQUADFI 0.5 ML	91	methazolamide TABS	52
MEDLANCE UNIVERSAL 21G ...	65	MENVEO SOLN	91	methenamine mandelate	27
medroxyprogesterone acetate (contraceptive) SUSP IM	41	MENVEO SOLR	91	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 27	
		meperidine hcl SOLN PO 50 MG/5ML	6		
		meperidine hcl TABS 50 MG	6		

methimazole TABS 89	MG/5ML, 10 MG/10ML55	MICROCHAMBER DEVI73
methocarbamol TABS 500 MG79	metoclopramide hcl TABS 10 MG .55	MICROCHAMBER MISC73
methocarbamol TABS 750 MG79	metoclopramide hcl TABS 5 MG ..55	MICROFLOR 33 CAPS20
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 28	metolazone52	MICROFLOR CAPS 20
methotrexate sodium TABS 2.5 MG 28	metoprolol & hydrochlorothiazide TABS26	MICROLET LANCETS66
methsuximide14	metoprolol succinate TB24 200 MG 37	MICROSPACER MISC 73
methylidopa TABS26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG37	midazolam hcl SOLN IJ60
methylergonovine maleate TABS ..85	metoprolol tartrate TABS 100 MG .37	MIDAZOLAM HCL SOLN IJ 60
METHYLIN SOLN (Use methylphenidate hcl)2	metoprolol tartrate TABS 25 MG, 50 MG 37	midodrine hcl95
methylphenidate hcl CHEW2	metoprolol tartrate TABS 37.5 MG, 75 MG37	MIEBO84
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG 2	metronidazole (topical) CREA 49	mifepristone (hyperglycemia) 16
methylphenidate hcl CP24 60 MG ..2	metronidazole (topical) GEL 0.75 % 49	miglitol16
methylphenidate hcl CP242	metronidazole (topical) LOTN 49	miglustat58
methylphenidate hcl CPR2	metronidazole TABS 250 MG, 500 MG 26	MINIELITE FILTER REPLACEMENTS MISC73
methylphenidate hcl SOLN2	metronidazole vaginal94	minocycline hcl CAPS 88
methylphenidate hcl TABS2	metyrosine25	minoxidil 2.5 MG, 10 MG 26
methylphenidate hcl TB242	MICONAZOLE 7 SUPP 100 MG ..94	mirabegron TB24 91
methylphenidate hcl TBCR 10 MG, 20 MG2	miconazole nitrate (topical) CREA .45	MIRCERA 58
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG2	miconazole nitrate vaginal CREA 2 %94	MIRENA (52 MG) 42
methylphenidate hcl TBCR 45 MG, 63 MG 2	miconazole nitrate vaginal KIT94	mirtazapine TABS14
methylprednisolone TABS 4 MG, 8 MG 42	miconazole nitrate vaginal SUPP 100 MG 94	mirtazapine TBDP14
methylprednisolone TBPK42	miconazole nitrate vaginal SUPP 200 MG 94	misoprostol90
methyltestosterone TABS8	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM85	mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML30
metoclopramide hcl SOLN PO 5		MIUDELLA INTRAUTERINE COPPER 41
		MM TWIST LANCETS 66
		M-M-R II SOLR 93
		MOBILE LANCETS 30G 66
		MODERNA COVID-19 BIVAL 6M-5Y..

93	morphine sulfate SOLN PO 20	78
MODERNA COVID-19 BIVALENT	MG/ML, 100 MG/5ML	6
93	morphine sulfate SUPP	7
MODERNA COVID-19 VAC 6M-11Y	morphine sulfate TABS	7
SUSP	morphine sulfate TBCR	7
MODERNA COVID-19 VAC 6M-11Y	MOTPOLY XR CP24	13
SUSY	MOTRIN CHILDRENS CHEW (Use	5
MODERNA COVID-19 VACCINE	ibuprofen)	5
SUSP	MOTRIN INFANTS DROPS SUSP	5
moexipril hcl	(Use ibuprofen)	5
MOI-STIR SOLN	MOUNJARO	17
mometasone furoate (nasal) SUSP	MOUTH KOTE REMINT SOLN	77
80	MOUTH KOTE SOLN	77
mometasone furoate CREA	MOVANTIK	56
mometasone furoate OINT	moxifloxacin hcl (ophth) SOLN OP	83
mometasone furoate SOLN	moxifloxacin hcl TABS	55
MOMMY'S BLISS PROBIOTIC PACK	MPD SAFETY LANCET 21G	66
.....	MPD SAFETY LANCET 23G	66
MONISTAT 3 CREA	MPD SAFETY LANCET 28G	66
MONOLET LANCETS	MPD SAFETY LANCET 30G	66
MONOLET OPD LANCETS	MULPLETA	58
MONOLETTOR SAFETY LANCETS	MULTIPLE VITAMINS TABS-	78
66	ASSORTED BRAND	78
MONOVISC	MULTIPLE VITAMINS TABS-	78
montelukast sodium CHEW	ASSORTED GENERIC	78
montelukast sodium PACK	multiple vitamins w/ iron TABS	78
montelukast sodium TABS	MULTIPLE VITAMINS W/	78
morphine sulfate beads	MINERALS TABS-ASSORTED	78
morphine sulfate CP24 10 MG, 20	BRAND	78
MG, 30 MG, 50 MG, 60 MG, 80 MG,	MULTIPLE VITAMINS W/	78
100 MG	MINERALS TABS-ASSORTED	78
morphine sulfate SOLN PO 10	GENERIC	78
MG/5ML, 20 MG/5ML	MULTIVITAMIN DROPS/IRON SOLN	78
	MULTIVITAMIN INFANT &	78
	TODDLER SOLN	78
	mupirocin calcium (topical)	44
	mupirocin OINT	44
	MVASI	29
	MVW COMPL FORM PROBIOTIC-	20
	KIDS CPDR	20
	MVW COMPLETE FORMULATION	78
	SOLN	78
	MVW COMPLETE PROBIOTIC	20
	CPDR	20
	MYALEPT	53
	mycophenolate mofetil CAPS	76
	mycophenolate mofetil hcl	76
	mycophenolate mofetil SUSR	76
	mycophenolate mofetil TABS	76
	mycophenolate sodium	76
	MYFEMBREE	54
	MYGLUCOHEALTH LANCETS 30G	66
	MYLERAN TABS	28
	MYOBLOC	81
	MYRBETRIQ TB24 (Use mirabegron)	91
	NABI-HB SOLN IM	85
	nabumetone	5
	nadolol TABS 20 MG, 40 MG, 80 MG	37
	NAGLAZYME	54
	naloxone hcl LIQD	23
	naloxone hcl SOCT	23

naloxone hcl SOLN 0.4 MG/ML ... 23	neomycin sulfate TABS 2	NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium) 90
naloxone hcl SOLN 4 MG/10ML ... 23	neomycin-bacitracin zn-polymyxin 83	NEXPLANON 41
naloxone hcl SOSY 0.4 MG/ML ... 23	neomycin-bacitracin-polymyxin OINT 44	NGENLA 53
naloxone hcl SOSY 2 MG/2ML 23	neomycin-polymy-dexameth OINT 84	niacin (antihyperlipidemic) TBCR .. 25
naltrexone hcl 23	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 84	niacin CPCR 250 MG, 500 MG 95
NAMENDA TITRATION PAK TABS (Use memantine hcl) 87	neomycin-polymyxin w/ pramoxine 44	NIACIN ER CPCR 95
naphazoline w/ pheniramine 0.3 %- 0.025 % 83	neomycin-polymyxin-gramicidin .. 83	NIACIN ER TBCR 95
naphazoline w/ pheniramine 0.315 %-0.027 % 83	neomycin-polymyxin-hc (ophth) ... 84	niacin TABS 500 MG 95
naproxen sodium TABS 220 MG ... 5	neomycin-polymyxin-hc (otic) SOLN . 85	niacin TBCR 95
naproxen sodium TABS 275 MG, 550 MG 5	neomycin-polymyxin-hc (otic) SUSP . 85	nicardipine hcl CAPS 37
naproxen sodium-diphenhydramine hcl 60	NESINA (Use alogliptin benzoate) 17	NICOTINE KIT 88
naproxen SUSP 5	NEULASTA ONPRO PSKT 58	nicotine polacrilex GUM 88
naproxen TABS 5	NEULASTA SOSY 59	nicotine polacrilex LOZG 88
naproxen TBEC 5	NEUPOGEN SOLN 59	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 88
naproxen-esomeprazole magnesium 5	NEUPOGEN SOSY 59	NICOTROL INHA 88
naratriptan hcl 75	nevirapine SUSP 35	NICOTROL NS SOLN 88
NARCAN LIQD (Use naloxone hcl) 23	nevirapine TABS 35	nifedipine CAPS 37
NATAZIA 40	nevirapine TB24 100 MG 35	nifedipine TB24 30 MG, 90 MG ... 37
nateglinide 18	nevirapine TB24 400 MG 35	nifedipine TB24 60 MG 37
NATROBA (Use spinosad) 49	NEXABIOTIC CPDR 20	nilotinib hcl 50 MG, 150 MG, 200 MG 31
NATRUL PROBIOTIC CAPS 20	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) .. 90	nimodipine CAPS 38
NATURAL FIBER LAXATIVE POWD 60	NEXIUM 24HR CPDR (Use esomeprazole magnesium) 90	NINLARO 31
NEBULIZER AIR TUBE/PLUGS	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) 90	nisoldipine 38
MISC 73		nitisinone CAPS 54
nefazodone hcl 15		NITRO-BID OINT 9
		nitrofurantoin 27
		nitrofurantoin macrocrystal 50 MG, 100 MG 27

nitrofurantoin monohyd macro 27	norethindrone-eth estradiol (triphasic) 40	NP THYROID TABS 89
nitroglycerin CPR 9	norgestimate-ethinyl estradiol (triphasic) 41	NPLATE 250 MCG, 500 MCG 59
nitroglycerin PT24 9	norgestimate-ethinyl estradiol 40	NUCALA SOAJ 10
nitroglycerin SUBL 9	norgestrel & ethinyl estradiol 30 MCG-0.3 MG 41	NUCALA SOLR 10
NIVA THYROID TABS 89	NORLIQVA SOLN 38	NUCALA SOSY 10
NIVESTYM SOLN 59	NORPACE CAPS (Use disopyramide phosphate) 10	NULOJIX 76
NIVESTYM SOSY 59	nortriptyline hcl CAPS 15	NUMOISYN LIQD 77
NIX LICE KILLING SPRAY LIQD XX . 49	nortriptyline hcl SOLN 15	NUPLAZID CAPS 32
NIZORAL SHAM 45	NORVIR CAPS 35	NUPLAZID TABS 10 MG 32
NORDITROPIN FLEXPOR SOPN . 53	NORVIR PACK 35	NURTEC 75
norelgestromin-ethinyl estradiol . . 41	NORVIR TABS (Use ritonavir) 35	NUVESSA 94
norethin acet & estrad-fe CAPS . . 40	NOSE CLIP MISC 73	NUWIQ KIT 57
norethin acet & estrad-fe CHEW . . 40	NOVA SAFETY LANCETS 23G . . 66	NUWIQ SOLR 57
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 40	NOVA SAFETY LANCETS 28G . . 66	nystatin (mouth-throat) 77
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG 40	NOVA SUREFLEX LANCETS . . . 66	nystatin (topical) CREA 45
norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG . . 40	NOVAREL IM 53	nystatin (topical) OINT 45
norethindrone & eth estradiol 35 MCG-1 MG 40	NOVAVAX COVID-19 VACCINE SUSP 93	nystatin (topical) POWD EX 45
norethindrone & ethinyl estradiol-fe 40	NOVAVAX COVID-19 VACCINE SUSY 93	nystatin TABS 23
norethindrone (contraceptive) . . . 42	NOVOEIGHT 57	nystatin-triamcinolone CREA 45
norethindrone acet & eth estra TABS 40	NOVOLOG 70/30 FLEXPEN RELION SUPN 18	nystatin-triamcinolone OINT 45
norethindrone acetate TABS 86	NOVOLOG MIX 70/30 FLEXPEN SUPN 18	NYVEPRIA 59
norethindrone acetate-ethinyl estradiol 54	NOVOLOG MIX 70/30 RELION SUSP 18	OBIZUR 57
norethindrone acetate-ethinyl estradiol-fe 40	NOVOLOG MIX 70/30 SUSP 18	OCALIVA 55
	NOVOSEVEN RT 57	OCTAGAM SOLN 85
		octreotide acetate KIT 54
		octreotide acetate SOLN 54
		octreotide acetate SOSY 54
		ODEFSEY 35
		ODOMZO 29
		OFEV 88

ofloxacin (ophth)	83	OMVOH SOLN	55	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29
ofloxacin (otic)	85	OMVOH SOSY	55	OPSYNVI	38
ofloxacin 300 MG, 400 MG	55	ON/GO COVID-19 ANTIGEN TEST KIT	51	OPTICHAMBER DIAMOND DEVI ..	73
OHC COVID-19 ANTIGEN SELF TEST KIT	51	ON/GO ONE COVID-19 HOME TEST KIT	51	OPTICHAMBER DIAMOND MISC ..	73
olanzapine SOLR	33	ONCASPAR	31	OPTICHAMBER DIAMOND-LG MASK DEVI	73
olanzapine TABS	33	ondansetron hcl SOLN PO 4 MG/5ML	23	OPTICHAMBER DIAMOND-MD MASK MISC	73
olanzapine TBDP	33	ondansetron hcl TABS 4 MG, 8 MG 23	23	OPTICHAMBER DIAMOND-SM MASK MISC	73
olmesartan medoxomil	25	ondansetron TBDP 16 MG	23	OPTIONS GYNOL II CONTRACEPTIVE GEL	94
olmesartan medoxomil-amlodipine- hydrochlorothiazide	26	ondansetron TBDP 4 MG, 8 MG ..	23	OPVEE NA	23
olmesartan medoxomil- hydrochlorothiazide	26	ONETOUCH DELICA PLUS LANCET30G	66	OPZELURA	48
olopatadine hcl (nasal)	80	ONETOUCH DELICA PLUS LANCET33G	66	ORAL RELIEF SPRAY SOLN	77
olopatadine hcl	84	ONETOUCH DELICA SAFETY LANCING	66	ORALAIR SUBL	2
OLPRUVA (2 GM DOSE) THPK ..	54	ONETOUCH ULTRA 2 KIT	66	ORENITRAM MONTH 1 TEPK	38
OLPRUVA (3 GM DOSE) THPK ..	54	ONETOUCH ULTRA BLUE TEST STRP	51	ORENITRAM MONTH 2 TEPK	38
OLPRUVA (4 GM DOSE) THPK ..	54	ONETOUCH ULTRA STRP	51	ORENITRAM MONTH 3 TEPK	38
OLPRUVA (5 GM DOSE) THPK ..	54	ONETOUCH ULTRA TEST STRP ..	51	ORFADIN SUSP	54
OLPRUVA (6 GM DOSE) THPK ..	54	ONETOUCH ULTRASOFT 2 LANCETS	66	ORIAHNN	54
OLPRUVA (6.67 GM DOSE) THPK 54	54	ONETOUCH VERIO FLEX SYSTEM KIT	66	ORILISSA	53
OLUMIANT	3	ONETOUCH VERIO LIQD	66	ORKAMBI PACK	88
omega-3-acid ethyl esters	24	ONETOUCH VERIO REFLECT KIT 66	66	ORKAMBI TABS	88
omeprazole CPDR	90	ONETOUCH VERIO STRP	51	orphenadrine citrate TB12	79
omeprazole TBEC	90	ONGLYZA (Use saxagliptin hcl) ..	17	orphenadrine w/ aspirin & caff	79
omeprazole-sodium bicarbonate CAPS	90	ONPATTRO	88	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	79
omeprazole-sodium bicarbonate PACK	90			ORTHOVISC	79
OMNITROPE SOCT	53			oseltamivir phosphate CAPS 30 MG . 36	
OMVOH SOAJ	55				

oseltamivir phosphate CAPS 45 MG, 75 MG36	oxymorphone hcl TB12 15 MG7	MISC73
oseltamivir phosphate SUSR36	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7	PARI ERAPID NEBULIZER HANDSET MISC73
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)16	oyster shell75	PARI EXPIRATORY FILTER SET DEVI73
OTEZLA TABS5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN17	PARI MASK SET MISC73
OTEZLA TBPK5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML17	PARI SOFT PLASTIC ADULT MASK MISC73
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/0.4ML3	OZEMPIC (2 MG/DOSE) SOPN ...17	PARI SOFT PLASTIC PED MASK MISC73
oxaprozin TABS5	OZOBAX DS SOLN PO (Use baclofen)79	PARI VORTEX ADULT MASK73
OXAYDO TABS 5 MG7	OZOBAX SOLN PO (Use baclofen) 79	paricalcitol SOLN54
oxazepam CAPS10	OZURDEX IMPL84	paroxetine hcl TABS15
oxcarbazepine SUSP13	PACLITAXEL PROTEIN-BOUND PART32	paroxetine hcl TB2415
oxcarbazepine TABS13	paclitaxel protein-bound particles .32	paroxetine mesylate (vasomotor) .88
OXERVATE84	paliperidone33	PARSABIV54
oxiconazole nitrate CREA45	PALYNZIQ54	PAXLOVID (150/100)36
oxybutynin chloride SOLN90	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML52	PAXLOVID (300/100)36
oxybutynin chloride TABS 2.5 MG .90	PAMIDRONATE DISODIUM SOLN 52	PAXLOVID36
oxybutynin chloride TABS 5 MG ...90	pantoprazole sodium PACK90	pazopanib hcl31
oxybutynin chloride TB2490	pantoprazole sodium TBEC 20 MG 90	PC LANCETS SUPER THIN 30G .66
oxycodone hcl CAPS7	pantoprazole sodium TBEC 40 MG 90	PC PEDIATRIC POLY-VITA/FE DROP SOLN78
oxycodone hcl CONC 100 MG/5ML 7	PANZYGA85	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO78
oxycodone hcl SOLN7	PARAGARD INTRAUTERINE COPPER41	PEARLS IC CAPS20
oxycodone hcl T12A 10 MG, 20 MG, 40 MG7	PARI ALTERA NEBULIZER HANDSET MISC73	ped multivitamins w/fl & iron SOLN 78
oxycodone hcl T12A 80 MG7	PARI BABY CONVERSION KIT	PEDIARIX SUSY89
oxycodone hcl TABS7		PEDIATRIC MOUTHPIECE MISC .73
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7		PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND78
		PEDIATRIC MULTIVITAMINS W/FL

CHEW-ASSORTED GENERIC78	perphenazine TABS33	phenylephrine-dm SOLN 43
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND78	perphenazine-amitriptyline 87	phenylephrine-shark liver oil-cocoa butter8
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC78	PFIZER COVID-19 BIVAL 6MO-4YR93	phenylephrine-shark liver oil-mineral oil-petrolatum 8
pediatric vitamins acid w/ fluoride SOLN78	PFIZER COVID-19 VAC BIVAL 5-1193	phenytoin CHEW14
PEDVAX HIB SUSP 91	PFIZER COVID-19 VAC BIVALENT . 93	phenytoin sodium extended 100 MG, 200 MG, 300 MG14
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR60	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP93	phenytoin sodium extended 200 MG, 300 MG14
peg 3350-potassium chloride-sod bicarbonate-sod chloride60	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP93	phenytoin SUSP 14
PEGASYS SOLN 36	PFIZER-BIONT COVID-19 VAC- TRIS SUSP 93	PHILLIPS COLON HEALTH CAPS 21
PEGASYS SOSY 36	PFIZER-BIONTECH COVID-19 VACC SUSP 93	PHOTOFRIN 31
pemetrexed disodium SOLR 100 MG, 500 MG28	PFLEX MISC73	phytonadione TABS 5 MG95
PENBRAYA 91	PHARMACIST CHOICE ALCOHOL . 70	PIFELTRO35
penciclovir46	PHARMACIST CHOICE LANCETS . 66	PILLOW MASK/ADULT MISC73
penicillamine TABS76	PHARMACIST CHOICE MASK WIPES MISC73	PILLOW MASK/CHILD MISC74
penicillin v potassium SOLR86	PHEBURANE PLLT54	PILLOW MASK/PEDIATRIC MISC 74
penicillin v potassium TABS86	phenazopyridine hcl TABS 100 MG, 200 MG56	pilocarpine hcl (oral) 5 MG77
PENTACEL89	phenelzine sulfate14	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 83
pentoxifylline58	phenobarbital ELIX60	PILOT COVID-19 AT-HOME TEST KIT 51
PERFECT LANCETS 28G66	phenobarbital TABS60	pimecrolimus 48
PERFECT LANCETS 30G66	phenylephrine hcl (mydriatic) SOLN 2.5 %83	PIN RID CHEW9
PERFECT POINT SAFETY LANCETS 66	phenylephrine hcl (oral) TABS80	pindolol TABS37
perindopril erbumine 25	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML43	pioglitazone hcl18
PERJETA29		pioglitazone hcl-glimepiride 16
permethrin AERO49		pioglitazone hcl-metformin hcl TABS . 16
permethrin CREA49		PIP LANCETS 28G 66
permethrin LIQD EX49		PIP LANCETS 30G 66

pirfenidone CAPS88	potassium chloride CPCR 10 MEQ 76	prednisolone acetate (ophth)84
pirfenidone TABS 534 MG88		PREDNISOLONE ACETATE P-F .84
piroxicam CAPS5	potassium chloride CPCR 8 MEQ .76	PREDNISOLONE SODIUM PHOSPHATE84
PLEGRIDY SOSY IM87	potassium chloride microencapsulated crystals er76	prednisolone sodium phosphate SOLN 15 MG/5ML42
plerixafor59	potassium chloride PACK PO 20 MEQ76	prednisolone sodium phosphate SOLN 20 MG/5ML42
PNEUMOVAX 23 SOLN91	potassium chloride SOLN PO 10 %, 20 %, 10 %76	prednisolone sodium phosphate SOLN 5 MG/5ML42
PNEUMOVAX 23 SOSY91	potassium chloride TBCR 8 MEQ, 10 MEQ76	prednisolone SOLN42
POCKET CHAMBER DEVI74	potassium citrate (alkalinizer) TBCR . 56	PREDNISONE INTENSOL CONC .42
POCKET SPACER DEVI74		prednisone SOLN42
podofilox SOLN49	potassium citrate-citric acid PACK .56	prednisone TABS42
POLIVY 140 MG29	potassium iodide (expectorant) SOLN43	prednisone TBPB42
polyethylene glycol 3350 PACK ...60	POTELIGEO29	pregabalin CAPS13
polyethylene glycol 3350 POWD ..60	PRADAXA CAPS (Use dabigatran etexilate mesylate)12	pregabalin SOLN13
polymyxin b-trimethoprim83	PRADAXA PACK12	PREGNYL IM53
polysaccharide iron complex CAPS 59	pralatrexate28	PREHEVBRIO93
polyvinyl alcohol 1.4 %82	PRALUENT SOAJ25	PREMARIN94
POLY-VI-SOL SOLN PO78	pramipexole dihydrochloride TABS 32	PREMARIN TABS55
POLY-VITA SOLN PO78	pramipexole dihydrochloride TB24 32	PREMPHASE54
POLY-VITA/IRON SOLN78	pramoxine hcl (rectal) FOAM EX ...8	PREMPRO54
POLY-VITE PEDIATRIC SOLN PO 78	pramoxine-hc-chloroxylenol85	PRENATAL VITAMINS-ASSORTED BRAND78
POLY-VITE/IRON SOLN78	prasugrel hcl58	PRENATAL VITAMINS-ASSORTED GENERIC79
POMALYST30	pravastatin sodium25	PREORBOTIC CAPS21
PONVORY STARTER PACK TBPB 87	prazosin hcl CAPS26	PREPARATION H EX 1 %8
PONVORY TABS87	PRECISION THINS GP LANCETS 66	PREPARATION H SOOTHING RELIEF EX 1 %8
PORTRAZZA29	PRED MILD84	PREVNAR 1391
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..76		
potassium bicarbonate TBEF76		

PREVNAR 20	91	PROBIOFLEXX CAPS	21	PROBIOTIC PRODUCT CAPS	21
PREVYMIS SOLN	36	PROBIOMAX COMPLETE DF CAPS	21	PROBIOTIC/PREBIOTIC/CRANBER RY CAPS	21
PREVYMIS TABS	36	PROBIOMAX DAILY DF CAPS ...	21	PROBITROL CAPS	21
PREZCOBIX	35	PROBIOMAX IG 26 DF CAPS	21	PROBIZEN CAPS	21
PREZISTA SUSP	35	PROBIOMAX LEAN DF CAPS	21	PROCARE SPACER/ADULT MASK DEVI	74
PREZISTA TABS (Use darunavir) .	35	PROBIOMAX SB DF CAPS	21	PROCARE SPACER/CHILD MASK DEVI	74
PREZISTA TABS 150 MG	35	PROBIONEXX CAPS	21	PROCHAMBER VHC DEVI	74
PREZISTA TABS 75 MG, 600 MG, 800 MG	35	PROBIOTIC & ACIDOPHILUS EX ST CAPS	21	prochlorperazine	33
PRIALT	6	PROBIOTIC + OMEGA-3 CAPS ..	21	prochlorperazine edisylate 10 MG/2ML	33
PRIMADOPHILUS BIFIDUS CPDR 21		PROBIOTIC + TURMERIC EXTRACT CAPS	21	prochlorperazine maleate TABS ...	33
PRIMIDAR CAPS	21	PROBIOTIC 10 ULTRA STRENGTH CAPS	21	PROCRIT	59
primidone 125 MG	13	PROBIOTIC ADVANCED FORMULA CAPS	21	PROCYSBI CPDR	56
primidone 50 MG, 250 MG	13	PROBIOTIC BLEND CAPS	21	PROCYSBI PACK	56
PRIORIX SUSR	93	PROBIOTIC COLON SUPPORT CAPS	21	PRODIGY LANCETS 28G	66
PRIVIGEN SOLN	85	PROBIOTIC DAILY CAPS	21	PRODIGY SAFETY LANCETS 26G . 66	
PRO COMFORT ALCOHOL	70	PROBIOTIC DIGESTIVE SUPP CAPS	21	PRODIGY TWIST TOP LANCETS 28G	66
PRO COMFORT LANCETS 30G .	66	PROBIOTIC DIGESTIVE SUPPORT CAPS	22	PROFILNINE	57
PRO COMFORT LANCETS 31G .	66	PROBIOTIC MATURE ADULT CAPS	21	PRO-FLORA IMMUNE CAPS	21
PRO COMFORT SAFETY LANCETS 30G	66	PROBIOTIC PEARLS ADVANTAGE CAPS	21	progesterone CAPS 100 MG	86
PRO COMFORT SPACER ADULT MISC	74	PROBIOTIC PEARLS CAPS	21	progesterone CAPS 200 MG	86
PRO COMFORT SPACER CHILD MISC	74	PROBIOTIC PEARLS MAX POTENCY CAPS	21	PROGLYCEM (Use diazoxide) ...	16
PRO COMFORT SPACER INFANT DEVI	74	PROBIOTIC PEARLS WOMENS CAPS	21	PROGRAF PACK	76
PROAIR DIGIHALER	12			PROGRAF SOLN	76
probenecid	57			PROLASTIN-C SOLR	88
PROBINATE CAPS	21			PROLEUKIN	31
PROBIO DEFENSE CAPS	21			PROLIA SOSY	52

PROMELLA IN PREBIOTIC CAPS 21	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %60	QELBREE 2
PROMEROL CAPS21	PULMICORT FLEXHALER AEPB .11	QUAD-PROBIOTIC CAPS21
promethazine & phenylephrine SYRP43	PULMOZYME88	QUADRACEL SUSP89
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML24	PURE COMFORT ALCOHOL PREP70	QUADRACEL SUSY89
promethazine hcl SUPP24	PURE COMFORT LANCETS 30G 67	quetiapine fumarate TABS33
promethazine hcl TABS24	PURE COMFORT SPACER CHAMBER DEVI74	quetiapine fumarate TB2433
promethazine w/codeine SOLN ...43	PX LANCETS MICROTHIN 33G .67	QUICKVUE AT-HOME COVID-19 TEST KIT51
promethazine w/codeine SYRP ...43	PX LANCETS ULTRA THIN67	QUICKVUE SARS ANTIGEN TEST .51
PRONEB ULTRA FILTER SET MISC74	PX LANCETS ULTRA THIN 28G .67	quinapril hcl25
propafenone hcl TABS10	pyrantel pamoate SUSP9	quinapril-hydrochlorothiazide 12.5 MG-10 MG26
propranolol hcl CP2437	pyrazinamide28	quinapril-hydrochlorothiazide 12.5 MG-20 MG26
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML37	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %49	quinapril-hydrochlorothiazide 25 MG-20 MG26
propranolol hcl TABS37	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %49	quinidine gluconate TBCR10
propylthiouracil89	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %49	quinidine sulfate TABS10
PROQUAD SUSR93	pyridostigmine bromide TABS 60 MG27	QULIPTA75
PROTONIX PACK (Use pantoprazole sodium)90	pyridostigmine bromide TBCR27	QUVIVIQ60
protriptyline hcl15	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG95	RA ALCOHOL SWABS70
PROVENGE29	pyrimethamine27	RA DRY MOUTH SOLN77
PROVENTIL HFA AERS (Use albuterol sulfate)12	QC ALCOHOL SWABS70	RA PROBIOTIC COLON CARE CAPS21
pseudoephedrine hcl TABS80	QC LANCETS SUPER THIN 30G 67	RA PROBIOTIC COMPLEX CAPS 21
pseudoephedrine hcl TB1280	QC LANCETS ULTRA THIN67	RA PROBIOTIC DIGESTIVE SUPPORT CAPS21
pseudoephedrine-ibuprofen TABS 43	QC UNILET LANCETS 28G67	RA PROBIOTIC MAX STRENGTH CAPS21
PSS SELECT GP LANCETS66	QC UNILET LANCETS MICRO THIN67	RABAVERT93
PSS SELECT SAFETY LANCETS 67		rabeprazole sodium TBEC90
psyllium CAPS 0.52 GM60		

raloxifene hcl	53	RELION LANCETS MICRO-THIN 33G	67	REXTOVY LIQD	23
ramelteon	60	RELION LANCETS THIN 26G	67	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	35
ramipril CAPS	25	RELION LANCETS ULTRA-THIN 30G	67	REYATAZ PACK	35
ranolazine TB12	9	RELION ULTRA THIN LANCETS 30G	67	REZVOGLAR KWIKPEN	18
RAPAFLO 4 MG (Use silodosin) ..	56	REMODULIN SOLN IJ	38	RHOGAM ULTRA-FILTERED PLUS SOSY IM	85
RAPID RESPONSE COVID-19	51	RENAGEL (Use sevelamer hcl) ...	56	RHOPHYLAC SOSY IJ	85
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	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	89	RIASTAP	57
RAVICTI	54	RENVELA TABS (Use sevelamer carbonate)	56	ribavirin (hepatitis c) CAPS	36
READYLANCE SAFETY LANCETS . 67		repaglinide	18	ribavirin (hepatitis c) TABS 200 MG 36	
REALITY LANCETS	67	REPATHA SOSY	25	riboflavin TABS	95
REALITY SWABS	70	REPATHA SURECLICK SOAJ	25	rifampin CAPS	28
REALITY TRIGGER LANCETS	67	REPLACEMENT AIR FILTER MISC . 74		RIGHTEST GL300 LANCETS	67
REBINYN	57	REPLACEMENT FILTERS MISC ..74		riluzole TABS	80
RECOMBINATE SOLR	57	RESTASIS EMUL (Use cyclosporine (ophth))	84	rimantadine hydrochloride TABS ..	36
RECOMBIVAX HB SUSP	93	RESTASIS MULTIDOSE EMUL ...	83	RINVOQ LQ SOLN	3
RECOMBIVAX HB SUSY	93	RESTORA CAPS	21	RINVOQ TB24	3
RELEUKO SOLN	59	RETACRIT	59	RISAQUAD CAPS	21
RELEUKO SOSY	59	RETIN-A CREA (Use tretinoin)	44	RISAQUAD-2 CAPS	21
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RETIN-A GEL (Use tretinoin)	44	risedronate sodium TABS 150 MG 52	
RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)	2	RETISERT	84	risedronate sodium TABS 35 MG . 52	
RELIBIOTIC CAPS	21	RETROVIR CAPS (Use zidovudine) . 35		risedronate sodium TABS 5 MG, 30 MG	53
RELION ALCOHOL SWABS	70	RETROVIR SYRP (Use zidovudine) . 35		risedronate sodium TBEC	53
RELION KETONE TEST STRP ...	51	REVCovi	54	RISPERDAL CONSTA (Use risperidone microspheres)	33
RELION LANCET DEVICES 30G .67		REVLIMID	76	risperidone microspheres	33
RELION LANCETS	67			risperidone SOLN	33
				risperidone TABS	33
				risperidone TBDP	33

RITEFLO DEVI	74	SABRIL PACK (Use vigabatrin) ...	14	SAVELLA TITRATION PACK MISC	87
ritonavir TABS	35	SABRIL TABS (Use vigabatrin) ...	14	saxagliptin hcl	17
RITUXAN	29	sacubitril-valsartan TABS	38	saxagliptin-metformin hcl	16
rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE	67	SAXENDA	1
rivastigmine 13.3 MG/24HR	87	SAFE-T-LANCE PLUS	67	SB ALCOHOL PREP	70
rivastigmine 4.6 MG/24HR, 9.5		SAFETY LANCET 30G/PRESSURE		SB LANCETS THIN	67
MG/24HR	87	ACT	67	SB LANCETS ULTRA THIN	67
rivastigmine tartrate CAPS	87	SAFETY LANCETS	67	SCHOOLTIME SHAMPOO SHAM	49
RIXUBIS SOLR	57	SAFETY LANCETS 21G	67	SD PROBIOTIC-10 COMPLEX	
rizatriptan benzoate TABS	75	SAFETY LANCETS 23G	67	ULTRA CAPS	21
rizatriptan benzoate TBDP	75	SAFETY LANCETS 28G	67	selegiline hcl CAPS	32
ROCKLATAN	84	salicylic acid GEL 6 %	49	selegiline hcl TABS	32
ROCTAVIAN	57	saline SOLN 0.65 %	80	selenium sulfide LOTN 1 %	45
ROLVEDON	59	salsalate	6	selenium sulfide LOTN 2.5 %	45
romidepsin SOLR	31	SAMI THE SEAL FILTERS MISC .	74	selenium sulfide SHAM 1 %	46
ropinirole hydrochloride TABS 0.25		SANDIMMUNE CAPS (Use		SELZENTRY SOLN	35
MG, 3 MG, 4 MG	32	cyclosporine)	76	SELZENTRY TABS 25 MG, 75 MG	35
ropinirole hydrochloride TABS 0.5		SANDIMMUNE SOLN IV 50 MG/ML .	76	SEMGLEE (YFGN) SOLN	18
MG, 1 MG, 2 MG, 5 MG	32	sapropterin dihydrochloride PACK	54	SEMGLEE (YFGN) SOPN	18
ropinirole hydrochloride TB24	32	sapropterin dihydrochloride TABS	54	SEMGLEE SOPN	18
rosuvastatin calcium TABS	25	SAPS CARE ALCOHOL PREP ...	70	sennosides TABS 8.6 MG	61
ROTARIX SUSP	93	SAPS HEALTH ALCOHOL PREP	70	sennosides-docusate sodium TABS	60
ROTARIX SUSR	93	SAPS HEALTH CARE ALCOHOL		SEREVENT DISKUS	12
ROTATEQ SOLN	94	PREP	70	SERTRALINE HCL CAPS	15
RUBRACA	31	SAPS HEALTH PLUS LANCETS	67	sertraline hcl CONC	15
RUCONEST	58	SAPS HEALTH TWIST TOP		sertraline hcl TABS	15
rufinamide SUSP	13	LANCETS	67	sevelamer carbonate PACK	56
RUKOBIA	35	SAPS TWIST TOP LANCETS	67	sevelamer carbonate TABS	56
RYALTRIS	80	SAPSCARE TWIST TOP LANCETS			
RYBELSUS TABS	17	67			
RYKINDO SRER	33	SAVELLA TABS	87		

sevelamer hcl	56	simethicone LIQD PO	55	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9
SEVENFACT	57	simethicone SUSP	55	sodium chloride (gu irrigant) 0.9 %	56
SHINGRIX	94	SIMLANDI (1 PEN) AJKT	4	sodium chloride (inhalant) AERS ..	43
SHOPKO ON-THE-GO LANCETS 30G	67	SIMLANDI (2 PEN) AJKT	4	sodium chloride (inhalant) NEBU 0.9 %, 7 %	43
SHOPKO UNILET LANCETS 28G 67		SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4	sodium citrate & citric acid	56
SHOPKO UNILET LANCETS 30G 67		SIMPLYTHICK EASY MIX	86	sodium fluoride (dental) CREA	77
SHUR-SEAL CONTRACEPTIVE GEL	94	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25	sodium fluoride (dental) GEL	77
SIDESTREAM ADULT FACE MASK MISC	74	simvastatin TABS 80 MG	25	sodium fluoride (dental) SOLN 0.2 % 77	
SIDESTREAM PEDIATRIC FACE MASK MISC	74	SINGLE-LET	67	sodium fluoride CHEW	75
SIDESTREAM PLS ADULT FACE MASK MISC	74	sirolimus SOLN	76	sodium fluoride SOLN 0.125 MG/DROP	75
SIGNIFOR	54	sirolimus TABS	76	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	75
SIGNIFOR LAR	54	SITAGLIPTIN	17	SODIUM OXYBATE SOLN	86
SIKLOS TABS	58	SITAGLIPTIN BASE-METFORMIN HCL TABS	16	sodium phenylbutyrate POWD	54
sildenafil citrate (pulmonary hypertension) SOLN	38	SIVEXTRO TABS	27	sodium phenylbutyrate TABS	54
sildenafil citrate (pulmonary hypertension) SUSR	38	SKLICE (Use ivermectin (pediculicide))	49	sodium phosphates ENEM	61
sildenafil citrate (pulmonary hypertension) TABS	38	SKYLA	42	sodium polystyrene sulfonate POWD 77	
SILICONE MASK/ADULT MISC ...	74	SKYRIZI PEN SOAJ	45	SOFIA SARS ANTIGEN FIA	51
SILICONE MASK/INFANT MISC ..	74	SKYRIZI SOCT	55	SOFIA2 SARS ANTIGEN FIA	51
SILICONE MASK/PEDIATRIC MISC . 74		SKYRIZI SOLN	55	SOFOSBUVIR-VELPATASVIR TABS	36
silodosin	56	SKYRIZI SOSY	45	SOGROYA	53
silver sulfadiazine	46	SKYSONA	87	SOLESTA	76
SIMBRINZA	83	SKYTROFA	53	solifenacin succinate TABS	90
simethicone CHEW 80 MG	55	SM ADVANCED PROBIOTIC CAPS . 21		SOLIRIS	58
		SM ALCOHOL PREP	70	SOLUS V2 LANCETS 28G	67
		SM IPECAC SYRUP	22	SOLUS V2 TWIST LANCETS 30G 67	
		SMARTEST LANCETS 28G	67		
		SOAAZ TABS 20 MG	52		

SOLUVITA ACD WITH FLUORIDE SOLN	78	spironolactone & hydrochlorothiazide	52	sulfacetamide sodium (acne)	44
SOLUVITA SOLN	75	spironolactone TABS	52	sulfacetamide sodium (ophth) SOLN	83
SOMATULINE DEPOT	54	STAMARIL SUSR	94	sulfacetamide sodium LIQD	46
SOMAVERT	53	stannous fluoride CONC	77	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	44
SOOTHENEB NBL 100 ADULT MASK MISC	74	stavudine CAPS	35	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	44
SOOTHENEB NBL 100 CHILD MASK MISC	74	STERILANCE TL	67	sulfacetamide sod-prednisolone SOLN	84
SOOTHENEB NBL 100 MED CUP MISC	74	STERILE DILUENT FLOLAN PH 12 86		sulfamethoxazole-trimethoprim SUSP	27
SOOTHENEB NBL 100 MESH CAP MISC	74	STIMUFEND	59	sulfamethoxazole-trimethoprim TABS	27
sorafenib tosylate	31	STIOLTO RESPIMAT	12	sulfasalazine TABS	55
SORBITOL PO 70 %	61	STIVARGA	31	sulfasalazine TBEC	55
SORILUX FOAM	45	STRENSIQ	54	sulindac TABS	5
sotalol hcl (afib/afib)	37	STRIBILD	35	sumatriptan	75
sotalol hcl TABS 240 MG	37	STROMECTOL (Use ivermectin)	9	sumatriptan succinate SOAJ 4 MG/0.5ML	75
sotalol hcl TABS 80 MG, 120 MG, 160 MG	37	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 6 MG/0.5ML	75
SOTYKTU	45	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 4 MG/0.5ML	75
SOVALDI PACK	36	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 6 MG/0.5ML	75
SOVALDI TABS	36	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOLN 6 MG/0.5ML	75
SPEEDY SWAB COVID-19 ANTIGEN KIT	51	SUCRAID	51	sumatriptan succinate TABS	75
SPEVIGO SOLN	45	sucralfate SUSP	90	sumatriptan-naproxen sodium	75
SPEVIGO SOSY	45	sucralfate TABS	90	sunitinib malate	31
SPIKEVAX SUSP	94	SUDAFED CHILDRENS LIQD	80	SUNLENCA TBPK 300 MG	35
SPIKEVAX SUSY	94	SUDAFED PE CHILDRENS SOLN	80	SUPARTZ FX SOSY	79
spinosad	50			SUPER PROBIOTIC CAPS	21
SPINRAZA	81				
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	10				

SUPER PROBIOTIC DIGESTIVE CAPS	21	SYNOJOYNT SOSY	80	TECHLITE LANCETS	68
SUPER THIN LANCETS	67	SYNRIBO	31	TECHLITE LANCETS 26G	68
SUPERIOR PROBIOTIC CAPS ...	22	SYNTHROID TABS (Use levothyroxine sodium)	89	TECHLITE LANCETS 30G	68
SUPPRELIN LA	53	SYNVISC ONE SOSY	80	TEGLUTIK SUSP	80
SURE COMFORT ALCOHOL PREP	70	SYNVISC SOSY	80	TEGRETOL-XR TB12 (Use carbamazepine)	13
SURE COMFORT LANCETS 18G 67		TAB-A-VITE/IRON/BETA CAROTENE TABS	78	TEGSEDI	88
SURE COMFORT LANCETS 21G 67		TABLOID	28	telmisartan	26
SURE COMFORT LANCETS 23G 68		TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	48	telmisartan-amlodipine	26
SURE COMFORT LANCETS 28G 68		tacrolimus (topical) OINT 0.03 % ..	49	telmisartan-hydrochlorothiazide ...	26
SURE COMFORT LANCETS 30G 68		tacrolimus (topical) OINT 0.1 % ...	48	temazepam 15 MG, 30 MG	60
SUREBIOTIC PROBIOTIC SUPPORT CAPS	22	tacrolimus CAPS	76	temazepam 7.5 MG, 22.5 MG	60
SURELITE LANCETS	68	tadalafil (pulmonary hypertension) TABS	38	TEMODAR SOLR	28
SV PROBIOTIC EXTRA STRENGTH CAPS	22	TADLIQ SUSP	38	temozolomide CAPS	28
SYLVANT	76	TAFINLAR CAPS	31	temsirolimus	31
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	12	TAGRISSO	29	TENIVAC INJ	89
SYMDEKO	88	TAKHZYRO SOLN	58	tenofovir disoproxil fumarate TABS 35	
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	35	TALTZ SOSY	45	terazosin hcl	26
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	35	TALZENNA 0.25 MG, 1 MG	31	terbinafine hcl (topical) CREA	45
SYMTUZA	35	tamoxifen citrate TABS	30	terbinafine hcl TABS	23
SYNAGIS SOLN	86	tamsulosin hcl	56	terbutaline sulfate TABS	12
SYNAREL	53	TASCENSO ODT	87	terconazole vaginal CREA 0.4 % ..	94
		tasimelteon CAPS	60	terconazole vaginal CREA 0.8 % ..	94
		TAVALISSE	58	terconazole vaginal SUPP	94
		tazarotene CREA	45	teriparatide SOPN	53
		TDVAX SUSP	89	TESTOPEL PLLT	8
		TECENTRIQ	29	testosterone cypionate SOLN IM 200 MG/ML	8
		TECHLITE AST LANCETS	68	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8

testosterone GEL TD 1 %8	THYROGEN 0.9 MG50	TOBI NEBU (Use tobramycin) 2
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %8	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG89	TOBRADEX OINT 84
testosterone SOLN8	tiagabine hcl 12 MG, 16 MG14	tobramycin (ophth) SOLN83
TETANUS-DIPHTHERIA TOXOIDS TD SUSP89	tiagabine hcl 2 MG, 4 MG14	tobramycin NEBU 3
tetrabenazine87	TIBSOVO31	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML3
tetracaine hcl (ophth)84	ticagrelor 60 MG, 90 MG58	tobramycin sulfate SOLR 3
tetrahydrozoline hcl (ophth) 0.05 % 83	TICOVAC94	tobramycin-dexamethasone SUSP 84
TEZSPIRE SOAJ 10	TIGLUTIK SUSP80	TOBREX OINT83
TEZSPIRE SOSY10	timolol maleate (ophth) SOLG 0.25 %82	TODAYS HEALTH THIN LANCETS 28G68
THALOMID76	timolol maleate (ophth) SOLN82	TODAYS HEALTH THIN LANCETS 30G68
THEO-24 CP24 100 MG12	timolol maleate TABS37	TOFIDENCE4
THEO-24 CP24 200 MG, 300 MG, 400 MG12	TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 % .82	tolmetin sodium CAPS 5
theophylline ELIX 12	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))82	tolmetin sodium TABS 600 MG5
theophylline SOLN12	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))82	tolnaftate CREA45
theophylline TB12 100 MG, 200 MG, 300 MG12	tiocanazole vaginal 6.5 %94	tolterodine tartrate CP2490
theophylline TB12 450 MG 12	tiopronin TABS56	tolterodine tartrate TABS 90
theophylline TB2412	tiotropium bromide monohydrate CAPS10	tolvaptan TABS 54
thiamine hcl TABS 95	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)89	tolvaptan TBPK 54
thiamine mononitrate TABS 100 MG . 95	TIVICAY PD TBSO 35	TOPAMAX SPRINKLE CPSP (Use topiramate)13
THINLETS GP LANCETS68	TIVICAY TABS35	topiramate CPSP 15 MG, 25 MG ..13
thioridazine hcl 33	tizanidine hcl CAPS79	topiramate TABS 25 MG13
thiothixene34	tizanidine hcl TABS79	topiramate TABS 50 MG, 100 MG, 200 MG13
THRESHOLD IMT MISC74		topotecan hcl SOLN 32
THROMBATE III58		TOPOTECAN HCL SOLN 32
THYMOGLOBULIN76		topotecan hcl SOLR 32

toremifene citrate	30	150 MG	15	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	48
toremifene TABS 20 MG	52	TRECTOR	28	triamcinolone acetonide (topical) OINT 0.05 %	48
toremifene TABS 5 MG, 10 MG, 100 MG	52	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	triamcinolone acetonide (topical) OINT 0.5 %	48
TOVIAZ (Use fesoterodine fumarate)	90	TRELSTAR MIXJECT 3.75 MG	30	triamcinolone acetonide-dimethicone- silicone	48
TPOXX CAPS	36	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	55	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52
TRACLEER TABS (Use bosentan) 38		TREMFYA PEN SOAJ SC 200 MG/2ML	55	triamterene & hydrochlorothiazide TABS	52
TRADJENTA	17	TREMFYA SOLN IV	55	triazolam	60
tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	TREMFYA SOSY SC 200 MG/2ML	55	trientine hcl 250 MG	76
TRAMADOL HCL SOLN (Use tramadol hcl)	7	treprostinil SOLN IJ	38	trifluoperazine hcl TABS	33
tramadol hcl SOLN	7	tretinoin (chemotherapy)	31	trihexyphenidyl hcl SOLN	32
tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44	trihexyphenidyl hcl TABS	32
tramadol hcl TABS 50 MG	7	tretinoin CREA 0.025 %	44	TRIKAFTA TBPK 100 MG-50 MG	88
tramadol hcl TB24	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	44	TRILEPTAL SUSP (Use oxcarbazepine)	13
tramadol-acetaminophen	7	tretinoin microsphere	44	TRILURON SOSY	80
trandolapril 1 MG, 2 MG	25	TRETTEN	57	trimethoprim TABS	26
trandolapril 4 MG	25	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	trimipramine maleate CAPS	15
trandolapril-verapamil hcl	26	triamcinolone acetonide (mouth)	77	TRIUMEQ PD TBSO	35
tranexamic acid TABS	59	triamcinolone acetonide (topical) AERS	48	TRIUMEQ TABS	35
tranylcypromine sulfate	14	triamcinolone acetonide (topical) CREA 0.025 %	48	TRIVISC SOSY	80
TRAVATAN Z SOLN (Use travoprost)	84	triamcinolone acetonide (topical) CREA 0.1 %	48	TRIZIVIR	35
TRAVEL LANCETS	68	triamcinolone acetonide (topical) CREA 0.5 %	48	tropicamide SOLN 0.5 %	83
TRAVEL LANCETS ADVANCED 28G	68	triamcinolone acetonide (topical) LOTN	48	tropicamide SOLN 1 %	83
travoprost SOLN	84			tropium chloride CP24	90
trazodone hcl TABS 300 MG	15			tropium chloride TABS	90
trazodone hcl TABS 50 MG, 100 MG,				TRUBIOTICS CAPS	22

TRUBIOTICS DIGEST + IMM	acetaminophen)6	UNILET SUPERLITE LANCET ... 68
HEALTH CAPS 22	TYPHIM VI SOLN91	UNILET SUPER-THIN 30G68
TRUE COMFORT ALCOHOL PREP	TYPHIM VI SOSY91	UNILET ULTRA-THIN 28G 68
PADS70	UBRELVY 75	UNISTIK 168
TRUE COMFORT PRO ALCOHOL	UDENYCA ONBODY SOSY59	UNISTIK 268
PREP70	UDENYCA SOAJ 59	UNISTIK 2 COMFORT68
TRUE COMFORT SAFETY	UDENYCA SOSY59	UNISTIK 2 EXTRA68
LANCETS 68	ULTICARE ALCOHOL SWABS ...70	UNISTIK 2 NEONATAL68
TRUE COMFORT TWIST TOP	ULTILET ALCOHOL SWABS70	UNISTIK 2 NORMAL69
LANCETS 68	ULTILET CLASSIC LANCETS ...68	UNISTIK 2 SUPER69
TRUEPLUS GLUCOSE CHEW16	ULTILET LANCETS68	UNISTIK 369
TRUEPLUS GLUCOSE ON THE GO	ULTILET SAFETY LANCETS68	UNISTIK 3 COMFORT69
CHEW16	ULTILET SAFETY LANCETS 23G	UNISTIK 3 EXTRA69
TRUEPLUS LANCETS 26G 68	68	UNISTIK 3 GENTLE69
TRUEPLUS LANCETS 28G 68	ULTRA THIN LANCETS 31G68	UNISTIK 3 NEONATAL69
TRUEPLUS LANCETS 30G 68	ULTRA-CARE ALCOHOL PREP	UNISTIK 3 NORMAL69
TRUEPLUS LANCETS 33G 68	PADS70	UNISTIK CZT COMFORT69
TRUEPLUS SAFETY LANCETS 28G	ULTRA-CARE LANCETS 30G ...68	UNISTIK CZT NORMAL69
.....68	ULTRAFLOA IMMUNE HEALTH	UNISTIK NORMAL69
TRULICITY17	CAPS22	UNISTIK PRO SAFETY LANCET .69
TRUMENBA 0.5 ML91	ULTRA-THIN II AUTO LANCET .. 68	UNISTIK SAFETY LANCETS 28G
TRUVADA (Use emtricitabine-	ULTRA-THIN II LANCETS68	69
tenofovir disoproxil fumarate)35	UNILET COMFORTOUCH LANCET	UNISTIK SAFETY LANCETS 30G
TUBING/WING TIP MISC74	68	69
TWINRIX SUSY94	UNILET EXCELITE68	UNISTIK TOUCH SAFETY LANC
TWIST TOP LANCETS 30G68	UNILET EXCELITE II68	21G69
TYBLUME CHEW41	UNILET G.P. LANCET68	UNISTIK TOUCH SAFETY LANC
TYBOST35	UNILET G.P. SUPERLITE LANCET .	23G69
TYENNE SOAJ4	68	UNISTIK TOUCH SAFETY LANC
TYENNE SOLN 4	UNILET GP 28 ULTRA THIN 68	28G69
TYENNE SOSY 4	UNILET LANCET68	UNISTIK TOUCH SAFETY LANC
TYLENOL CHILDRENS	UNILET MICRO-THIN 33G 68	30G69
CHEWABLES CHEW (Use		

UNITUXIN	29	VALUMARK LANCET SUPER THIN 30G	69	VENCLEXTA TABS	29
UP4 PROBIOTICS ADULT CAPS ..22		VALUMARK LANCET ULTRA THIN 28G	69	VENLAFAXINE BESYLATE ER ...15	
UP4 PROBIOTICS MENS CAPS ..22		vancomycin hcl CAPS 125 MG ...27		venlafaxine hcl CP24 150 MG	15
UP4 PROBIOTICS ULTRA CAPS ..22		vancomycin hcl CAPS 250 MG ...27		venlafaxine hcl CP24 37.5 MG	15
UP4 PROBIOTICS WOMENS CAPS 22		vancomycin hcl SOLR IV 1 GM ...27		venlafaxine hcl CP24 75 MG	15
urea CREA 40 %	48	VANCOMYCIN HCL SOLR IV 1 GM . 27		venlafaxine hcl TABS	15
urea LOTN 40 %	48	vancomycin hcl SOLR IV 500 MG .27		venlafaxine hcl TB24	15
URETRON D/S TABS 81.6 MG ... 27		VANCOMYCIN HCL SOLR IV 500 MG	27	VENTOLIN HFA AERS (Use albuterol sulfate)	12
ursodiol CAPS	55	vancomycin hcl SOLR PO 25 MG/ML	27	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	38
ursodiol TABS 250 MG	55	VANDAZOLE	94	verapamil hcl CP24 300 MG	38
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	33	VAQTA	94	verapamil hcl CP24 360 MG	38
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	33	varenicline tartrate TABS	88	VERAPAMIL HCL ER CP24 (Use verapamil hcl)	38
valacyclovir hcl 1 GM	36	varenicline tartrate TBPK	88	verapamil hcl TABS	38
valacyclovir hcl 500 MG	36	VARIVAX SUSR	94	verapamil hcl TBCR	38
valganciclovir hcl TABS	36	VAXCHORA	91	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	38
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	14	VAXELIS SUSP	89	VERELAN PM CP24 300 MG (Use verapamil hcl)	38
valproic acid CAPS	14	VAXELIS SUSY	89	VERIFINE SAFE LANCET MINI 21G	69
valrubicin	30	VAXNEUVANCE	91	VERIFINE SAFE LANCET MINI 23G	69
valsartan SOLN	26	VCF VAGINAL CONTRACEPTIVE FILM	94	VERIFINE SAFE LANCET MINI 28G	69
valsartan TABS	26	VCF VAGINAL CONTRACEPTIVE GEL	94	VERIFINE SAFE LANCET MINI 30G	69
valsartan-hydrochlorothiazide	26	VECAMEYL	26	VERIFINE UNIVERSAL LANCETS 28G	69
VALTOCO 10 MG DOSE LIQD13		VECTIBIX 100 MG/5ML, 400 MG/20ML	29	VERIFINE UNIVERSAL LANCETS 30G	69
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	13	VELSIPITY	55	VERIFINE UNIVERSAL LANCETS	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	13	VENCLEXTA STARTING PACK TBPK	29		
VALTOCO 5 MG DOSE LIQD13					

33G	69	VITAMINS ACD-FLUORIDE SOLN	VYNDAMAX	39
VESICARE LS SUSP	90	78	VYNDAQEL	39
VEVYE SOLN	84	vitamins w/ lipotropics CAPS	VYONDYS 53	81
VH ESSENTIALS OPTIBALANCE		VITRAKVI CAPS	VYVANSE CAPS	1
CAPS	22	VITRAKVI SOLN	VYVANSE CHEW	1
VIActiv DIGESTIVE HEALTH		VIVAGUARD LANCETS	WALGREENS ADV TRAVEL	
CHEW	22	VIVAGUARD LANCETS 30G	LANCETS	69
VIDA MIA UNILET LANCETS 28G		VIVAGUARD SAFETY LANCETS	WALGREENS GLUCOSE CHEW ..	16
69		28G	warfarin sodium TABS	12
VIDA MIA UNILET LANCETS 30G		VIVIMUSTA SOLN	WEBCOL ALCOHOL PREP LARGE	
69		VIVITROL	70	
vigabatrin PACK	14	VIVOTIF	WEBCOL ALCOHOL PREP	
vigabatrin TABS	14	VIZIMPRO	MEDIUM	70
VIJOICE TBPK	77	VOGELXO PUMP GEL TD (Use	WEGOVY	1
VILTEPSO	81	testosterone)	WELLPRO 31 CAPS	22
VIMIZIM	54	VONVENDI	white petrolatum-mineral oil	82
vincristine sulfate	32	VORAXAZE	WILATE KIT	57
VIRACEPT TABS 250 MG	35	VORTEX HOLD	WINDMILL TRAINER MISC	75
VIRACEPT TABS 625 MG	36	CHMBR/MASK/CHILD DEVI	WINRHO SDF SOLN 1500	
VIREAD POWD	36	VORTEX HOLD	UNIT/1.3ML, 2500 UNIT/2.2ML, 5000	
VIREAD TABS (Use tenofovir		CHMBR/MASK/TODDLER DEVI ..	UNIT/4.4ML, 15000 UNIT/13ML ...	85
disoproxil fumarate)	36	VORTEX VALVE CHAMBER-PEDI	XACIATO GEL	94
VIREAD TABS	36	MASK DEVI	XALKORI CAPS	31
VISBIOME GI CARE CAPS	22	VORTEX VALVED HOLDING	XARELTO STARTER PACK TBPK	
VISCO-3 SOSY	80	CHAMBER DEVI	12	
VISTOGARD	22	VOSEVI	XARELTO SUSR	12
VISUDYNE	84	VOTRIENT	XARELTO TABS 10 MG, 20 MG ..	12
VITAMIN D3 LIQD PO 125 MCG/ML		VPRIV	XARELTO TABS 15 MG	12
95		VRAYLAR CAPS	XCOPRI (250 MG DAILY DOSE)	
vitamin e CAPS	95	VRAYLAR CPPK	TBPK	13
VITAMIN E CAPS	95	VSL#3 CAPS	XCOPRI TABS	13
VITAMIN E CHEW	95	VTAMA	XELJANZ SOLN	3

XELSTRYM	1	YUTIQ	84	zidovudine CAPS	36
XEOMIN	81	zafirlukast	10	zidovudine SYRP	36
XGEVA SOLN	53	zaleplon	60	zidovudine TABS	36
XIAFLEX	76	ZALTRAP	29	ZIEXTENZO	59
XIIDRA	84	ZARXIO	59	zileuton TB12	11
XOFLUZA (40 MG DOSE) 40 MG	36	ZAVZPRET	75	ZILRETTA SRER	42
XOFLUZA (80 MG DOSE) 80 MG	36	ZEGALOGUE SOAJ	16	ZIMHI SOSY	23
XOLAIR SOAJ	10	ZEGALOGUE SOSY	16	zinc oxide (topical) OINT 20 %	49
XOLAIR SOLR	10	ZELAC CAPS	22	zinc sulfate CAPS	76
XOLAIR SOSY	10	ZELBORAF	31	ZINPLAVA	86
XOPENEX HFA (Use levalbuterol tartrate)	12	ZEMAIRA SOLR 1000 MG	88	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	87	ZOLADEx 3.6 MG	30
XYNTHA	57	ZEVALIN Y-90	29	zoledronic acid CONC	53
XYNTHA SOLOFUSE	57	ZEVrx STERILE ALCOHOL PREP PAD	70	zoledronic acid SOLN 4 MG/100ML 53	
XYREM SOLN	86	ZEVrx TWIST TOP LANCETS 30G 69		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	81
YF-VAX INJ	94			ZOLGENSMA 10.1-10.5 KG	81
YONDELIS	28			ZOLGENSMA 10.6-11.0 KG	81
YOSPRALA 81 MG-40 MG	58			ZOLGENSMA 11.1-11.5 KG	81
YUFLYMA (1 PEN) AJKT	4			ZOLGENSMA 11.6-12.0 KG	81
YUFLYMA (2 PEN) AJKT	4			ZOLGENSMA 12.1-12.5 KG	81
YUFLYMA (2 SYRINGE) PSKT	4			ZOLGENSMA 12.6-13.0 KG	81
YUFLYMA-CD/UC/HS STARTER AJKT	4			ZOLGENSMA 13.1-13.5 KG	81
YUSIMRY	4			ZOLGENSMA 13.6-14.0 KG	82

ZOLGENSMA 14.1-14.5 KG82	zolmitriptan TABS75
ZOLGENSMA 14.6-15.0 KG82	zolmitriptan TBDP75
ZOLGENSMA 15.1-15.5 KG82	ZOLPIDEM TARTRATE CAPS ...60
ZOLGENSMA 15.6-16.0 KG82	zolpidem tartrate SUBL60
ZOLGENSMA 16.1-16.5 KG82	zolpidem tartrate TABS60
ZOLGENSMA 16.6-17.0 KG82	zolpidem tartrate TBCR60
ZOLGENSMA 17.1-17.5 KG82	ZOMIG SOLN 2.5 MG (Use zolmitriptan)75
ZOLGENSMA 17.6-18.0 KG82	ZONISADE SUSP13
ZOLGENSMA 18.1-18.5 KG82	zonisamide CAPS13
ZOLGENSMA 18.6-19.0 KG82	ZORYVE CREA EX 0.3 %49
ZOLGENSMA 19.1-19.5 KG82	ZOVIRAX CREA (Use acyclovir topical)46
ZOLGENSMA 19.6-20.0 KG82	ZOVIRAX OINT (Use acyclovir topical)46
ZOLGENSMA 2.6-3.0 KG82	ZTALMY13
ZOLGENSMA 20.1-20.5 KG82	ZUBSOLV SUBL 0.18 MG-0.7 MG .8
ZOLGENSMA 3.1-3.5 KG82	ZUBSOLV SUBL 0.36 MG-1.4 MG .8
ZOLGENSMA 3.6-4.0 KG82	ZUBSOLV SUBL 0.71 MG-2.9 MG .8
ZOLGENSMA 4.1-4.5 KG82	ZUBSOLV SUBL 1.4 MG-5.7 MG ...8
ZOLGENSMA 4.6-5.0 KG82	ZUBSOLV SUBL 2.1 MG-8.6 MG ...8
ZOLGENSMA 5.1-5.5 KG82	ZUBSOLV SUBL 2.9 MG-11.4 MG .8
ZOLGENSMA 5.6-6.0 KG82	ZULRESSO14
ZOLGENSMA 6.1-6.5 KG82	ZURZUVAE14
ZOLGENSMA 6.6-7.0 KG82	ZYDELIG31
ZOLGENSMA 7.1-7.5 KG82	ZYKADIA TABS31
ZOLGENSMA 7.6-8.0 KG82	ZYMFENTRA (1 PEN) AJKT56
ZOLGENSMA 8.1-8.5 KG82	ZYMFENTRA (2 PEN) AJKT56
ZOLGENSMA 8.6-9.0 KG82	ZYMFENTRA (2 SYRINGE) PSKT 56
ZOLGENSMA 9.1-9.5 KG82	ZYNTEGLO58
ZOLINZA31	ZYPREXA RELPREVV33
zolmitriptan SOLN 2.5 MG75	