

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	F	MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
DYANAVEL XR TBCR	NP	
lisdexamfetamine dimesylate CAPS	NP	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	F	MP; PA
methamphetamine hcl	F	Generic for Desoxyx; MP; PA
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	MP
VYVANSE CAPS	F	QL(1 EA daily); MP; PA
VYVANSE CHEW	NP	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO	F	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anorexiants Non-Amphetamine		
phentermine hcl-topiramate	F	PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (Use phentermine hcl-topiramate)	NP	PA
Anti-Obesity Agents		
liraglutide (weight management) 18 MG/3ML	F	PA
WEGOVY	F	PA
ZEPBOUND SOAJ	F	PA
ZEPBOUND SOLN	F	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides			ABRILADA (1 PEN) AJKT	NP	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	F	SP; PA	ABRILADA (2 PEN) AJKT	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	F	SP; PA	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	F		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	F	PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLR</i>	F	PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	F	SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	F	SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ	F	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
RINVOQ LQ SOLN	F	SP; PA	ADALIMUMAB-ADAZ SOSY	F	SP; PA
RINVOQ TB24	F	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	F	SP; PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	F	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	F	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	F	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	F	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	F	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HADLIMA SOSY	F	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA	IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA	SIMLANDI (1 PEN) AJKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	F	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	F	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	F	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	F	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	F	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	F	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-PED>=40KG CROHNS START PSKT	F	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
			YUSIMRY	NP	SP; PA
			Interleukin-6 Receptor Inhibitors		

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

Drug Name	Drug Tier	Requirements/ Limits
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	F	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	F	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	F	
<i>butalbital-aspirin-caffeine CAPS</i>	F	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	F	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)
Analgesics Other		
<i>acetaminophen CHEW</i>	Z	
<i>acetaminophen ELIX</i>	Z	
<i>acetaminophen LIQD 160 MG/5ML</i>	Z	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	Z	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	Z	QL(12 EA per fill retail)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	F	
<i>acetaminophen TABS 325 MG, 500 MG</i>	F	
FEVERALL JUNIOR STRENGTH SUPP	Z	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	Z	
Analgesics-Peptide Channel Blockers		
PRIALT	F	SP; PA
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	F	
<i>aspirin CHEW</i>	Z	
ASPIRIN SUPP 300 MG	Z	QL(12 EA per fill retail)
<i>aspirin TABS 325 MG</i>	Z	
<i>aspirin TBEC 81 MG, 325 MG</i>	Z	
<i>diflunisal TABS</i>	F	MP
ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	Z	
ECOTRIN TBEC (Use aspirin)	Z	
<i>salsalate</i>	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	F	QL(2 EA daily)
CODEINE SULFATE TABS	F	QL(2 EA daily)
CONZIP CP24 (Use tramadol hcl)	NP	PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	F	10 per month; QL(0.34 EA daily)
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
<i>hydrocodone bitartrate CP12</i>	NP	
HYDROMORPHONE HCL SUPP	F	QL(12 EA per fill retail)
<i>hydromorphone hcl TABS</i>	F	QL(8 EA daily)
<i>hydromorphone hcl TB24</i>	F	PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	F	QL(500 ML per fill retail)
<i>meperidine hcl TABS 50 MG</i>	F	QL(6 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	F	QL(2 EA daily)	ZUBSOLV SUBL 0.36 MG-1.4 MG	F	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	F	QL(3 EA daily)	ZUBSOLV SUBL 0.18 MG-0.7 MG	F	QL(8 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	F	QL(6 EA daily)	ZUBSOLV SUBL 0.71 MG-2.9 MG	F	QL(6 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	F	QL(12 EA daily)	ZUBSOLV SUBL 1.4 MG-5.7 MG	F	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	F	QL(3 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	F	QL(12 EA daily)	Androgens		
<i>buprenorphine hcl SUBL</i>	F	PA	ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	F	PA
<i>buprenorphine PTWK</i>	F	PA	AVEED SOLN	F	SP; PA
BUTRANS PTWK (<i>Use buprenorphine</i>)	F	PA	FORTESTA GEL TD (<i>Use testosterone</i>)	NP	PA
SUBLOCADE SOSY	F	1 max fill(s) per 30 day(s) retail; SP	<i>methyltestosterone TABS</i>	F	
SUBOXONE FILM SL 0.5 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(12 EA daily)	TESTOPEL PLLT	F	SP; PA
SUBOXONE FILM SL 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	F	QL(4 ML per 30 day(s) retail)
SUBOXONE FILM SL 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(6 EA daily)	<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 1.62 %</i>	NP	PA
SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 EA daily)	<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	F	
ZUBSOLV SUBL 2.1 MG-8.6 MG	F	QL(2 EA daily)	<i>testosterone GEL TD 1 %</i>	2	
ZUBSOLV SUBL 2.9 MG-11.4 MG	F	QL(1.5 EA daily)	<i>testosterone GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	F	PA
			<i>testosterone GEL TD 1 %</i>	NP	
			<i>testosterone SOLN</i>	F	PA
			VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		
			<i>hydrocortisone (intrarectal)</i>	F	QL(420 ML per fill retail)
			Rectal Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-cocoa butter</i>	F	QL(48 EA per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	F	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	F	QL(15 GM per fill retail)
Rectal Steroids		
<i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>	F	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	F	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	F	QL(30 GM per fill retail)
<i>PREPARATION H EX 1 %</i>	F	RX/OTC
<i>PREPARATION H SOOTHING RELIEF EX 1 %</i>	F	RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	F	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>	F	QL(16.53 ML daily)
Antacids - Aluminum Salts		
<i>ALUMINUM HYDROXIDE GEL SUSP</i>	F	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	F	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>BENZNIDAZOLE</i>	F	SP; PA
<i>EMVERM CHEW</i>	F	QL(1 EA per 14 day(s) retail)
<i>ivermectin</i>	F	
<i>PIN RID CHEW</i>	F	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
<i>pyrantel pamoate SUSP</i>	F	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>STROMECTOL (Use ivermectin)</i>	F	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ASPRUZYO SPRINKLE PACK</i>	NP	
<i>ranolazine TB12</i>	F	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	F	MP
<i>isosorbide mononitrate TABS</i>	F	QL(2 EA daily); MP
<i>ISOSORBIDE MONONITRATE TABS</i>	F	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	F	QL(1 EA daily); MP
<i>NITRO-BID OINT</i>	F	MP
<i>nitroglycerin CPCR</i>	F	MP
<i>nitroglycerin PT24</i>	F	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin SUBL</i>	F	MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	F	MP
<i>droperidol SOLN 2.5 MG/ML</i>	F	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	F	
<i>hydroxyzine hcl SYRP</i>	F	
<i>hydroxyzine hcl TABS</i>	F	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	F	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	F	
<i>meprobamate</i>	F	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	F	QL(4 EA daily)
<i>alprazolam TB24</i>	F	
<i>alprazolam TBDP</i>	NP	
<i>chlordiazepoxide hcl CAPS</i>	F	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	F	QL(3 EA daily)
<i>diazepam CONC</i>	NP	
DIAZEPAM SOAJ	F	
<i>diazepam SOLN PO 5 MG/5ML</i>	F	QL(500 ML per fill retail)
<i>diazepam SOLN IJ 5 MG/ML</i>	NP	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	F	
DIAZEPAM SOLN IJ 5 MG/ML	1	
<i>diazepam TABS</i>	F	QL(4 EA daily)
<i>lorazepam CONC</i>	F	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	F	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam TABS 1 MG</i>	F	QL(4 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	NP	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	F	MP
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	F	MP
<i>quinidine gluconate TBCR</i>	F	MP
<i>quinidine sulfate TABS</i>	F	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	F	MP
<i>propafenone hcl TABS</i>	F	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	F	MP
<i>dofetilide</i>	F	MP; PA
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	F	SP; PA
FASENRA SOSY 10 MG/0.5ML	F	SP; PA
NUCALA SOAJ	F	SP; PA
NUCALA SOLR	F	SP; PA
NUCALA SOSY	F	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	F	SP; PA
XOLAIR SOLR	F	SP; PA
XOLAIR SOSY	F	SP; PA
Anti-Inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium NEBU</i>	F	QL(8 ML daily)	<i>fluticasone propionate (inhalation) AEPB</i>	F	QL(2 EA daily)
Bronchodilators - Anticholinergics			<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	F	QL(12 GM per 30 day(s) retail)
ATROVENT HFA	F	QL(0.867 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	F	QL(11 GM per 30 day(s) retail)
<i>ipratropium bromide SOLN 0.02 %</i>	F	QL(15 ML daily)	PULMICORT FLEXHALER AEPB	F	QL(1 EA per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	F		Sympathomimetics		
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP		ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	F	QL(2 EA daily)
Leukotriene Modulators			ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	F	
<i>montelukast sodium CHEW</i>	F	QL(1 EA daily); MP	AIRDUO DIGIHALER	NP	
<i>montelukast sodium PACK</i>	F	QL(1 EA daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	F	
<i>montelukast sodium TABS</i>	F	QL(1 EA daily); MP	AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	F	
<i>zafirlukast</i>	F		AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	F	
<i>zileuton TB12</i>	NP		AIRSUPRA	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	Z	Limit 2 inhalers per month; QL(0.45 GM daily)
OHTUVAYRE	NP	SP	<i>albuterol sulfate AERS</i>	Z	Limit 2 inhalers per month; QL(0.57 GM daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	F	QL(375 ML per 30 day(s) retail)
ASMANEX (120 METERED DOSES) AEPB	F		<i>albuterol sulfate NEBU 0.083 %</i>	F	QL(375 ML per 25 day(s) retail)
ASMANEX (14 METERED DOSES) AEPB	F		<i>albuterol sulfate NEBU</i>	F	QL(2 EA daily)
ASMANEX (30 METERED DOSES) AEPB	F				
ASMANEX (60 METERED DOSES) AEPB	F				
<i>budesonide (inhalation) SUSP</i>	F	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)			
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	F	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE NEBU	F	QL(2 ML daily)
<i>albuterol sulfate SYRP</i>	F	MP
<i>albuterol sulfate TABS</i>	F	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	F	
BREZTRI AEROSPHERE	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	F	QL(4 GM per 30 day(s) retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	F	QL(13 GM per 30 day(s) retail)
DULERA 50 MCG/ACT-5 MCG/ACT	F	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	NP	
<i>ipratropium-albuterol SOLN</i>	F	QL(12 ML daily)
<i>levalbuterol hcl</i>	F	
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP	
<i>levalbuterol tartrate</i>	F	
PROAIR DIGIHALER	NP	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	Z	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	F	QL(2 EA daily)
STIOLTO RESPIMAT	F	
SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	F	QL(11 GM per 30 day(s) retail)
<i>terbutaline sulfate TABS</i>	F	MP

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	Z	Limit 2 inhalers per month; QL(1.2 GM daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	Z	Limit 2 inhalers per month; QL(0.54 GM daily)
XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	F	
Xanthines		
THEO-24 CP24 200 MG, 300 MG, 400 MG	F	
THEO-24 CP24 100 MG	F	MP
<i>theophylline ELIX</i>	F	
<i>theophylline SOLN</i>	F	QL(475 ML per fill retail); MP
<i>theophylline TB12 450 MG</i>	F	
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	F	
<i>theophylline TB24</i>	F	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	F	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	F	QL(4 EA daily)
ELIQUIS TABS	F	QL(4 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
<i>rivaroxaban TABS 2.5 MG</i>	NP	
XARELTO STARTER PACK TBPK	F	
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	F	
XARELTO TABS 2.5 MG (<i>Use rivaroxaban</i>)	F	
XARELTO TABS 15 MG	F	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	F	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Heparins And Heparinoid-Like Agents			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	F	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	F	QL(180 ML per 30 day(s) retail)	VALTOCO 5 MG DOSE LIQD	F	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	F	QL(36 ML per 30 day(s) retail)	Anticonvulsants - Misc.		
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	F	QL(48 ML per 30 day(s) retail)	BRIVIACT SOLN IV 50 MG/5ML	F	SP; PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	F	QL(60 ML per 30 day(s) retail)	<i>carbamazepine CHEW 100 MG</i>	F	MP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	F	QL(18 ML per 30 day(s) retail)	<i>carbamazepine CHEW 200 MG</i>	F	
<i>fondaparinux sodium</i>	F	PA	<i>carbamazepine CP12</i>	NP	MP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	<i>carbamazepine SUSP</i>	F	MP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	F		<i>carbamazepine TABS</i>	F	MP
Thrombin Inhibitors			<i>carbamazepine TB12</i>	F	MP
<i>dabigatran etexilate mesylate CAPS</i>	F		CARBATROL CP12 (Use <i>carbamazepine</i>)	F	MP
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	NP		ELEPSIA XR TB24	NP	
PRADAXA PACK	NP	SP	EPRONTIA SOLN 25 MG/ML (Use <i>topiramate</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin CAPS 300 MG, 400 MG</i>	F	MP
Anticonvulsants - Benzodiazepines			<i>gabapentin CAPS 100 MG</i>	F	QL(9 EA daily); MP
<i>clobazam SUSP</i>	F		<i>gabapentin SOLN</i>	F	MP
<i>clobazam TABS</i>	F		<i>gabapentin TABS 600 MG, 800 MG</i>	F	MP
<i>clonazepam TABS</i>	F	QL(4 EA daily)	LAMICTAL ODT KIT (Use <i>lamotrigine</i>)	NP	
<i>clonazepam TBDP</i>	F		LAMICTAL STARTER KIT 25 MG (Use <i>lamotrigine</i>)	NP	
LIBERVANT FILM	NP		<i>lamotrigine CHEW</i>	F	MP
VALTOCO 10 MG DOSE LIQD	F	QL(10 EA per 30 day(s) retail)	<i>lamotrigine KIT 25 MG</i>	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	F	QL(10 EA per 30 day(s) retail)	<i>lamotrigine TABS</i>	F	MP
			<i>lamotrigine TB24</i>	F	
			<i>lamotrigine TBDP</i>	F	
			<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	F	QL(30 ML daily); MP
			<i>levetiracetam TABS</i>	F	MP
			<i>levetiracetam TB24</i>	F	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOTPOLY XR CP24	NP		<i>tiagabine hcl 12 MG, 16 MG</i>	F	
<i>oxcarbazepine SUSP</i>	NP	MP	<i>tiagabine hcl 2 MG, 4 MG</i>	F	MP
<i>oxcarbazepine TABS</i>	F	MP	<i>vigabatrin PACK</i>	NP	SP; PA
<i>pregabalin CAPS</i>	F	PA	<i>vigabatrin TABS</i>	NP	SP; PA
<i>pregabalin SOLN</i>	F	PA	VIGAFYDE SOLN	NP	SP
<i>primidone 125 MG</i>	F		Hydantoins		
<i>primidone 50 MG, 250 MG</i>	F	MP	DILANTIN (Use <i>phenytoin sodium extended</i>)	NP	MP
<i>rufinamide SUSP</i>	F	SP	DILANTIN INFATABS CHEW (Use <i>phenytoin</i>)	F	MP
TEGRETOL-XR TB12 (Use <i>carbamazepine</i>)	F	MP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	F	MP
TOPAMAX SPRINKLE CPSP (Use <i>topiramate</i>)	NP	MP	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>topiramate CPSP 50 MG</i>	F		<i>phenytoin CHEW</i>	F	MP
<i>topiramate CPSP 15 MG, 25 MG</i>	F	MP	<i>phenytoin SUSP</i>	F	MP
<i>topiramate SOLN 25 MG/ML</i>	F		Succinimides		
<i>topiramate TABS 25 MG</i>	F	QL(6 EA daily); MP	CELONTIN (Use <i>methsuximide</i>)	F	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	F	MP	<i>ethosuximide CAPS</i>	F	MP
TRILEPTAL SUSP (Use <i>oxcarbazepine</i>)	F	MP	<i>ethosuximide SOLN</i>	F	MP
ZONISADE SUSP	NP		<i>methsuximide</i>	NP	
<i>zonisamide CAPS</i>	F	MP	Valproic Acid		
ZTALMY	NP		DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i>)	F	MP
Carbamates			<i>divalproex sodium CSDR</i>	NP	MP
<i>felbamate SUSP</i>	F		<i>divalproex sodium TB24</i>	F	MP
<i>felbamate TABS</i>	F		<i>divalproex sodium TBEC</i>	F	MP
XCOPRI (250 MG DAILY DOSE) TBPk	NP		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	F	MP
XCOPRI TABS	NP		<i>valproic acid CAPS</i>	F	MP
GABA Modulators			ANTIDEPRESSANTS - Drugs to Treat Depression		
SABRIL PACK (Use <i>vigabatrin</i>)	F	SP; PA	Alpha-2 Receptor Antagonists (Tetracyclics)		
SABRIL TABS (Use <i>vigabatrin</i>)	F	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TABS</i>	F	MP	<i>fluoxetine hcl CPDR</i>	NP	
<i>mirtazapine TBDP</i>	F		<i>fluoxetine hcl SOLN</i>	F	
Antidepressant Combinations			<i>fluoxetine hcl TABS 60 MG</i>	F	
AUVELITY	NP		<i>fluoxetine hcl TABS 20 MG</i>	F	QL(4 EA daily); AL(At least 7 yrs old)
Antidepressants - Misc.			<i>fluoxetine hcl TABS 10 MG</i>	F	AL(At least 7 yrs old); MP
<i>bupropion hcl TABS</i>	F	MP	FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	NP	
<i>bupropion hcl TB12 200 MG</i>	F	QL(2 EA daily); MP	<i>fluvoxamine maleate CP24</i>	NP	
<i>bupropion hcl TB12 150 MG</i>	F	QL(3 EA daily); MP	<i>fluvoxamine maleate TABS</i>	F	
<i>bupropion hcl TB12 100 MG</i>	F	QL(4 EA daily); MP	<i>paroxetine hcl TABS</i>	F	MP
<i>bupropion hcl TB24 450 MG</i>	2		<i>paroxetine hcl TB24</i>	F	
<i>bupropion hcl TB24 300 MG</i>	F	QL(1 EA daily); MP	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	PA
<i>bupropion hcl TB24 150 MG</i>	F	QL(3 EA daily); MP	SERTRALINE HCL CAPS 150 MG, 200 MG (Use <i>sertraline hcl</i>)	NP	PA
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NP		<i>sertraline hcl CONC</i>	NP	
GABA Receptor Modulator - Neuroactive Steroid			<i>sertraline hcl TABS</i>	F	MP
ZULRESSO	F	SP; PA	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	
ZURZUVAE	NP	SP	Serotonin Modulators		
Monoamine Oxidase Inhibitors (MAOIs)			<i>nefazodone hcl</i>	F	
<i>phenelzine sulfate</i>	F		RALDESY SOLN PO 10 MG/ML	NP	
<i>tranylcypromine sulfate</i>	F		<i>trazodone hcl TABS 300 MG</i>	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	F	MP
CITALOPRAM HYDROBROMIDE CAPS	NP		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>citalopram hydrobromide SOLN</i>	NP		CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>citalopram hydrobromide TABS</i>	F	MP			
<i>escitalopram oxalate SOLN</i>	F				
<i>escitalopram oxalate TABS</i>	F	MP			
<i>fluoxetine hcl CAPS</i>	F	MP			

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP 20 MG, 30 MG (Use <i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	F	
<i>desvenlafaxine succinate</i> 100 MG	F	QL(4 EA daily); MP
<i>desvenlafaxine succinate</i> 25 MG, 50 MG	F	QL(1 EA daily); MP
<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 40 MG	F	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>duloxetine hcl</i> CPEP 60 MG	F	QL(2 EA daily); AL(At least 7 yrs old); MP
VENLAFAXINE BESYLATE ER	NP	
<i>venlafaxine hcl</i> CP24 150 MG	F	QL(2 EA daily); MP
<i>venlafaxine hcl</i> CP24 37.5 MG	F	QL(4 EA daily); MP
<i>venlafaxine hcl</i> CP24 75 MG	F	QL(5 EA daily); MP
<i>venlafaxine hcl</i> TABS	F	MP
<i>venlafaxine hcl</i> TB24	F	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl</i> TABS	F	MP
<i>amoxapine</i>	F	
<i>clomipramine hcl</i>	F	
<i>desipramine hcl</i> TABS	F	
<i>doxepin hcl</i> CAPS 150 MG	F	
<i>doxepin hcl</i> CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	F	MP
<i>doxepin hcl</i> CONC	F	
<i>imipramine hcl</i> TABS	F	
<i>imipramine pamoate</i>	F	
<i>nortriptyline hcl</i> CAPS	F	
<i>nortriptyline hcl</i> SOLN	F	
<i>protriptyline hcl</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate</i> CAPS	F	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	F	
<i>miglitol</i>	F	
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>alogliptin-pioglitazone</i> 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily); MP
DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	NP	
<i>glipizide-metformin hcl</i>	F	MP
<i>glyburide-metformin</i>	F	MP
GLYXAMBI	F	
JANUMET XR TB24	F	
JANUMET TABS	F	
JENTADUETO TABS	F	QL(2 EA daily); AL(At least 18 yrs old); MP
KAZANO (Use <i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); MP
KOMBIGLYZE XR (Use <i>saxagliptin-metformin hcl</i>)	NP	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use <i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); MP
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl</i> TABS	F	QL(2 EA daily); MP
<i>saxagliptin-metformin hcl</i>	NP	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
ZITUVIMET TABS	NP	
Biguanides		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NP		TRUEPLUS GLUCOSE ON THE GO CHEW	F	QL(1.67 EA daily); MP
<i>metformin hcl SOLN</i>	F		TRUEPLUS GLUCOSE CHEW	F	QL(1.67 EA daily); MP
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	F	MP	WALGREENS GLUCOSE CHEW	F	QL(1.67 EA daily); MP
<i>metformin hcl TABS 750 MG</i>	F		ZEGALOGUE SOAJ	F	
<i>metformin hcl TABS 625 MG</i>	NP		ZEGALOGUE SOSY	F	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TB24 500 MG, 750 MG</i>	F	MP	<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP
Diabetic Other			JANUVIA	F	
BAQSIMI ONE PACK POWD	F	QL(0.069 EA daily)	NESINA (<i>Use alogliptin benzoate</i>)	NP	QL(1 EA daily); MP
BAQSIMI TWO PACK POWD	F	QL(0.069 EA daily)	ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	
BD GLUCOSE CHEW	F	QL(1.67 EA daily); MP	<i>saxagliptin hcl</i>	F	
CVS GLUCOSE CHEW	F	QL(1.67 EA daily); MP	SITAGLIPTIN	NP	
CVS SOFT GLUCOSE CHEW	F	QL(1.67 EA daily); MP	TRADJENTA	F	QL(1 EA daily); AL(At least 18 yrs old); MP
<i>diazoxide</i>	NP		ZITUVIO	NP	
FT GLUCOSE CHEW 4 GM	F	QL(1.67 EA daily); MP	Incretin Mimetic Agents		
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	F	QL(1 EA per fill retail); MP	<i>exenatide SOPN 5 MCG/0.02ML</i>	F	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
<i>glucagon SOLR IJ 1 MG</i>	F	QL(1 EA per fill retail); MP	<i>exenatide SOPN 10 MCG/0.04ML</i>	F	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
GLUCO TO GO CHEW	F	QL(1.67 EA daily); MP	<i>liraglutide</i>	NP	QL(0.3 ML daily); PA
GLUCOSE CHEW	F	QL(1.67 EA daily); MP	MOUNJARO	NP	PA
GNP GLUCOSE CHEW	F	QL(1.67 EA daily); MP	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	F	PA
GVOKE KIT SOLN	NP		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	F	PA
<i>mifepristone (hyperglycemia)</i>	F	SP; PA	OZEMPIC (2 MG/DOSE) SOPN	F	PA
PROGLYCEM (<i>Use diazoxide</i>)	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	NP	PA	INSULIN GLARGINE-YFGN SOPN	F	Generic for Semglee
TRULICITY	F	PA	INSULIN LISPRO (1 UNIT DIAL) SOPN	F	QL(30 ML per 30 day(s) retail)
VICTOZA (Use <i>liraglutide</i>)	F	QL(0.3 ML daily); PA	INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	
Insulin			INSULIN LISPRO PROT & LISPRO SUPN	F	QL(30 ML per 30 day(s) retail)
HUMALOG JUNIOR KWIKPEN SOPN	NP		INSULIN LISPRO SOLN IJ	F	QL(40 ML per 30 day(s) retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)	LEVEMIR FLEXPEN SOPN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)	LEVEMIR SOLN	NP	
HUMALOG MIX 50/50 SUSP	F	QL(40 ML per 30 day(s) retail)	LYUMJEV TEMPO PEN SOPN	NP	
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	QL(30 ML per 30 day(s) retail)	NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(30 ML per 30 day(s) retail)
HUMALOG MIX 75/25 SUSP	NP	QL(40 ML per 30 day(s) retail)	NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
HUMALOG TEMPO PEN SOPN	NP		NOVOLOG MIX 70/30 RELION SUSP	NP	QL(40 ML per 30 day(s) retail)
HUMALOG SOLN IJ	NP	QL(40 ML per 30 day(s) retail)	NOVOLOG MIX 70/30 SUSP	NP	QL(40 ML per 30 day(s) retail)
HUMULIN 70/30 SUSP	F	QL(40 ML per 30 day(s) retail)	REZVOGLAR KWIKPEN	NP	
HUMULIN N SUSP	F	QL(40 ML per 30 day(s) retail)	SEMGLEE (YFGN) SOLN	NP	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F		SEMGLEE (YFGN) SOPN	NP	
HUMULIN R U-500 KWIKPEN SOPN SC	F		SEMGLEE SOPN	NP	QL(30 ML per 30 day(s) retail)
HUMULIN R SOLN IJ	F	QL(40 ML per 30 day(s) retail)	Insulin Sensitizing Agents		
INSULIN ASP PROT & ASP FLEXPEN SUPN	F	QL(30 ML per 30 day(s) retail)	<i>pioglitazone hcl</i>	F	QL(1 EA daily); MP
INSULIN ASPART PROT & ASPART SUSP	F	QL(40 ML per 30 day(s) retail)	Meglitinide Analogues		
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	F	QL(30 ML per 30 day(s) retail)	<i>nateglinide</i>	F	QL(3 EA daily); MP
INSULIN GLARGINE SOLN	F		<i>repaglinide</i>	F	
INSULIN GLARGINE-YFGN SOLN	F	Generic for Semglee	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol</i>	NP	
			FARXIGA (Use <i>dapagliflozin propanediol</i>)	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVOKANA	NP	MP	BIOHM PROBIOTIC SUPPLEMENT CAPS	F	RX/OTC
JARDIANCE	F	QL(1 EA daily)	BIOHM PROBIOTIC/VITAMIN C CAPS	F	RX/OTC
Sulfonylureas			BIO-KULT CAPS	F	RX/OTC
<i>glimepiride 1 MG, 2 MG</i>	F	QL(4 EA daily); MP	BIOZEN CAPS	F	RX/OTC
<i>glimepiride 3 MG</i>	F		<i>bismuth subsalicylate CHEW 262 MG</i>	F	
<i>glimepiride 4 MG</i>	F	QL(2 EA daily); MP	<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	F	
<i>glipizide TABS 2.5 MG</i>	F		COMPLETE PROBIOTIC PEARLS CAPS	F	RX/OTC
<i>glipizide TABS 5 MG, 10 MG</i>	F	MP	CULTURELLE BLOATING & GAS DEF CAPS	F	RX/OTC
<i>glipizide TB24</i>	F	MP	CULTURELLE IMMUNE DEFENSE CAPS	F	RX/OTC
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	F	MP	CULTURELLE KID PROBIOTIC+FIBER PACK	F	
<i>glyburide TABS</i>	F	MP	CULTURELLE KIDS PURELY CHEW	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			CULTURELLE KIDS PURELY PACK	F	
Antidiarrheal/Probiotic Agents - Misc.			CULTURELLE KIDS CHEW	F	
ACIDOPHILUS HIGH-POTENCY CAPS	F	RX/OTC	CULTURELLE KIDS PACK	F	
ACIDOPHILUS PEARLS CAPS	F	RX/OTC	CULTURELLE METABOLISM-WEIGHT CAPS	F	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	F	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	F	
ACTIPHLOA CAPS	F	RX/OTC	CULTURELLE PRO-WELL CAPS	F	RX/OTC
ADVANCED PROBIOTIC-14 CAPS	F	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	F	RX/OTC
ADVANCED PROBIOTIC CAPS	F	RX/OTC	CVS ADULT PROBIOTIC CAPS	F	RX/OTC
ALIGN EXTRA STRENGTH CAPS	F	RX/OTC			
ALIGN CAPS 10 MG	F	RX/OTC			
ALOE 10000 & PROBIOTICS CAPS	F	RX/OTC			
BACICAP CAPS	F	RX/OTC			
BACID CAPS	F	RX/OTC			
BILAC CAPS	F	RX/OTC			
BIOCORE DAILY CAPS	F	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS DAILY PROBIOTIC CHILDRENS PACK	F		DIGESTIVE ADV+LACTOSE SUPPORT CAPS	F	RX/OTC
CVS DAILY PROBIOTIC CAPS	F	RX/OTC	DIGESTIVE ADVANTAGE CAPS	F	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	F	RX/OTC	ENVIVE CAPS	F	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	F	RX/OTC	EQ PROBIOTIC CAPS	F	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	F	RX/OTC	EQ PROBIOTIC CPDR	F	
CVS PROBIOTIC ADULT 50+ CAPS	F	RX/OTC	EQL DAILY PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	F	RX/OTC	EQL PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
CVS PROBIOTIC PEARLS EX ST CAPS	F	RX/OTC	ESTROVEN SLIMBIOTICS CAPS	F	RX/OTC
CVS PROBIOTIC CAPS	F	RX/OTC	FEM-DOPHILUS WOMENS CAPS	F	RX/OTC
CVS SENIOR PROBIOTIC CAPS	F	RX/OTC	FLORA VANCE CAPS	F	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	F	RX/OTC	FLORAJEN DIGESTION CAPS	F	RX/OTC
DAILY PROBIOTIC CAPS	F	RX/OTC	FLORAJEN KIDS CAPS	F	RX/OTC
DAILY ULTIMATE PROBIOTIC-14 CAPS	F	RX/OTC	FLORASAVE CPDR	F	
DERMACINRX PROBISOL CAPS	F	RX/OTC	FLORASTOR ADVANCED CAPS	F	RX/OTC
DERMACINRX PROBITRAN CAPS	F	RX/OTC	FLORASTOR DIGEST DE-STRESS CAPS	F	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	F	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	F	RX/OTC
DIGESTIVE ADV LACTOSE SUPPORT CAPS	F	RX/OTC	FLORASTOR SELECT IMMUNITY BOOS CAPS	F	RX/OTC
DIGESTIVE ADV MULTI-STRAIN CAPS	F	RX/OTC	FLORRAXIS CAPS	F	RX/OTC
DIGESTIVE ADV+BOWEL SUPPORT CAPS	F	RX/OTC	FORTIFY 30 BILLION PROBIOT 50+ CPDR	F	
DIGESTIVE ADV+GAS DEFENSE CAPS	F	RX/OTC	FORTIFY 50 BILLION PROBIOT 50+ CPDR	F	
			FORTIFY DAILY PROBIOTIC EX ST CPDR	F	
			FORTIFY DAILY PROBIOTIC CAPS	F	RX/OTC
			FORTIFY OPTIMA PROBIOTIC CPDR	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORTIFY OPTIMA WOMENS ADV CARE CPDR	F		MICROFLOR CAPS	F	RX/OTC
FORTIFY PROBIOTIC WOMENS EX ST CPDR	F		MOMMY'S BLISS PROBIOTIC PACK	F	
FORTIFY PROBIOTIC WOMENS CPDR	F		MVW COMPL FORM PROBIOTIC-KIDS CPDR	F	
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	F	RX/OTC	MVW COMPLETE PROBIOTIC CPDR	F	
FT PROBIOTIC ADVANCED CAPS	F	RX/OTC	NATRUL PROBIOTIC CAPS	F	RX/OTC
GENORAVANCE CAPS	F	RX/OTC	NEXABIOTIC CPDR	F	
GNP ACIDOPHILUS HIGH POTENCY CAPS	F	RX/OTC	PEARLS IC CAPS	F	RX/OTC
GNP ADVANCED PROBIOTIC CAPS	F	RX/OTC	PHILLIPS COLON HEALTH CAPS	F	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC	PREORBOTIC CAPS	F	RX/OTC
HIGH POTENCY PROBIOTIC CAPS	F	RX/OTC	PRIMADOPHILUS BIFIDUS CPDR	F	
JARRO-DOPHILUS EPS PROBIOTIC CPDR	F		PRIMIDAR CAPS	F	RX/OTC
JARRO-DOPHILUS EPS CPDR	F		PROBINATE CAPS	F	RX/OTC
JARRO-DOPHILUS HYPOALLERGENIC CAPS	F	RX/OTC	PROBIO DEFENSE CAPS	F	RX/OTC
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	F	RX/OTC	PROBIOFLEXX CAPS	F	RX/OTC
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	F		PROBIOMAX COMPLETE DF CAPS	F	RX/OTC
LACTEROL CAPS	F	RX/OTC	PROBIOMAX DAILY DF CAPS	F	RX/OTC
LACTOVIVE CAPS	F	RX/OTC	PROBIOMAX IG 26 DF CAPS	F	RX/OTC
LUMIVA CAPS	F	RX/OTC	PROBIOMAX LEAN DF CAPS	F	RX/OTC
MAGE CPDR	F		PROBIOMAX SB DF CAPS	F	RX/OTC
MEGA PROBIOTIC CAPS	F	RX/OTC	PROBIONEXX CAPS	F	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	F	RX/OTC	PROBIOTIC + OMEGA-3 CAPS	F	RX/OTC
MICROFLOR 33 CAPS	F	RX/OTC	PROBIOTIC + TURMERIC EXTRACT CAPS	F	RX/OTC
			PROBIOTIC 10 ULTRA STRENGTH CAPS	F	RX/OTC
			PROBIOTIC ADVANCED FORMULA CAPS	F	RX/OTC
			PROBIOTIC BLEND CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	F	RX/OTC
PROBIOTIC DAILY CAPS	F	RX/OTC	SM ADVANCED PROBIOTIC CAPS	F	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	F	RX/OTC	SUPER PROBIOTIC DIGESTIVE CAPS	F	RX/OTC
PROBIOTIC MATURE ADULT CAPS	F	RX/OTC	SUPER PROBIOTIC CAPS	F	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	F	RX/OTC	SUPERIOR PROBIOTIC CAPS	F	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	F	RX/OTC	SUREBIOTIC PROBIOTIC SUPPORT CAPS	F	RX/OTC
PROBIOTIC PEARLS WOMENS CAPS	F	RX/OTC	SV PROBIOTIC EXTRA STRENGTH CAPS	F	RX/OTC
PROBIOTIC PEARLS CAPS	F	RX/OTC	TRUBIOTICS DIGEST + IMM HEALTH CAPS	F	RX/OTC
PROBIOTIC PRODUCT CAPS	F	RX/OTC	TRUBIOTICS CAPS	F	RX/OTC
PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	F	RX/OTC	ULTRAFLOA IMMUNE HEALTH CAPS	F	RX/OTC
PROBITROL CAPS	F	RX/OTC	UP4 PROBIOTICS ADULT CAPS	F	RX/OTC
PROBIZEN CAPS	F	RX/OTC	UP4 PROBIOTICS MENS CAPS	F	RX/OTC
PRO-FLOA IMMUNE CAPS	F	RX/OTC	UP4 PROBIOTICS ULTRA CAPS	F	RX/OTC
PROMELLA IN PREBIOTIC CAPS	F	RX/OTC	UP4 PROBIOTICS WOMENS CAPS	F	RX/OTC
PROMEROL CAPS	F	RX/OTC	VH ESSENTIALS OPTIBALANCE CAPS	F	RX/OTC
PRORIVA CAPS	F	RX/OTC	VISBIOME GI CARE CAPS	F	RX/OTC
QUAD-PROBIOTIC CAPS	F	RX/OTC	VSL#3 CAPS	F	RX/OTC
RA PROBIOTIC COLON CARE CAPS	F	RX/OTC	WELLPRO 31 CAPS	F	RX/OTC
RA PROBIOTIC COMPLEX CAPS	F	RX/OTC	XYBIOTIC CAPS	F	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	F	RX/OTC	ZELAC CAPS	F	RX/OTC
RA PROBIOTIC MAX STRENGTH CAPS	F	RX/OTC	Antidiarrheal/Probiotic Combinations		
RELIBIOTIC CAPS	F	RX/OTC	CULTURELLE ADULT ULT BALANCE CAPS	F	
RESTORA CAPS	F	RX/OTC	CULTURELLE DIGESTIVE DAILY PRO CAPS	F	
RISAQUAD-2 CAPS	F	RX/OTC			
RISAQUAD CAPS	F	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE DIGESTIVE DAILY CAPS	F		VISTOGARD	F	
CULTURELLE DIGESTIVE HEALTH CAPS	F		Opioid Antagonists		
CULTURELLE DIGESTIVE HEALTH CHEW	F		KLOXXADO LIQD	Z	QL(18 EA per 90 day(s) retail); MP
CULTURELLE HEALTH (INULIN) CAPS	F		<i>naloxone hcl LIQD</i>	Z	QL(18 EA per 90 day(s) retail); MP; RX/OTC
CULTURELLE ULTIMATE STRENGTH CAPS	F		<i>naloxone hcl SOCT</i>	Z	QL(18 ML per 90 day(s) retail); MP
GNP PROBIOTIC EXTRA STRENGTH CAPS	F		<i>naloxone hcl SOLN 4 MG/10ML</i>	Z	QL(180 ML per 90 day(s) retail); MP
PROBIOTIC DIGESTIVE SUPPORT CAPS	F		<i>naloxone hcl SOLN 0.4 MG/ML</i>	Z	QL(18 ML per 90 day(s) retail); MP
VIActiv DIGESTIVE HEALTH CHEW	F		<i>naloxone hcl SOSY 2 MG/2ML</i>	Z	QL(18 ML per 90 day(s) retail); MP
Antiperistaltic Agents			<i>naloxone hcl SOSY 0.4 MG/ML</i>	F	
<i>diphenoxylate w/ atropine LIQD</i>	F		<i>naltrexone hcl</i>	Z	MP
<i>diphenoxylate w/ atropine TABS</i>	F		NARCAN LIQD (Use <i>naloxone hcl</i>)	Z	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>loperamide hcl CAPS</i>	F	QL(8 EA daily); RX/OTC	OPVEE NA	Z	QL(6 EA per 30 day(s) retail); MP
<i>loperamide hcl TABS</i>	F	QL(8 EA daily)	REXTOVY LIQD	F	
ANTIDOTES AND SPECIFIC ANTAGONISTS			VIVITROL	Z	SP; MP
Antidotes - Chelating Agents			ZIMHI SOSY	Z	QL(9 ML per 90 day(s) retail); MP
CHEMET	F		ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
<i>deferasirox PACK</i>	F	SP; PA	5-HT3 Receptor Antagonists		
<i>deferasirox TABS</i>	F	SP; PA	<i>granisetron hcl TABS</i>	F	
<i>deferasirox TBSO</i>	F	SP; PA	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	F	QL(50 ML per fill retail)
<i>deferiprone TABS</i>	F	SP; PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	F	QL(2 EA daily)
FERRIPROX SOLN	F	SP; PA			
Antidotes and Specific Antagonists					
ANDEXXA 200 MG	F	SP; PA			
BRIDION SOLN	F	PA			
<i>deferoxamine mesylate</i>	F	SP; PA			
SM IPECAC SYRUP	F				

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron TBDP 16 MG</i>	F	
<i>ondansetron TBDP 4 MG, 8 MG</i>	F	QL(2 EA daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	F	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	F	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	F	
<i>doxylamine-pyridoxine TBEC</i>	F	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant CAPS</i>	F	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	F	
<i>griseofulvin microsize TABS</i>	F	
<i>griseofulvin ultramicrosize</i>	F	
<i>nystatin TABS</i>	F	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	F	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSP</i>	F	QL(70 ML per fill retail)
<i>fluconazole TABS 150 MG</i>	F	QL(2 EA daily)
<i>fluconazole TABS 200 MG</i>	F	
<i>fluconazole TABS 100 MG</i>	F	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	F	QL(7 EA per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 180 MG</i>	F	QL(1 EA daily)	<i>colestipol hcl TABS</i>	F	MP
<i>levocetirizine dihydrochloride SOLN</i>	F	RX/OTC	Fibric Acid Derivatives		
<i>loratadine CAPS</i>	F		<i>fenofibrate micronized 134 MG, 200 MG</i>	F	QL(1 EA daily); MP
<i>loratadine CHEW</i>	F		<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	F	
<i>loratadine SOLN</i>	F	QL(240 ML per fill retail)	<i>fenofibrate micronized 67 MG</i>	F	QL(2 EA daily); MP
<i>loratadine TABS</i>	F		<i>fenofibrate CAPS</i>	2	MP
<i>loratadine TBDP 10 MG</i>	F		<i>fenofibrate TABS 54 MG</i>	F	QL(3 EA daily); MP
Antihistamines - Phenothiazines			<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	F	QL(240 ML per fill retail); AL(At least 2 yrs old)	<i>fenofibric acid</i>	NP	
PROMETHAZINE HCL SOLN PO 6.25 MG/5ML	F	QL(240 ML per fill retail); AL(At least 2 yrs old)	FENOGLIDE TABS (Use <i>fenofibrate</i>)	NP	
<i>promethazine hcl SUPP</i>	F	QL(12 EA per fill retail); AL(At least 2 yrs old)	FIBRICOR (Use <i>fenofibric acid</i>)	NP	
<i>promethazine hcl TABS</i>	F	AL(At least 2 yrs old)	<i>gemfibrozil TABS</i>	F	QL(2 EA daily); MP
Antihistamines - Piperidines			LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
<i>cyproheptadine hcl SYRP</i>	F		HMG CoA Reductase Inhibitors		
<i>cyproheptadine hcl TABS</i>	F		ATORVALIQ SUSP	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>atorvastatin calcium TABS</i>	F	QL(1 EA daily); MP
Antihyperlipidemics - Combinations			<i>fluvastatin sodium CAPS</i>	NP	
<i>ezetimibe-simvastatin</i>	F		<i>fluvastatin sodium TB24</i>	NP	
Antihyperlipidemics - Misc.			LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NP	
<i>omega-3-acid ethyl esters</i>	F		<i>lovastatin TABS 10 MG, 20 MG</i>	F	QL(1 EA daily); MP
Bile Acid Sequestrants			<i>lovastatin TABS 40 MG</i>	F	QL(2 EA daily); MP
<i>cholestyramine light PACK</i>	F	MP	<i>pravastatin sodium</i>	F	QL(1 EA daily); MP
<i>cholestyramine light POWD</i>	F	MP	<i>rosuvastatin calcium TABS</i>	F	QL(1 EA daily); MP
<i>cholestyramine PACK</i>	F	MP	<i>simvastatin TABS 80 MG</i>	F	MP
<i>cholestyramine POWD</i>	F	MP	<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	F	QL(1 EA daily); MP
<i>colestipol hcl GRAN</i>	F	MP			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ramipril CAPS</i>	F	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	F	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	F	QL(2 EA daily); MP
Agents for Pheochromocytoma		
<i>metyrosine</i>	F	SP; PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	F	
<i>irbesartan</i>	F	QL(1 EA daily); MP
<i>losartan potassium</i>	F	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	F	
<i>telmisartan</i>	F	
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	F	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	F	MP
<i>doxazosin mesylate</i>	F	MP
<i>guanfacine hcl</i>	F	MP
<i>methyldopa TABS</i>	F	MP
<i>prazosin hcl CAPS</i>	F	MP
<i>terazosin hcl</i>	F	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	F	QL(1 EA daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	F	
<i>amlodipine besylate-valsartan</i>	F	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	F	
<i>atenolol & chlorthalidone</i>	F	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril & hydrochlorothiazide</i>	F	QL(1 EA daily); MP	Antihypertensives - Misc.		
<i>bisoprolol & hydrochlorothiazide</i>	F	QL(1 EA daily); MP	VECAMEYL	F	SP; PA
<i>candesartan cilexetil-hydrochlorothiazide</i>	F		Vasodilators		
<i>captopril & hydrochlorothiazide</i>	NP	QL(2 EA daily); MP	<i>hydralazine hcl TABS</i>	F	MP
<i>enalapril maleate & hydrochlorothiazide</i>	F	QL(2 EA daily); MP	<i>minoxidil 2.5 MG, 10 MG</i>	F	MP
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily); MP	Anti-infective Agents - Misc.		
<i>irbesartan-hydrochlorothiazide</i>	F	QL(1 EA daily); MP	<i>metronidazole TABS 250 MG, 500 MG</i>	F	
<i>lisinopril & hydrochlorothiazide</i>	F	MP	<i>trimethoprim TABS</i>	F	
<i>losartan potassium & hydrochlorothiazide</i>	F	QL(1 EA daily); MP	Anti-infective Misc. - Combinations		
<i>metoprolol & hydrochlorothiazide TABS</i>	NP	QL(2 EA daily); MP	<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	F	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	F		<i>sulfamethoxazole-trimethoprim SUSP</i>	F	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	F		<i>sulfamethoxazole-trimethoprim TABS</i>	F	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	F	QL(2 EA daily)	URETRON D/S TABS 81.6 MG	F	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	F	QL(4 EA daily)	Carbapenems		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	F	QL(3 EA daily)	<i>ertapenem sodium IJ</i>	F	SP; PA
<i>telmisartan-amlodipine</i>	F		Glycopeptides		
<i>telmisartan-hydrochlorothiazide</i>	F	QL(1 EA daily)	<i>vancomycin hcl CAPS 125 MG</i>	F	QL(4 EA daily)
<i>trandolapril-verapamil hcl</i>	NP		<i>vancomycin hcl CAPS 250 MG</i>	F	QL(8 EA daily)
<i>valsartan-hydrochlorothiazide</i>	F	QL(1 EA daily); MP	<i>vancomycin hcl SOLR IV 500 MG</i>	F	QL(0.467 EA daily)
			<i>vancomycin hcl SOLR IV 1 GM</i>	F	QL(14 EA per fill retail)
			<i>vancomycin hcl SOLR PO 25 MG/ML</i>	F	QL(300 ML per fill retail)
			VANCOMYCIN HCL SOLR IV 500 MG	F	QL(0.467 EA daily)
			VANCOMYCIN HCL SOLR IV 1 GM	F	QL(14 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Leprostatics			Antimyasthenic/Cholinergic Agents		
<i>dapsone</i>	F		FIRDAPSE	F	SP; PA
Lincosamides			<i>pyridostigmine bromide TABS 60 MG</i>	F	
<i>clindamycin hcl 150 MG, 300 MG</i>	F		<i>pyridostigmine bromide TBCR</i>	F	
<i>clindamycin palmitate hydrochloride</i>	F	QL(100 ML per fill retail)	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Monobactams			Antimycobacterial Agents		
CAYSTON	NP	SP; PA	<i>ethambutol hcl TABS</i>	F	MP
Oxazolidinones			<i>isoniazid SYRP</i>	F	MP
SIVEXTRO TABS	F	QL(6 EA per fill retail); PA	<i>isoniazid TABS</i>	F	MP
Urinary Anti-infectives			<i>pyrazinamide</i>	F	
<i>methenamine mandelate</i>	F		<i>rifampin CAPS</i>	F	
<i>nitrofurantoin</i>	F	QL(40 ML daily)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	F		Alkylating Agents		
<i>nitrofurantoin monohyd macro</i>	F		BELRAPZO SOLN	F	SP; PA
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			BENDAMUSTINE HCL SOLN	F	SP; PA
Antimalarial Combinations			<i>bendamustine hcl SOLR</i>	F	SP; PA
COARTEM	F	QL(24 EA per fill retail)	BENDEKA SOLN	F	SP; PA
Antimalarials			<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	F	SP; PA
<i>chloroquine phosphate TABS 250 MG</i>	Z	QL(2 EA daily); MP	<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	F	SP; PA
<i>chloroquine phosphate TABS 500 MG</i>	Z	QL(8 EA per 56 day(s) retail)	CISPLATIN SOLR	F	SP; PA
DARAPRIM (Use pyrimethamine)	NP	SP; PA	<i>cyclophosphamide CAPS 50 MG</i>	F	
KRINTAFEL	F	QL(2 EA per 30 day(s) retail)	CYCLOPHOSPHAMIDE TABS	F	
<i>mefloquine hcl</i>	F		EVOMELA IV	F	SP; PA
<i>pyrimethamine</i>	F	SP; PA	KEMOPLAT SOLN	F	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS			LEUKERAN	F	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KANJINTI 420 MG	F	SP; PA	FIRMAGON 80 MG	F	SP; PA
PERJETA	F	SP; PA	FIRMAGON (240 MG DOSE)	F	SP; PA
Antineoplastic - BCL-2 Inhibitors			<i>hydroxyprogesterone caproate (antineoplastic)</i>	F	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
VENCLEXTA STARTING PACK TBPB	F	SP; PA	<i>letrozole</i>	F	QL(1 EA daily); MP
VENCLEXTA TABS	F	SP; PA	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	F	
Antineoplastic - Cellular Immunotherapy			LEUPROLIDE ACETATE-BUPIVACAINE	F	SP; PA
KYMRIAH	F	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	F	SP; PA
PROVENGE	F	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	F	SP; PA
YESCARTA	F	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	F	SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (4-MONTH) IM	F	SP; PA
ERBITUX	F	SP; PA	LUPRON DEPOT (6-MONTH) IM	F	SP; PA
<i>erlotinib hcl</i>	F	SP; PA	LUTRATE DEPOT INJ 22.5 MG	F	
<i>gefitinib</i>	F	SP; PA	LYSODREN	F	SP; PA
GILOTRIF	F	SP; PA	<i>megestrol acetate SUSP</i>	F	
PORTRAZZA	F	SP; PA	<i>megestrol acetate TABS</i>	F	
TAGRISO	F	SP; PA	<i>tamoxifen citrate TABS</i>	F	MP
VECTIBIX 100 MG/5ML, 400 MG/20ML	F	SP; PA	<i>toremifene citrate</i>	F	PA
VIZIMPRO	F	SP; PA	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	F	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			TRELSTAR MIXJECT 3.75 MG	F	SP; PA
DAURISMO	F	SP; PA	VABRINTY KIT SC 22.5 MG, 45 MG	F	SP; PA
ERIVEDGE	F	SP; PA	XTANDI CAPS	F	SP; PA
ODOMZO	F	SP; PA	ZOLADEX 3.6 MG	F	SP; PA
Antineoplastic - Hormonal and Related Agents			ZOLADEX 10.8 MG	F	SP; PA
<i>abiraterone acetate</i>	F	SP; PA	Antineoplastic - Immunomodulators		
<i>anastrozole</i>	F	MP	POMALYST	F	SP; PA
<i>bicalutamide</i>	F	QL(1 EA daily)			
CAMCEVI	F	SP			
ELIGARD SC 22.5 MG, 30 MG, 45 MG	F	SP; PA			
ELIGARD KIT SC 7.5 MG	F	SP; PA			
EMCYT	F	SP; PA			
ERLEADA 60 MG	F	SP; PA			
EULEXIN	F				
<i>exemestane</i>	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Antibiotics			IMBRUVICA CAPS 70 MG	F	QL(1 EA daily); SP; PA
<i>daunorubicin hcl SOLN 50 MG/10ML</i>	F	SP; PA	IMBRUVICA TABS	F	QL(1 EA daily); SP; PA
ELLEENCE SOLN	F	SP; PA	JAKAFI	F	SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	F	SP; PA	KYPROLIS	F	SP; PA
<i>valrubicin</i>	F	SP; PA	<i>lapatinib ditosylate</i>	F	SP; PA
Antineoplastic Combinations			LORBRENA	F	SP; PA
HERCEPTIN HYLECTA	F	SP; PA	MEKINIST TABS	F	SP; PA
LONSURF	F	SP; PA	MEKTOVI	F	SP; PA
Antineoplastic Enzyme Inhibitors			<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	F	SP; PA
ALECENSA	F	SP; PA	NINLARO	F	SP; PA
BELEODAQ	F	SP; PA	<i>pazopanib hcl</i>	F	SP; PA
<i>bortezomib SOLR IJ</i>	F	SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	F	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	F	SP; PA	<i>romidepsin SOLR</i>	F	SP; PA
BOSULIF TABS 100 MG, 500 MG	F	SP; PA	RUBRACA	F	SP; PA
BRAFTOVI 75 MG	F	SP; PA	<i>sorafenib tosylate</i>	F	SP; PA
CABOMETYX TABS	F	SP; PA	STIVARGA	F	SP; PA
CAPRELSA	F	SP; PA	<i>sunitinib malate</i>	F	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	F	SP; PA	TAFINLAR CAPS	F	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	F	SP; PA	TALZENNA 0.25 MG, 1 MG	F	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	F	SP; PA	<i>temsirolimus</i>	F	SP; PA
COTELLIC	F	SP; PA	TIBSOVO	F	SP; PA
<i>dasatinib</i>	F	SP; PA	VITRAKVI CAPS	F	SP; PA
<i>everolimus TABS</i>	F	SP; PA	VITRAKVI SOLN	F	SP; PA
<i>everolimus TBSO</i>	F	SP; PA	VOTRIENT	F	SP; PA
IBRANCE CAPS	F	SP; PA	XALKORI CAPS	F	SP; PA
ICLUSIG 15 MG, 45 MG	F	SP; PA	XOSPATA	F	SP; PA
<i>imatinib mesylate TABS</i>	F	SP; PA	ZELBORAF	F	SP; PA
IMBRUVICA CAPS 140 MG	F	SP; PA	ZOLINZA	F	SP; PA
			ZYDELIG	F	SP; PA
			ZYKADIA TABS	F	SP; PA
			Antineoplastic Enzymes		
			ONCASPAS	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Radiopharmaceuticals			<i>docetaxel SOLN</i>	F	SP; PA
AZEDRA DOSIMETRIC	F	SP; PA	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	F	SP; PA
AZEDRA THERAPEUTIC	F	SP; PA	DOCIVYX SOLN	F	SP; PA
LUTATHERA	F	SP; PA	<i>eribulin mesylate</i>	F	SP; PA
Antineoplastics Misc.			<i>etoposide CAPS</i>	F	SP; PA
ACTIMMUNE 100 MCG/0.5ML	F	SP; PA	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	F	SP; PA
ALFERON N	F	SP; PA	IXEMPRA KIT	F	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	F	SP; PA	JEVTANA	F	SP; PA
<i>bexarotene</i>	F	SP; PA	PACLITAXEL PROTEIN-BOUND PART	F	SP; PA
<i>hydroxyurea</i>	F	MP	<i>paclitaxel protein-bound particles</i>	F	SP; PA
MATULANE	F	SP; PA	<i>vincristine sulfate</i>	F	SP; PA
PHOTOFRIN	F	SP; PA	Oncolytic Viral Agents		
PROLEUKIN	F	SP; PA	IMLYGIC	F	SP; PA
SYNRIBO	F	SP; PA	Topoisomerase I Inhibitors		
<i>tretinoin (chemotherapy)</i>	F	SP; PA	HYCANTIN CAPS	F	SP; PA
Chemotherapy Adjuncts			<i>irinotecan hcl</i>	F	SP; PA
KEPIVANCE 6.25 MG	F	SP; PA	<i>topotecan hcl SOLN</i>	F	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents			TOPOTECAN HCL SOLN	F	SP; PA
<i>dexrazoxane hcl</i>	F	SP; PA	<i>topotecan hcl SOLR</i>	F	SP; PA
KHAPZORY	F	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	F		Antiparkinson Adjunctive Therapy		
<i>levoleucovorin calcium SOLN</i>	F	SP; PA	<i>carbidopa</i>	F	
<i>levoleucovorin calcium SOLR</i>	F	SP; PA	Antiparkinson Anticholinergics		
<i>mesna SOLN</i>	F	SP; PA	<i>benztropine mesylate TABS</i>	F	MP
<i>mesna TABS</i>	F	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	F	MP
MESNEX TABS	F	SP; PA	<i>trihexyphenidyl hcl TABS</i>	F	MP
VORAXAZE	F	SP; PA	Antiparkinson Dopaminergics		
Mitotic Inhibitors			<i>amantadine hcl CAPS</i>	F	MP
<i>docetaxel CONC 160 MG/8ML</i>	F	SP; PA			
DOCETAXEL CONC 160 MG/8ML	F	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>amantadine hcl SOLN</i>	F	MP
<i>amantadine hcl TABS</i>	F	MP
APOKYN SOCT	F	SP; PA
<i>apomorphine hydrochloride SOCT</i>	F	SP; PA
<i>bromocriptine mesylate CAPS</i>	F	
<i>bromocriptine mesylate TABS 2.5 MG</i>	F	
<i>carbidopa-levodopa TABS</i>	F	MP
<i>carbidopa-levodopa TBCR</i>	F	MP
DHIVY TABS	F	MP
<i>pramipexole dihydrochloride TABS</i>	F	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	F	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	F	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	F	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	F	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	F	MP
<i>selegiline hcl TABS</i>	F	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	F	
<i>lithium carbonate CAPS</i>	F	
<i>lithium carbonate TABS</i>	F	
<i>lithium carbonate TBCR</i>	F	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	F	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA	NP	
<i>lurasidone hcl</i>	F	
NUPLAZID CAPS	F	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	F	QL(1 EA daily); PA
VRAYLAR CAPS	F	
VRAYLAR CPPK	F	
<i>ziprasidone hcl</i>	F	
<i>ziprasidone mesylate</i>	F	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	SP
FANAPT TITRATION PACK C	NP	
INVEGA HAFYERA	F	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	F	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	F	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>paliperidone</i>	F	
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	F	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone microspheres</i>	F	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>	F	
<i>risperidone TABS</i>	F	
<i>risperidone TBDP</i>	F	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	F	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	F	SP
Butyrophenones		
<i>haloperidol decanoate</i>	F	
<i>haloperidol lactate CONC</i>	F	
<i>haloperidol lactate SOLN</i>	F	
<i>haloperidol TABS</i>	F	
Dibenzapines		
<i>clozapine TABS</i>	Z	
<i>clozapine TBDP</i>	Z	
<i>loxapine succinate</i>	F	
<i>olanzapine SOLR</i>	F	
<i>olanzapine TABS</i>	F	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	F	
<i>quetiapine fumarate TABS</i>	F	
<i>quetiapine fumarate TB24</i>	F	
ZYPREXA RELPREVV	NP	SP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	F	
<i>fluphenazine decanoate</i>	F	
<i>fluphenazine hcl TABS</i>	F	
<i>perphenazine TABS</i>	F	
<i>prochlorperazine</i>	F	
<i>prochlorperazine edisylate 10 MG/2ML</i>	F	
<i>prochlorperazine maleate TABS</i>	F	
<i>thioridazine hcl</i>	F	
<i>trifluoperazine hcl TABS</i>	F	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	F	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	F	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	F	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	F	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN PO</i>	F	QL(30 ML daily)
<i>aripiprazole TABS</i>	F	QL(1 EA daily)
<i>aripiprazole TBDP</i>	F	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 882 MG/3.2ML	F	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	DESCOVY 200 MG-25 MG	Z	QL(1 EA daily)
ARISTADA 662 MG/2.4ML	F	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	DESCOVY 120 MG-15 MG	F	
ARISTADA 441 MG/1.6ML	F	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	DOVATO	Z	
OPIPZA FILM	NP		EDURANT	Z	QL(1 EA daily)
Thioxanthenes			EDURANT PED PO 2.5 MG	F	
<i>thiothixene</i>	F		<i>efavirenz CAPS 50 MG</i>	Z	QL(2 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz CAPS 200 MG</i>	Z	QL(1 EA daily)
Antiretrovirals			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	Z	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	Z	QL(1 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Z	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	Z	QL(30 ML daily)	<i>efavirenz TABS</i>	Z	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	Z	QL(2 EA daily)	<i>emtricitabine CAPS</i>	Z	QL(1 EA daily)
APTIVUS CAPS	Z	QL(4 EA daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	Z	QL(1 EA daily)
<i>atazanavir sulfate CAPS</i>	Z	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate</i>	Z	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	F		EMTRIVA CAPS (Use <i>emtricitabine</i>)	Z	QL(1 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	Z	QL(1 EA daily)	EMTRIVA SOLN	Z	QL(24 ML daily)
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	Z	QL(2 EA daily)	EPIVIR SOLN (Use <i>lamivudine</i>)	Z	QL(30 ML daily)
COMPLERA 200 MG-300 MG-25 MG (Use <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	Z	QL(1 EA daily)	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	Z	QL(2 EA daily)
<i>darunavir TABS</i>	Z	QL(2 EA daily)	EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	Z	QL(1 EA daily)
DELSTRIGO	Z	QL(1 EA daily)	EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	Z	QL(1 EA daily)
			<i>etravirine 200 MG</i>	Z	QL(2 EA daily)
			<i>etravirine 100 MG</i>	Z	QL(4 EA daily)
			EVOTAZ	Z	QL(1 EA daily)
			<i>fosamprenavir calcium TABS</i>	Z	QL(4 EA daily)
			GENVOYA	Z	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 200 MG (Use <i>etravirine</i>)	Z	QL(2 EA daily)	NORVIR TABS (Use <i>ritonavir</i>)	Z	QL(12 EA daily)
INTELENCE	Z	QL(4 EA daily)	ODEFSEY	Z	
INTELENCE (Use <i>etravirine</i>)	Z	QL(4 EA daily)	PIFELTRO	Z	QL(1 EA daily)
ISENTRESS CHEW 100 MG	Z	QL(6 EA daily)	PREZCOBIX	Z	QL(1 EA daily)
ISENTRESS CHEW 25 MG	Z	QL(12 EA daily)	PREZISTA SUSP	Z	QL(12 ML daily)
ISENTRESS PACK	Z	QL(2 EA daily)	PREZISTA TABS 150 MG	Z	QL(3 EA daily)
ISENTRESS TABS	Z	QL(2 EA daily)	PREZISTA TABS (Use <i>darunavir</i>)	Z	QL(2 EA daily)
KALETRA SOLN	Z	QL(160 ML per fill retail)	PREZISTA TABS 75 MG, 600 MG, 800 MG	Z	QL(2 EA daily)
KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	Z	QL(6 EA daily)	RETROVIR CAPS (Use <i>zidovudine</i>)	Z	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	Z	QL(4 EA daily)	RETROVIR SYRP (Use <i>zidovudine</i>)	Z	QL(60 ML daily)
<i>lamivudine</i> SOLN	Z	QL(30 ML daily)	REYATAZ CAPS 200 MG, 300 MG (Use <i>atazanavir sulfate</i>)	Z	QL(2 EA daily)
<i>lamivudine</i> TABS 300 MG	Z	QL(1 EA daily)	REYATAZ PACK	Z	QL(6 EA daily)
<i>lamivudine</i> TABS 150 MG	Z	QL(2 EA daily)	<i>ritonavir</i> TABS	Z	QL(12 EA daily)
<i>lamivudine-zidovudine</i>	Z	QL(2 EA daily)	RUKOBIA	Z	
LEXIVA SUSP	Z	QL(56 ML daily)	SELZENTRY SOLN	Z	QL(35 ML daily)
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	Z	QL(4 EA daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
<i>lopinavir-ritonavir</i> SOLN	Z	QL(160 ML per fill retail)	STRIBILD	Z	
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	Z	QL(6 EA daily)	SUNLENCA TABS PO 300 MG	F	SP
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	Z	QL(4 EA daily)	SUNLENCA TBPK 300 MG	F	SP
<i>maraviroc</i> TABS 150 MG	Z	QL(2 EA daily)	SYMFI (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Z	QL(1 EA daily)
<i>maraviroc</i> TABS 300 MG	Z	QL(4 EA daily)	SYMFI LO (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Z	QL(1 EA daily)
<i>nevirapine</i> SUSP	Z	QL(40 ML daily)	SYMTUZA	Z	QL(1 EA daily)
<i>nevirapine</i> TABS	Z	QL(2 EA daily)	<i>tenofovir disoproxil fumarate</i> TABS	Z	QL(1 EA daily)
<i>nevirapine</i> TB24 400 MG	Z	QL(1 EA daily)			
NORVIR CAPS	Z	QL(12 EA daily)			
NORVIR PACK	Z				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TIVICAY PD TBSO	Z		HARVONI PACK	NP	SP; PA
TIVICAY TABS	Z		HARVONI TABS	NP	SP; PA
TRIUMEQ PD TBSO	Z		LEDIPASVIR-SOFOSBUVIR TABS	F	SP
TRIUMEQ TABS	Z		MAVYRET PACK	F	SP
TRIZIVIR	Z	QL(2 EA daily)	MAVYRET TABS	F	SP
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	Z	QL(1 EA daily)	PEGASYS SOLN	F	SP; PA
TYBOST	Z	QL(1 EA daily)	PEGASYS SOSY	F	SP; PA
VIRACEPT TABS 625 MG	Z	QL(4 EA daily)	ribavirin (hepatitis c) CAPS	F	SP; PA
VIRACEPT TABS 250 MG	Z	QL(9 EA daily)	ribavirin (hepatitis c) TABS 200 MG	F	SP; PA
VIREAD POWD	Z		SOFOSBUVIR-VELPATASVIR TABS	F	SP
VIREAD TABS	Z	QL(1 EA daily)	SOVALDI PACK	NP	SP; PA
VIREAD TABS (Use tenofovir disoproxil fumarate)	Z	QL(1 EA daily)	SOVALDI TABS	NP	SP; PA
YEZTUGO TABS PO 300 MG	F	SP	VOSEVI	NP	SP; PA
ZIAGEN SOLN (Use abacavir sulfate)	Z	QL(30 ML daily)	ZEPATIER	NP	SP; PA
ZIAGEN TABS (Use abacavir sulfate)	Z	QL(2 EA daily)	Herpes Agents		
zidovudine CAPS	Z	QL(6 EA daily)	acyclovir CAPS	F	QL(50 EA per 30 day(s) retail)
zidovudine SYRP	Z	QL(60 ML daily)	acyclovir SUSP	F	QL(400 ML per 30 day(s) retail)
zidovudine TABS	Z	QL(2 EA daily)	acyclovir TABS PO 400 MG	F	QL(3 EA daily)
Antiviral Combinations			acyclovir TABS PO 800 MG	F	QL(50 EA per 30 day(s) retail)
PAXLOVID (150/100)	Z		famciclovir	F	
PAXLOVID (300/100 & 150/100)	Z		valacyclovir hcl 1 GM	F	QL(42 EA per 21 day(s) retail)
PAXLOVID (300/100)	Z		valacyclovir hcl 500 MG	F	QL(2 EA daily)
CMV Agents			Influenza Agents		
PREVYMIS SOLN	F	SP; PA	oseltamivir phosphate CAPS 45 MG, 75 MG	F	QL(10 EA per fill retail)
PREVYMIS TABS	F	SP; PA	oseltamivir phosphate CAPS 30 MG	F	QL(20 EA per fill retail)
valganciclovir hcl TABS	F	QL(2 EA daily)	oseltamivir phosphate SUSR	F	QL(120 ML per fill retail)
Hepatitis Agents			rimantadine hydrochloride TABS	NP	PA
EPCLUSA PACK	NP	SP; PA			
EPCLUSA TABS	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (40 MG DOSE) 40 MG	NP		<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	F	QL(4 EA daily); MP
XOFLUZA (80 MG DOSE) 80 MG	NP		<i>metoprolol tartrate</i> TABS 25 MG, 50 MG	F	QL(4 EA daily); MP
Misc. Antivirals			<i>metoprolol tartrate</i> TABS 100 MG	F	QL(4.5 EA daily); MP
LAGEVRIO	Z		<i>metoprolol tartrate</i> TABS 37.5 MG, 75 MG	F	
TPOXX CAPS	F		Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	F	MP
Alpha-Beta Blockers			<i>pindolol</i> TABS	NP	MP
<i>carvedilol</i> 3.125 MG, 6.25 MG, 12.5 MG	F	QL(3 EA daily); MP	<i>propranolol hcl</i> CP24	F	QL(2 EA daily); MP
<i>carvedilol</i> 25 MG	F	QL(4 EA daily); MP	<i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML	F	MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP	<i>propranolol hcl</i> TABS	F	MP
COREG CR (Use <i>carvedilol phosphate</i>)	NP	QL(1 EA daily); MP	<i>sotalol hcl (afib/af)</i>	F	QL(2 EA daily); MP
<i>labetalol hcl</i> TABS 100 MG	F	QL(3 EA daily); MP	<i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG	F	QL(2 EA daily); MP
<i>labetalol hcl</i> TABS 400 MG	F		<i>sotalol hcl</i> TABS 240 MG	F	MP
<i>labetalol hcl</i> TABS 300 MG	F	QL(8 EA daily); MP	<i>timolol maleate</i> TABS	NP	MP
<i>labetalol hcl</i> TABS 200 MG	F	QL(6 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
LABETALOL HCL TABS 400 MG	F		Calcium Channel Blockers		
Beta Blockers Cardio-Selective			<i>amlodipine besylate</i> TABS	F	QL(1 EA daily); MP
<i>acebutolol hcl</i> CAPS	F	MP	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl</i>)	NP	MP
<i>atenolol</i> TABS	F	QL(2 EA daily); MP	CONJUPRI (Use <i>levamlodipine maleate</i>)	F	
<i>betaxolol hcl</i>	F		<i>diltiazem hcl coated beads</i> CP24 360 MG	F	MP
<i>bisoprolol fumarate</i>	F	QL(1 EA daily); MP	<i>diltiazem hcl coated beads</i> CP24 240 MG	F	QL(2 EA daily); MP
<i>bisoprolol fumarate</i> 2.5 MG	F				
LOPRESSOR SOLN PO 10 MG/ML	NP				
<i>metoprolol succinate</i> TB24 200 MG	F	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	F	QL(1 EA daily); MP
<i>diltiazem hcl extended release beads</i>	F	QL(1 EA daily); MP
<i>diltiazem hcl CP12</i>	F	QL(2 EA daily); MP
<i>diltiazem hcl CP24 180 MG</i>	F	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	F	QL(1 EA daily); MP
<i>diltiazem hcl TABS</i>	F	QL(3 EA daily); MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
<i>felodipine</i>	F	QL(1 EA daily); MP
<i>isradipine CAPS</i>	NP	
<i>levamlodipine maleate</i>	F	
<i>nicardipine hcl CAPS</i>	NP	MP
<i>nifedipine CAPS 20 MG</i>	F	QL(4 EA daily); MP
<i>nifedipine CAPS 10 MG</i>	NP	QL(4 EA daily); MP
<i>nifedipine TB24 60 MG</i>	F	QL(2 EA daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	F	QL(1 EA daily); MP
<i>nimodipine CAPS</i>	NP	
<i>nisoldipine</i>	NP	
NORLIQVA SOLN	NP	
SULAR 8.5 MG, 17 MG, 34 MG (Use <i>nisoldipine</i>)	NP	
VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 EA daily); MP
<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP
<i>verapamil hcl CP24 300 MG</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl TABS</i>	F	QL(3 EA daily); MP
<i>verapamil hcl TBCR</i>	F	QL(2 EA daily); MP
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	NP	MP
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
VERELAN CP24 360 MG (Use <i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	F	MP
<i>digoxin TABS 125 MCG, 250 MCG</i>	F	MP
LANOXIN TABS 125 MCG, 250 MCG (Use <i>digoxin</i>)	F	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use <i>sacubitril-valsartan</i>)	F	
OPSYNVI	NP	SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	F	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail	<i>levonorgestrel-eth estradiol (triphasic)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
<i>desogestrel & ethinyl estradiol</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LO LOESTRIN FE TABS	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	NATAZIA	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CAPS</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet & eth estrad</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethin acet & estrad-fe CHEW</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol TABS</i>	Z	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>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	Z		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	Z	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>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	TYBLUME CHEW	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	Z		Combination Contraceptives - Transdermal		
<i>norethindrone & ethinyl estradiol-fe</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norelgestromin-ethinyl estradiol</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet & eth estra TABS</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Vaginal		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>etonogestrel-ethinyl estradiol</i>	Z	PV
<i>norethindrone-eth estradiol (triphasic)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Copper Contraceptives - IUD		
<i>norgestimate-ethinyl estradiol</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	MIUDELLA INTRAUTERINE COPPER	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	PARAGARD INTRAUTERINE COPPER	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
			Emergency Contraceptives		
			ELLA	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel (emergency oc) 1.5 MG</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LILETTA (52 MG)	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants			MIRENA (52 MG)	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
NEXPLANON	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	SKYLA	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable			Progestin Contraceptives - Oral		
DEPO-SUBQ PROVERA 104 SUSY SC	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	<i>norethindrone (contraceptive)</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV	Glucocorticosteroids		
Progestin Contraceptives - IUD			<i>budesonide TB24</i>	NP	
KYLEENA	Z	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	CORTISONE ACETATE TABS	F	
			<i>deflazacort SUSP</i>	F	SP; PA
			<i>deflazacort TABS</i>	F	SP; PA
			DEXAMETHASONE INTENSOL CONC	F	
			<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	F	QL(150 ML per 30 day(s) retail)
			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	F	QL(150 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	F	QL(150 ML per 30 day(s) retail)	<i>benzonatate 200 MG</i>	F	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
<i>dexamethasone ELIX</i>	F				
<i>dexamethasone SOLN</i>	F		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	F	
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	F		Cough/Cold/Allergy Combinations		
<i>hydrocortisone TABS</i>	F		<i>brompheniramine & phenyleph ELIX</i>	F	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>methylprednisolone TABS 4 MG, 8 MG</i>	F		<i>brompheniramine & pseudoeph ELIX</i>	F	QL(120 ML per fill retail)
<i>methylprednisolone TBPk</i>	F		<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	F	QL(120 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	F		<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>	F	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	F	QL(150 ML per fill retail)	<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	F	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	F	QL(240 ML per fill retail)	<i>guaifenesin-codeine SOLN</i>	F	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisolone SOLN</i>	F		<i>guaifenesin-codeine SYRP</i>	F	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
PREDNISONE INTENSOL CONC	F		MAXI-TUSS PE LIQD	F	
<i>prednisone SOLN</i>	F		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	F	QL(240 ML per fill retail)
<i>prednisone TABS</i>	F		<i>phenylephrine-dm SOLN</i>	F	QL(240 ML per fill retail)
<i>prednisone TBPk</i>	F		<i>promethazine & phenylephrine SYRP</i>	F	QL(240 ML per fill retail); AL(At least 2 yrs old)
UCERIS TB24 (Use budesonide)	NP		<i>promethazine w/codeine SOLN</i>	F	QL(240 ML per fill retail); AL(At least 6 yrs old)
ZILRETTA SRER	F	SP; PA			
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	F				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<i>benzonatate 100 MG</i>	F	AL(At least 10 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine w/codeine SYRP</i>	F	QL(240 ML per fill retail); AL(At least 6 yrs old)	BENZOYL PEROXIDE LOTN 5 %, 10 %	F	
<i>pseudoephedrine-ibuprofen TABS</i>	F		<i>clindamycin phosphate (topical) GEL</i>	F	QL(75 ML per fill retail)
Expectorants			<i>clindamycin phosphate (topical) LOTN</i>	F	QL(60 ML per fill retail)
<i>potassium iodide (expectorant) SOLN</i>	F		<i>clindamycin phosphate (topical) SOLN</i>	F	
Misc. Respiratory Inhalants			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	F	
<i>sodium chloride (inhalant) AERS</i>	F	QL(240 ML per fill retail)	<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	F	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	F		<i>clindamycin phosphate-tretinoin</i>	F	
Mucolytics			DIFFERIN CREA (Use <i>adapalene</i>)	NP	
<i>acetylcysteine SOLN</i>	F		DIFFERIN GEL 0.3 % (Use <i>adapalene</i>)	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			DIFFERIN LOTN	NP	
Acne Products			<i>erythromycin (acne aid) GEL</i>	F	QL(60 GM per fill retail)
ABSORICA 10 MG, 20 MG, 40 MG (Use <i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)	<i>erythromycin (acne aid) SOLN</i>	F	
<i>adapalene-benzoyl peroxide GEL</i>	F		<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	F	QL(2 EA daily); AL(At least 12 yrs old)
<i>adapalene CREA</i>	F		RETIN-A MICRO (Use <i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>adapalene GEL</i>	F		RETIN-A MICRO PUMP (Use <i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>adapalene GEL</i>	F	RX/OTC	RETIN-A GEL (Use <i>tretinoin</i>)	F	1 package(s) per fill retail; AL(Up to 35 yrs old)
ADAPALENE SOLN	F		<i>sulfacetamide sodium (acne)</i>	F	QL(120 ML per fill retail)
AKLIEF	NP		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	F	QL(60 GM per fill retail)
ATRALIN GEL (Use <i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)			
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	F				
BENZOYL PEROXIDE GEL	F				
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	F				
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	F				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	F	QL(30 GM per fill retail)	<i>clotrimazole w/ betamethasone LOTN</i>	F	QL(30 ML per fill retail)
<i>tretinoin microsphere</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	F	QL(85 GM per fill retail)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	F	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>ketoconazole (topical) CREA</i>	F	QL(60 GM per fill retail)
<i>tretinoin CREA 0.025 %</i>	F	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>ketoconazole (topical) SHAM 2 %</i>	F	QL(120 ML per fill retail)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	F	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>luliconazole</i>	NP	PA
Antibiotics - Topical			<i>LUZU (Use luliconazole)</i>	NP	PA
<i>bacitracin (topical) OINT</i>	F	QL(453.9 GM per fill retail)	<i>miconazole nitrate (topical) CREA</i>	F	QL(92 GM per fill retail)
<i>bacitracin zinc OINT</i>	F	QL(453.6 GM per fill retail)	<i>NIZORAL SHAM</i>	F	QL(200 ML per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	F	QL(30 GM per fill retail)	<i>nystatin (topical) CREA</i>	F	QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	F	QL(30 GM per fill retail)	<i>nystatin (topical) OINT</i>	F	QL(30 GM per fill retail)
<i>mupirocin calcium (topical)</i>	F		<i>nystatin (topical) POWD EX</i>	F	QL(60 GM per fill retail)
<i>mupirocin OINT</i>	F	QL(30 GM per fill retail)	<i>nystatin-triamcinolone CREA</i>	F	QL(60 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	F	QL(56 GM per fill retail)	<i>nystatin-triamcinolone OINT</i>	F	QL(60 GM per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	F	QL(28.3 GM per fill retail)	<i>oxiconazole nitrate CREA</i>	NP	PA
Antifungals - Topical			<i>OXISTAT CREA (Use oxiconazole nitrate)</i>	NP	PA
<i>ciclopirox SOLN</i>	F	PA	<i>terbinafine hcl (topical) CREA</i>	F	QL(42 GM per fill retail)
<i>clotrimazole (topical) CREA</i>	F	QL(60 GM per fill retail); RX/OTC	<i>tolnaftate CREA</i>	F	QL(30 GM per fill retail)
<i>clotrimazole (topical) SOLN</i>	F	QL(60 ML per fill retail); RX/OTC	Antihistamines-Topical		
<i>clotrimazole w/ betamethasone CREA</i>	F	QL(45 GM per fill retail)	<i>ITCH RELIEF CREA</i>	F	
			Anti-inflammatory Agents - Topical		
			<i>diclofenac sodium (topical) GEL EX</i>	F	QL(6.68 GM daily); RX/OTC
			Antineoplastic or Premalignant Lesion Agents - Topical		
			<i>bexarotene (topical)</i>	F	SP; PA
			<i>CARAC CREA (Use fluorouracil (topical))</i>	F	QL(30 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA 5 %</i>	F	QL(40 GM per fill retail)	PYZCHIVA SC 45 MG/0.5ML	NP	SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	F	QL(30 GM per fill retail)	PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	PA
<i>fluorouracil (topical) SOLN</i>	F	QL(10 ML per fill retail)	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
LEVULAN KERASTICK SOLR	F	SP; PA	SKYRIZI PEN SOAJ	NP	SP; PA
Antipruritics - Topical			SKYRIZI SOSY	NP	SP; PA
<i>camphor & menthol LOTN</i>	F	QL(59 ML per fill retail)	SORILUX FOAM	NP	
Antipsoriatics			SOTYKTU	NP	SP; PA
BIMZELX SOAJ 320 MG/2ML	NP	SP; PA	SPEVIGO SOLN	NP	SP; PA
BIMZELX SOAJ 160 MG/ML	NP	SP; PA	SPEVIGO SOSY	NP	PA
BIMZELX SOSY 320 MG/2ML	NP	SP; PA	SPEVIGO SOSY	NP	SP; PA
BIMZELX SOSY 160 MG/ML	NP	SP; PA	STEQEYMA	NP	SP; PA
<i>calcipotriene CREA</i>	F	QL(60 GM per fill retail)	TALTZ SOSY	F	SP; PA
CALCIPOTRIENE FOAM	NP		<i>tazarotene CREA</i>	F	QL(60 GM per fill retail); AL(Up to 21 yrs old)
<i>calcipotriene OINT</i>	NP		USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
<i>calcipotriene SOLN</i>	NP	QL(60 ML per fill retail)	USTEKINUMAB-TTWE	NP	SP; PA
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	VTAMA	NP	PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	YESINTEK SOSY	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA	Antiseborrheic Products		
COSENTYX SOLN	NP	SP; PA	<i>selenium sulfide LOTN 1 %</i>	F	QL(240 ML per fill retail)
COSENTYX SOSY	NP	SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	F	QL(120 ML per fill retail)
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>selenium sulfide SHAM 1 %</i>	F	QL(240 ML per fill retail)
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	<i>sulfacetamide sodium LIQD</i>	F	QL(480 ML per fill retail)
			Antivirals - Topical		
			<i>acyclovir topical CREA</i>	F	QL(1 GM daily)
			<i>acyclovir topical OINT</i>	F	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide OINT</i>	F	1 package(s) per fill retail
<i>desoximetasone CREA 0.25 %</i>	NP	
<i>desoximetasone CREA 0.05 %</i>	NP	QL(60 GM per fill retail)
<i>desoximetasone GEL</i>	NP	
<i>desoximetasone LIQD</i>	NP	
<i>desoximetasone OINT</i>	F	
<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)
<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)
<i>DIPROLENE OINT (Use betamethasone dipropionate augmented)</i>	NP	
<i>EPIFOAM FOAM</i>	F	
<i>fluocinolone acetonide CREA</i>	NP	
<i>fluocinolone acetonide OIL</i>	F	
<i>fluocinolone acetonide OINT</i>	NP	
<i>fluocinolone acetonide SOLN</i>	NP	
<i>fluocinonide emulsified base</i>	NP	QL(60 GM per fill retail)
<i>fluocinonide CREA 0.1 %</i>	F	
<i>fluocinonide CREA 0.05 %</i>	F	QL(60 GM per fill retail)
<i>fluocinonide GEL</i>	F	QL(60 GM per fill retail)
<i>fluocinonide OINT</i>	F	QL(60 GM per fill retail)
<i>fluocinonide SOLN</i>	F	QL(60 ML per fill retail)
<i>flurandrenolide CREA</i>	F	
<i>flurandrenolide LOTN</i>	NP	
<i>flurandrenolide OINT</i>	NP	
<i>fluticasone propionate CREA 0.05 %</i>	F	QL(60 GM per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate OINT</i>	NP		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	F	QL(15 GM per fill retail)
<i>hydrocortisone butyrate SOLN</i>	F	QL(60 ML per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	F	QL(160 GM per fill retail)
<i>hydrocortisone valerate CREA</i>	F		<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	F	QL(85.2 GM per fill retail)
<i>hydrocortisone valerate OINT</i>	F		<i>triamcinolone acetonide (topical) LOTN</i>	NP	QL(60 ML per fill retail)
HYDROXATE GEL	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	F	
HYDROXYM GEL	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	F	QL(80 GM per fill retail)
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	F	QL(15 GM per fill retail)
LOCOID LIPOCREAM	NP		<i>triamcinolone acetonide-dimethicone-silicone</i>	F	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP		Eczema Agents		
<i>mometasone furoate CREA</i>	F	QL(50 GM per fill retail)	ADBRY SOAJ	F	SP; PA
<i>mometasone furoate OINT</i>	F	QL(45 GM per fill retail)	ADBRY SOSY	F	SP; PA
<i>mometasone furoate SOLN</i>	F	QL(60 ML per fill retail)	CIBINQO	NP	SP; PA
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP		DUPIXENT SOAJ	F	SP; PA
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP		DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	F	SP; PA
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP		EBGLYSS SOAJ	F	SP; PA
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP		EBGLYSS SOSY	F	SP; PA
TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NP		OPZELURA	NP	PA
TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	NP	QL(60 GM per fill retail)	Emollient/Keratolytic Agents		
TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NP		<i>urea CREA 40 %</i>	F	QL(85.05 GM per fill retail); RX/OTC
TOPICORT GEL (<i>Use desoximetasone</i>)	NP		<i>urea LOTN 40 %</i>	F	QL(325 GM per fill retail)
<i>triamcinolone acetonide (topical) AERS</i>	NP		Emollients		
			<i>lactic acid (ammonium lactate) CREA</i>	F	QL(385 GM per fill retail); RX/OTC
			<i>lactic acid (ammonium lactate) LOTN 12 %</i>	F	QL(400 GM per fill retail; 400 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Hair Growth Agents			<i>lidocaine hcl CREA 4 %</i>	F	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail
LITFULO	NP	SP; PA	<i>lidocaine hcl CREA 3 %</i>	F	QL(85 GM per fill retail); RX/OTC
Immunomodulating Agents - Systemic			<i>lidocaine hcl GEL 2 %</i>	F	QL(85 GM per fill retail); RX/OTC
NEMLUVIO	NP	SP; PA	<i>lidocaine hcl PRSY</i>	F	QL(85 ML per fill retail)
Immunomodulating Agents - Topical			<i>lidocaine CREA 4 %</i>	F	QL(76.5 GM per fill retail)
<i>imiquimod 5 %</i>	F	QL(48 EA per 180 day(s) retail)	LIDOCAINE CREA	F	QL(85 GM per fill retail)
Immunosuppressive Agents - Topical			<i>lidocaine-prilocaine CREA</i>	F	QL(5800 GM per fill retail)
<i>ELIDEL (Use pimecrolimus)</i>	F	QL(1 GM daily); AL(At least 2 yrs old); PA	Misc. Topical		
<i>pimecrolimus</i>	F	QL(1 GM daily); AL(At least 2 yrs old); PA	CVS LANOLIN CREA	F	
<i>tacrolimus (topical) OINT 0.03 %</i>	F	QL(1 GM daily); AL(At least 2 yrs old); PA	<i>lanolin (topical) CREA</i>	F	
<i>tacrolimus (topical) OINT 0.1 %</i>	F	PA	LANOLOR CREA	F	
Keratolytic/Antimitotic/Vesicant Agents			<i>zinc oxide (topical) OINT 20 %</i>	F	QL(60 GM per fill retail)
<i>podofilox SOLN</i>	F	QL(4 ML per fill retail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>salicylic acid GEL 6 %</i>	F	QL(40 GM per fill retail)	ZORYVE CREA EX	NP	PA
Local Anesthetics - Topical			Rosacea Agents		
<i>capsaicin CREA 0.035 %</i>	F	QL(42.5 GM per fill retail)	<i>metronidazole (topical) CREA</i>	F	QL(45 GM per fill retail)
<i>capsaicin CREA 0.1 %</i>	F	QL(56.6 GM per fill retail)	<i>metronidazole (topical) GEL 0.75 %</i>	F	QL(45 GM per fill retail)
<i>capsaicin CREA 0.025 %, 0.075 %</i>	F	QL(60 GM per fill retail)	<i>metronidazole (topical) LOTN</i>	F	
CASTIVA WARMING LOTN	F	QL(113 GM per fill retail)	Scabicides & Pediculicides		
<i>dibucaine</i>	F	QL(56.7 GM per fill retail)	<i>ivermectin (pediculicide)</i>	NP	
			LICEMD GEL	F	
			<i>malathion</i>	F	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATROBA (Use spinosad)	F	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	ACCU-CHEK GUIDE TEST STRP	F	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
NIX LICE KILLING SPRAY LIQD XX	F				
permethrin AERO	F				
permethrin CREA	F	QL(60 GM per fill retail)	ACCULA SARS-COV-2	Z	
permethrin LIQD EX	F		ADVIN COVID-19 ANTIGEN TEST KIT	Z	
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	F		BD VERITOR SYSTEM SARS-COV-2	Z	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	F		BINAXNOW COVID-19 AG CARD	Z	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	F		BINAXNOW COVID-19 AG HOME TEST KIT	Z	
SCHOOLTIME SHAMPOO SHAM	F		CARESTART COVID-19 HOME TEST KIT	Z	
SKLICE (Use ivermectin (pediculicide))	NP		CHEMSTRIP K STRP	F	
spinosad	NP	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	CLEARDETECT COVID-19 AG HOME KIT	Z	
Tar Products			CLINITEST RAPID COVID-19 TEST KIT	Z	
coal tar extract SHAM 0.5 %	F		COBAS LIAT SARS-COV-2 ASSAY	Z	
Wound Care Products			COBAS LIAT SARS-COV-2 CONTROL	Z	RX/OTC
APLIGRAF DISK	F	PA	COVID-19 AT HOME ANTIGEN TEST KIT	Z	
DIAGNOSTIC PRODUCTS			COVID-19 AT-HOME TEST KIT	Z	
Diagnostic Drugs			COVID-19 OTC ANTIGEN 1-PACK KIT	Z	
cosyntropin SOLR	F	SP; PA	COVID-19 OTC ANTIGEN 2-PACK KIT	Z	
THYROGEN 0.9 MG	F	SP; PA	CVS COVID-19 AT HOME TEST KIT KIT	Z	
Diagnostic Tests			DIATRUST COVID-19 HOME TEST KIT	Z	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELLUME COVID-19 HOME TEST KIT	Z		QUICKVUE AT-HOME COVID-19 TEST KIT	Z	
FASTEP COVID-19 ANTIGEN TEST KIT	Z		QUICKVUE SARS ANTIGEN TEST	Z	
FLOWFLEX COVID-19 AG HOME TEST KIT	Z		RAPID RESPONSE COVID-19	Z	
GENABIO COVID-19 RAPID TEST KIT	Z		RELION KETONE TEST STRP	F	
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	Z		SOFIA SARS ANTIGEN FIA	Z	
ID NOW COVID-19	Z		SOFIA2 SARS ANTIGEN FIA	Z	
ID NOW COVID-19 2.0 CONTROL	Z	RX/OTC	SPEEDY SWAB COVID-19 ANTIGEN KIT	Z	
ID NOW COVID-19 2.0 TEST	Z		XPRT XPRESS SARS-COV-2	Z	
ID NOW COVID-19 CONTROL	Z	RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
IHEALTH COVID-19 RAPID TEST KIT	Z		Digestive Enzymes		
INDICAID COVID-19 RAPID TEST KIT	Z		CREON CPEP	F	
INTELISWAB COVID-19 RAPID TEST KIT	Z		SUCRAID	F	SP; PA
KETONE TEST STRP	F		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	F	
KETOSTIX STRP	F		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
LUCIRA CHECK IT COVID-19 TEST KIT	Z	RX/OTC	Carbonic Anhydrase Inhibitors		
LUCIRA COVID-19 ALL-IN-ONE KIT	Z	RX/OTC	<i>acetazolamide CP12</i>	F	MP
LYRA DIRECT SARS-COV-2 ASSAY	Z		<i>acetazolamide TABS</i>	F	MP
LYRA SARS-COV-2 ASSAY	Z		<i>methazolamide TABS</i>	F	MP
OHC COVID-19 ANTIGEN SELF TEST KIT	Z		Diuretic Combinations		
ON/GO COVID-19 ANTIGEN TEST KIT	Z				
ON/GO ONE COVID-19 HOME TEST KIT	Z				
PILOT COVID-19 AT-HOME TEST KIT	Z				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amiloride & hydrochlorothiazide</i>	F	QL(1 EA daily)	<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP
<i>spironolactone & hydrochlorothiazide</i>	F	MP	<i>alendronate sodium TABS 5 MG, 10 MG</i>	F	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	F	QL(1 EA daily); MP	<i>alendronate sodium TABS 35 MG, 70 MG</i>	F	QL(0.15 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	F	QL(1 EA daily); MP	ATELVIA TBEC (Use <i>risedronate sodium</i>)	NP	
Loop Diuretics			BONSITY SOPN 560 MCG/2.24ML	F	PA
<i>bumetanide TABS</i>	F	MP	<i>calcitonin (salmon) IJ</i>	F	QL(2 ML per 30 day(s) retail)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	F	MP	<i>calcitonin (salmon) NA</i>	F	QL(4 ML per 30 day(s) retail)
<i>furosemide TABS</i>	F	MP	EVENITY	F	SP; PA
SOAANZ TABS 20 MG	F	MP	<i>ibandronate sodium SOLN</i>	F	SP; PA
<i>torsemide TABS 20 MG</i>	F	MP	<i>ibandronate sodium TABS</i>	F	PA
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	F	QL(1 EA daily); MP	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	F	SP; PA
Potassium Sparing Diuretics			PAMIDRONATE DISODIUM SOLN	F	SP; PA
<i>amiloride hcl TABS</i>	F	QL(4 EA daily)	PROLIA SOSY	F	SP; PA
<i>spironolactone TABS</i>	F	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
Thiazides and Thiazide-Like Diuretics			<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>chlorthalidone 25 MG, 50 MG</i>	F	MP	<i>risedronate sodium TABS 35 MG</i>	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>hydrochlorothiazide CAPS</i>	F	MP	<i>risedronate sodium TBEC</i>	NP	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	F	MP	<i>teriparatide SOPN</i>	F	PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	F	MP	TERIPARATIDE SOPN	F	PA
<i>metolazone</i>	F	MP	XGEVA SOLN	F	SP; PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			<i>zoledronic acid CONC</i>	F	SP; PA
- Drugs to Treat Bone Disease and Regulate Hormones			<i>zoledronic acid SOLN 5 MG/100ML</i>	F	SP; PA
Bone Density Regulators			<i>zoledronic acid SOLN 4 MG/100ML</i>	F	SP; PA
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)	ZOLEDRONIC ACID SOLN	F	SP; PA
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NP				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (6 GM DOSE) THPK	NP	SP	SIGNIFOR	F	SP; PA
OLPRUVA (6.67 GM DOSE) THPK	NP	SP	SIGNIFOR LAR	F	SP; PA
ORFADIN SUSP	F	SP; PA	SOMATULINE DEPOT	F	SP; PA
PALYNZIQ	F	SP; PA	Vasopressin Receptor Antagonists		
<i>paricalcitol SOLN</i>	F	SP; PA	<i>tolvaptan TABS</i>	F	SP; PA
PARSABIV	F	SP; PA	<i>tolvaptan TBPK</i>	F	SP; PA
PHEBURANE PLLT	F	PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
RAVICTI	F	SP; PA	Estrogen Combinations		
REVCovi	F	SP; PA	COMBIPATCH PTTW	F	QL(8 EA per 28 day(s) retail)
<i>sapropterin dihydrochloride PACK</i>	F	SP; PA	<i>estradiol & norethindrone acetate TABS</i>	F	
<i>sapropterin dihydrochloride TABS</i>	F	SP; PA	MYFEMBREE	F	
<i>sodium phenylbutyrate POWD</i>	NP	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	Z	
<i>sodium phenylbutyrate TABS</i>	NP	SP; PA	ORIAHNN	F	PA
STRENSIQ	F	SP; PA	PREMPHASE	F	QL(1 EA daily)
VIMIZIM	F	SP; PA	PREMPRO	F	QL(1 EA daily)
XPHOZAH	NP	SP	Estrogens		
Posterior Pituitary Hormones			ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	F	QL(0.29 EA daily); MP
<i>desmopressin acetate spray</i>	F	QL(5 ML per fill retail)	<i>estradiol PTTW</i>	F	QL(0.29 EA daily); MP
<i>desmopressin acetate spray refrigerated 0.01 %</i>	F	QL(5 ML per fill retail)	<i>estradiol PTWK</i>	F	QL(0.143 EA daily); MP
<i>desmopressin acetate SOLN IJ</i>	F	SP; PA	<i>estradiol TABS</i>	F	MP
DESMOPRESSIN ACETATE SOLN NA	F	SP; PA	PREMARIN TABS	F	QL(1 EA daily)
<i>desmopressin acetate TABS</i>	F	QL(6 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Somatostatic Agents			Fluoroquinolones		
<i>lanreotide acetate</i>	F	SP; PA	<i>ciprofloxacin hcl TABS 100 MG</i>	F	QL(6 EA per fill retail)
LANREOTIDE ACETATE	F	SP; PA	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	F	
<i>octreotide acetate KIT</i>	F	SP; PA	CIPRO SUSR	F	
<i>octreotide acetate SOLN</i>	F	SP; PA			
<i>octreotide acetate SOSY</i>	F	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin SOLN PO</i>	F	
<i>levofloxacin TABS</i>	F	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	F	
<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	F	
<i>simethicone LIQD PO</i>	F	QL(30 ML per fill retail)
<i>simethicone SUSP</i>	F	QL(45 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	F	QL(5 EA daily); SP; PA
CTEXLI TABS PO 250 MG	F	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	F	SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	F	SP; PA
<i>ursodiol CAPS</i>	F	QL(3 EA daily); MP
<i>ursodiol TABS 250 MG</i>	F	QL(7 EA daily); MP
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	F	
<i>metoclopramide hcl TABS 5 MG</i>	F	MP
<i>metoclopramide hcl TABS 10 MG</i>	F	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	F	QL(9 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CANASA SUPP (<i>Use mesalamine</i>)	F	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>mesalamine w/ cleanser</i>	F	
<i>mesalamine ENEM</i>	F	QL(60 ML daily)
<i>mesalamine SUPP</i>	NP	
<i>mesalamine TBEC 1.2 GM</i>	F	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA
OMVOH (300 MG DOSE) SOSY	NP	SP; PA
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
OTULFI SOLN IV 130 MG/26ML	NP	SP; PA
SELARSDI SOLN IV 130 MG/26ML	NP	SP
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STEQEYMA	NP	SP; PA
<i>sulfasalazine TABS</i>	F	MP
<i>sulfasalazine TBEC</i>	F	MP
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA SOLN IV	NP	SP; PA
TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
USTEKINUMAB-TTWE	NP	SP; PA
VELSIPITY	NP	SP; PA
ZYMFENTRA (1 PEN) AJKT	NP	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>colchicine w/ probenecid</i>	F	MP
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	F	MP
<i>colchicine TABS</i>	F	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	F	SP; PA
Uricosurics		
<i>probenecid</i>	F	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	F	SP; PA
ADYNOVATE	F	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	F	SP; PA
ALPHANATE SOLR	F	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	F	SP; PA
ALPROLIX	F	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	F	SP; PA
BENEFIX KIT	F	SP; PA
COAGADEX	F	SP; PA
CORIFACT	F	SP; PA
ELOCTATE	F	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	F	SP; PA
FEIBA	F	SP; PA
FIBRYGA	F	SP; PA
HEMGENIX	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	F	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	F	SP; PA
HUMATE-P SOLR	F	SP; PA
IDELVION	F	SP; PA
IXINITY SOLR	F	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	SP; PA
KCENTRA	F	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	F	SP; PA
KOATE SOLR	F	SP; PA
KOGENATE FS KIT	F	SP; PA
KOVALTRY	F	SP; PA
NOVOEIGHT	F	SP; PA
NOVOSEVEN RT	F	SP; PA
NUWIQ KIT	F	SP; PA
NUWIQ SOLR	F	SP; PA
OBIZUR	F	SP; PA
PROFILNINE	F	SP; PA
REBINYN	F	SP; PA
RECOMBINATE SOLR	F	SP; PA
RIASTAP	F	SP; PA
RIXUBIS SOLR	F	SP; PA
ROCTAVIAN	F	SP; PA
SEVENFACT	F	SP; PA
TRETTEN	F	SP; PA
VONVENDI	F	SP; PA
WILATE KIT	F	SP; PA
XYNTHA	F	SP; PA
XYNTHA SOLOFUSE	F	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	F	SP; PA
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
BERINERT KIT	F	SP; PA
CINRYZE SOLR IV	F	SP; PA
RUCONEST	F	SP; PA
SOLIRIS	F	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	F	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	F	MP
Human Protein C		
CEPROTIN	F	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	F	SP; PA
TAKHZYRO SOLN	F	SP; PA
Plasma Proteins		
THROMBATE III	F	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	F	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	F	QL(2 EA daily)
<i>cilostazol</i>	F	QL(2 EA daily); MP
<i>clopidogrel bisulfate 75 MG</i>	F	QL(1 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	F	
<i>dipyridamole</i>	F	MP
<i>prasugrel hcl</i>	F	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	F	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	F	
Thrombolytic Agent - Misc		
DEFITELIO	F	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/ Limits
CERDELGA	F	SP; PA
CEREZYME 400 UNIT	F	SP; PA
ELELYSO	F	SP; PA
<i>miglustat</i>	F	SP; PA
VPRIV	F	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	F	SP; PA
DROXIA CAPS	F	
LYFGENIA	NP	SP; PA
SIKLOS TABS	F	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	F	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	F	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	F	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	F	SP; PA
Hematopoietic Growth Factors		
DOPTELET	F	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	F	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	F	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	F	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
MULPLETA	F	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	F	SP; PA
NEUPOGEN SOSY	F	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	F	SP; PA
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	F	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	F	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	F	QL(1 EA daily)
Iron		
FERRETTTS TABS	F	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	F	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
FERROUS GLUCONATE TABS 324 MG	F	
<i>ferrous sulfate dried TBCR</i>	F	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	F	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	F	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	F	MP
<i>ferrous sulfate TBEC 325 MG</i>	F	MP
<i>ferrous sulfate TBEC</i>	F	
IRON CHEWS PEDIATRIC CHEW	F	
IRON TABS 28 MG	F	
<i>polysaccharide iron complex CAPS</i>	F	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	F	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	F	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	F	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	F	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS</i>	F	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

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

Drug Name	Drug Tier	Requirements/ Limits
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	F	
<i>lactulose SOLN</i>	F	
<i>polyethylene glycol 3350 PACK</i>	F	QL(34 EA daily)
<i>polyethylene glycol 3350 POWD</i>	F	QL(34 GM daily)
SORBITOL PO 70 %	F	
Saline Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	F	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	F	QL(33 ML daily)
<i>sodium phosphates ENEM</i>	F	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	F	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	F	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	F	
Surfactant Laxatives		
<i>docusate sodium CAPS 50 MG</i>	F	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	F	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	F	
DOCUSATE SODIUM SYRP	F	
<i>docusate sodium TABS</i>	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 100 MG/5ML</i>	Z	QL(15 ML per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	Z	QL(30 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin TABS 500 MG</i>	Z	QL(4 EA daily)
<i>azithromycin TABS 600 MG</i>	Z	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	Z	QL(6 EA per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	F	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	F	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	F	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	F	
<i>erythromycin base TBEC</i>	F	
<i>erythromycin ethylsuccinate SUSR</i>	F	
<i>erythromycin ethylsuccinate TABS</i>	F	
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		
ACCU-CHEK FASTCLIX LANCETS	F	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	F	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE ME KIT	F	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AIMSCO TWIST LANCETS 33G	F	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE KIT	F	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	AQUALANCE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	F	QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	F	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	F	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	F		ASSURE HAEMOLANCE PLUS LOW	F	QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	F	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	F	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	F	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	F	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	F	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	F	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	F	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	F	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	F	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	F	QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	F	QL(6.67 EA daily); RX/OTC	AURORA LANCET THIN 23G	F	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	F	QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	F	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	F	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	F	QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	F	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	F	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	F	QL(6.67 EA daily); RX/OTC
			CARESENS LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
			CARETOUCH SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 32G/TWIST	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH LANCETS 33G/TWIST	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 READER	F	QL(1 EA per 365 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 21G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 2 SENSOR	F	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 23G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	F	QL(2 EA per 28 day(s) retail); PA
EASY TOUCH SAFETY LANCETS 26G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 READER	F	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EASY TOUCH SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE 3 SENSOR	F	QL(2 EA per 28 day(s) retail); PA
EMBRACE LANCETS ULTRA THIN 30G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE LIBRE READER	F	QL(1 EA per 365 day(s) retail); PA
EMBRACE PRESSURE ACTIVATED 21G	F	QL(6.67 EA daily); RX/OTC	FREESTYLE UNISTICK II LANCETS	F	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	F	QL(6.67 EA daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
EZ-LETS LANCETS 21G	F	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	F	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 26G	F	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	F	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	F	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	F	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	F	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
FINE 30	F	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	F	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 33G	F	QL(6.67 EA daily); RX/OTC
FORA LANCETS	F	QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	F	QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	F	QL(1 EA per 365 day(s) retail); PA			
FREESTYLE LIBRE 14 DAY SENSOR	F	QL(2 EA per 28 day(s) retail); PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SUPERLITE 30G	F	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	F	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	F	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING	F	QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	F	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	F	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	F	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	F	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	F	QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	F	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE LANCETS	F	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	F	QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	F	QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
MOBILE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	F	QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	F	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	F	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	F	QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 21G	F	QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	F	QL(6.67 EA daily); RX/OTC	PRODIGY SAFETY LANCETS 26G	F	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	F	QL(6.67 EA daily); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	F	QL(6.67 EA daily); RX/OTC	PSS SELECT GP LANCETS	F	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	PSS SELECT SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	F	QL(6.67 EA daily); RX/OTC	PURE COMFORT LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	PX LANCETS MICROTHIN 33G	F	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	F	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	F	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	F	QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	F	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC LANCETS ULTRA THIN	F	QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	F	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	F	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	F	QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	F	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC	SB LANCETS ULTRA THIN	F	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	F	QL(6.67 EA daily); RX/OTC	SINGLE-LET	F	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	F	QL(6.67 EA daily); RX/OTC	SMARTEST LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	F	QL(6.67 EA daily); RX/OTC	SOLUS V2 LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
RELION LANCETS	F	QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	F	QL(6.67 EA daily); RX/OTC	STERILANCE TL	F	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	F	QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	F	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	F	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	F	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	F	QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	F	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	F	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	F	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	F	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	F	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	F	QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	F	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	F	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	F	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	F	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	F	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	F	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	F	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	F	QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	F	QL(6.67 EA daily); RX/OTC	THINLETS GP LANCETS	F	QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	F	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	F	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET	F	QL(6.67 EA daily); RX/OTC	ALCOHOL PADS	F	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	F	QL(6.67 EA daily); RX/OTC	ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	F	QL(6.67 EA daily); RX/OTC	ALCOHOL SWABSTICK	F	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	F	QL(6.67 EA daily); RX/OTC	AUM ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	F	QL(6.67 EA daily); RX/OTC	BD SWAB SINGLE USE REGULAR	F	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	F	QL(6.67 EA daily); RX/OTC	CARETOUCH ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	F	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	F	QL(6.67 EA daily); RX/OTC	CURITY ALCOHOL PREPS	F	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	F	QL(6.67 EA daily); RX/OTC	CVS ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	CVS PREP	F	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	DROPSAFE ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	F	QL(6.67 EA daily); RX/OTC	EASY COMFORT ALCOHOL PADS	F	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	F	QL(6.67 EA daily); RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	F	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	EQL ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	F	QL(6.67 EA daily); RX/OTC	FIFTY50 ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	F	QL(6.67 EA daily); RX/OTC	GLOBAL ALCOHOL PREP EASE	F	QL(6.67 EA daily); RX/OTC
Misc. Devices			GNP ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC
ADVOCATE ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC	GOODSENSE ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC
ALCOH-GLOVE CONTOURED WIPE	F	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL ALCOHOL	F	QL(6.67 EA daily); RX/OTC
			HM STERILE ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
PHARMACIST CHOICE ALCOHOL	F	QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	F	QL(5 EA daily); RX/OTC
PRO COMFORT ALCOHOL	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	F	QL(5 EA daily)
PURE COMFORT ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	F	QL(5 EA daily); RX/OTC
QC ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	F	QL(5 EA daily); RX/OTC
RA ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	F	QL(5 EA daily); RX/OTC
REALITY SWABS	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	F	QL(5 EA daily)
RELION ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	F	QL(5 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	F	QL(5 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	F	QL(5 EA daily); RX/OTC
SB ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	F	QL(5 EA daily); RX/OTC
SM ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	F	QL(5 EA daily)
SURE COMFORT ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
TRUE COMFORT PRO ALCOHOL PREP	F	QL(6.67 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
ULTICARE ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	ACTIVITY POUCH MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
ULTILET ALCOHOL SWABS	F	QL(6.67 EA daily); RX/OTC	ADULT AEROSOL MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	F	QL(6.67 EA daily); RX/OTC	ADULT MASK LARGE MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP LARGE	F	QL(6.67 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	F	QL(6.67 EA daily); RX/OTC			
ZEVRX STERILE ALCOHOL PREP PAD	F	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER MINI CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUBBLES THE FISH II PEDI MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	F	QL(3 EA per 180 day(s) retail)
COMPACT SPACE CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	INSPIREASE MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	MICROSPACER MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	NOSE CLIP MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	PILLOW MASK/ADULT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	PILLOW MASK/CHILD MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC	POCKET SPACER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER ADULT MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER CHILD MISC	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER INFANT DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	F	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI MASK SET MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	F	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
PFLEX MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAMI THE SEAL FILTERS MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SIDESTREAM PLS ADULT FACE MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SILICONE MASK/ADULT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	F	SP; PA
SILICONE MASK/INFANT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	F	SP; PA
SILICONE MASK/PEDIATRIC MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
SOOTHENEB NBL 100 ADULT MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	F	SP; PA
SOOTHENEB NBL 100 CHILD MASK MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	F	SP; PA
SOOTHENEB NBL 100 MED CUP MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	NURTEC	F	PA
SOOTHENEB NBL 100 MESH CAP MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	QULIPTA	F	PA
THRESHOLD IMT MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	UBRELVY	F	PA
TUBING/WING TIP MISC	F	QL(1 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	PA
VORTEX HOLD CHMBR/MASK/CHILD DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	Migraine Combinations		
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	F	
VORTEX VALVE CHAMBER-PEDI MASK DEVI	F	QL(2 EA per 365 day(s) retail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	NP	
			<i>TREXIMET (Use sumatriptan-naproxen sodium)</i>	NP	
			Migraine Products		
			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	F	
			Serotonin Agonists		
			<i>almotriptan malate</i>	NP	
			<i>eletriptan hydrobromide</i>	F	QL(0.2 EA daily)
			<i>frovatriptan succinate</i>	F	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP		<i>zolmitriptan TBDP</i>	F	QL(6 EA per 30 day(s) retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)	ZOMIG SOLN 2.5 MG (Use <i>zolmitriptan</i>)	NP	
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP		MINERALS & ELECTROLYTES		
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)	Calcium		
<i>naratriptan hcl</i>	F	QL(0.3 EA daily); AL(At least 18 yrs old)	CALCIUM ACETATE	F	
<i>rizatriptan benzoate TABS</i>	F	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	F	QL(2 EA daily)
<i>rizatriptan benzoate TBDP</i>	F		<i>oyster shell</i>	F	
<i>sumatriptan</i>	F	QL(6 EA per 30 day(s) retail)	Fluoride		
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)	<i>sodium fluoride CHEW</i>	F	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP		<i>sodium fluoride SOLN 0.5 MG/ML</i>	F	RX/OTC
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(0.67 ML daily)	SOLUVITA SOLN	F	RX/OTC
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP		Magnesium		
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	F	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)	<i>magnesium oxide (mg supplement) TABS</i>	F	
<i>sumatriptan succinate TABS</i>	F	QL(9 EA per 30 day(s) retail)	Phosphate		
<i>zolmitriptan SOLN 2.5 MG</i>	NP		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	F	QL(8 EA daily)
<i>zolmitriptan TABS</i>	F	QL(6 EA per 30 day(s) retail)	Potassium		
			<i>potassium bicarbonate TBEF</i>	F	
			<i>potassium chloride microencapsulated crystals er</i>	F	MP
			<i>potassium chloride CPCR 8 MEQ</i>	F	QL(1 EA daily); MP
			<i>potassium chloride CPCR 10 MEQ</i>	F	MP
			<i>potassium chloride PACK PO 20 MEQ</i>	F	
			<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	F	MP

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil SUSR</i>	F	PA
<i>mycophenolate mofetil TABS</i>	F	PA
<i>mycophenolate sodium NULOJIX</i>	F	PA
PROGRAF PACK	F	SP; PA
PROGRAF SOLN	F	PA
SANDIMMUNE CAPS (Use cyclosporine)	F	PA
SANDIMMUNE SOLN IV 50 MG/ML	F	PA
<i>sirolimus SOLN</i>	F	PA
<i>sirolimus TABS</i>	F	PA
<i>tacrolimus CAPS</i>	F	PA
THYMOGLOBULIN	F	SP; PA
Lymphatic Agents		
SYLVANT	F	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	F	SP; PA
Potassium Removing Agents		
LOKELMA	NP	
LOKELMA	F	
<i>sodium polystyrene sulfonate POWD</i>	F	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	F	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	F	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	F	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	F	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	F	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	F	QL(57 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	F	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	F	
<i>stannous fluoride CONC</i>	F	RX/OTC
Periodontal Products		
ARESTIN	F	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	F	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	F	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	F	QL(900 ML per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	F	QL(900 ML per fill retail); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MACI	F	SP; PA	METHOCARBAMOL TABS	NP	
Central Muscle Relaxants			<i>orphenadrine citrate TB12</i>	F	
AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP		OZOBAX DS SOLN PO (<i>Use baclofen</i>)	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP		OZOBAX SOLN PO (<i>Use baclofen</i>)	NP	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	F	SP; PA	SOMA TABS 250 MG (<i>Use carisoprodol</i>)	NP	PA
<i>baclofen SUSP</i>	NP		<i>tizanidine hcl CAPS</i>	F	
<i>baclofen TABS 5 MG</i>	F	PA	<i>tizanidine hcl TABS</i>	F	
<i>baclofen TABS 15 MG</i>	F		Direct Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	F	MP	DANTRIUM CAPS 25 MG (<i>Use dantrolene sodium</i>)	NP	
<i>carisoprodol TABS 250 MG</i>	NP	PA	<i>dantrolene sodium CAPS</i>	NP	
<i>carisoprodol TABS 350 MG</i>	F	MP; PA	Muscle Relaxant Combinations		
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	F		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	F	MP	Viscosupplements		
<i>cyclobenzaprine hcl CP24</i>	NP		EUFLEXXA SOSY	F	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	F	QL(3 EA daily)	GEL-ONE	F	SP; PA
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	F	QL(4 EA daily)	GELSYN-3 SOSY	F	SP; PA
FLEQSUVY SUSP (<i>Use baclofen</i>)	NP		GENVISC 850 SOSY	F	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	F	SP; PA	HYALGAN SOLN	F	SP; PA
LIORESAL SOLN IT	F	SP; PA	HYALGAN SOSY	F	SP; PA
LYVISPAH PACK	NP		HYMOVIS	F	SP; PA
<i>metaxalone</i>	F		MONOVISC	F	SP; PA
METAXALONE 640 MG	F		ORTHOVISC	F	SP; PA
<i>methocarbamol TABS 750 MG, 1000 MG</i>	F		SUPARTZ FX SOSY	F	SP; PA
<i>methocarbamol TABS 500 MG</i>	F	MP	SYNOJOYNT SOSY	F	SP; PA
			SYNVISC ONE SOSY	F	SP; PA
			SYNVISC SOSY	F	SP; PA
			TRILURON SOSY	F	SP; PA
			TRIVISC SOSY	F	SP; PA
			VISCO-3 SOSY	F	SP; PA
			NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		

Drug Name	Drug Tier	Requirements/ Limits
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (Use <i>azelastine hcl-fluticasone propionate</i>)	F	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	F	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	F	QL(90 ML per fill retail)
<i>saline SOLN 0.65 %</i>	F	QL(90 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	F	QL(30 ML per fill retail)
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	F	QL(26 ML per fill retail)
<i>olopatadine hcl (nasal)</i>	F	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	F	QL(30 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	F	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	F	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	F	QL(16 ML per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	F	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	F	
<i>phenylephrine hcl (oral) TABS</i>	F	QL(24 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine hcl TABS</i>	F	
<i>pseudoephedrine hcl TB12</i>	F	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	F	
SUDAFED PE CHILDRENS SOLN	F	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	F	PA
TEGLUTIK SUSP	F	SP; PA
TIGLUTIK SUSP	F	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	F	SP; PA
ELEVIDYS 10.0-10.4 KG	F	SP; PA
ELEVIDYS 10.5-11.4 KG	F	SP; PA
ELEVIDYS 11.5-12.4 KG	F	SP; PA
ELEVIDYS 12.5-13.4 KG	F	SP; PA
ELEVIDYS 13.5-14.4 KG	F	SP; PA
ELEVIDYS 14.5-15.4 KG	F	SP; PA
ELEVIDYS 15.5-16.4 KG	F	SP; PA
ELEVIDYS 16.5-17.4 KG	F	SP; PA
ELEVIDYS 17.5-18.4 KG	F	SP; PA
ELEVIDYS 18.5-19.4 KG	F	SP; PA
ELEVIDYS 19.5-20.4 KG	F	SP; PA
ELEVIDYS 20.5-21.4 KG	F	SP; PA
ELEVIDYS 21.5-22.4 KG	F	SP; PA
ELEVIDYS 22.5-23.4 KG	F	SP; PA
ELEVIDYS 23.5-24.4 KG	F	SP; PA
ELEVIDYS 24.5-25.4 KG	F	SP; PA
ELEVIDYS 25.5-26.4 KG	F	SP; PA
ELEVIDYS 26.5-27.4 KG	F	SP; PA
ELEVIDYS 27.5-28.4 KG	F	SP; PA
ELEVIDYS 28.5-29.4 KG	F	SP; PA
ELEVIDYS 29.5-30.4 KG	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 30.5-31.4 KG	F	SP; PA	ELEVIDYS 67.5-68.4 KG	F	SP; PA
ELEVIDYS 31.5-32.4 KG	F	SP; PA	ELEVIDYS 68.5-69.4 KG	F	SP; PA
ELEVIDYS 32.5-33.4 KG	F	SP; PA	ELEVIDYS 69.5 KG PLUS	F	SP; PA
ELEVIDYS 33.5-34.4 KG	F	SP; PA	EXONDYS 51	F	SP; PA
ELEVIDYS 34.5-35.4 KG	F	SP; PA	VILTEPSO	F	SP; PA
ELEVIDYS 35.5-36.4 KG	F	SP; PA	VYONDYS 53	F	SP; PA
ELEVIDYS 36.5-37.4 KG	F	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 37.5-38.4 KG	F	SP; PA	BOTOX IJ	F	SP; PA
ELEVIDYS 38.5-39.4 KG	F	SP; PA	DYSPORT	F	SP; PA
ELEVIDYS 39.5-40.4 KG	F	SP; PA	MYOBLOC	F	SP; PA
ELEVIDYS 40.5-41.4 KG	F	SP; PA	XEOMIN	F	SP; PA
ELEVIDYS 41.5-42.4 KG	F	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 42.5-43.4 KG	F	SP; PA	EVRYSDI PO 5 MG	F	SP
ELEVIDYS 43.5-44.4 KG	F	SP; PA	EVRYSDI	F	SP; PA
ELEVIDYS 44.5-45.4 KG	F	SP; PA	SPINRAZA	F	SP; PA
ELEVIDYS 45.5-46.4 KG	F	SP; PA	ZOLGENSMA 20.6-21.0 KG	F	SP; PA
ELEVIDYS 46.5-47.4 KG	F	SP; PA	ZOLGENSMA 10.1-10.5 KG	F	SP; PA
ELEVIDYS 47.5-48.4 KG	F	SP; PA	ZOLGENSMA 10.6-11.0 KG	F	SP; PA
ELEVIDYS 48.5-49.4 KG	F	SP; PA	ZOLGENSMA 11.1-11.5 KG	F	SP; PA
ELEVIDYS 49.5-50.4 KG	F	SP; PA	ZOLGENSMA 11.6-12.0 KG	F	SP; PA
ELEVIDYS 50.5-51.4 KG	F	SP; PA	ZOLGENSMA 12.1-12.5 KG	F	SP; PA
ELEVIDYS 51.5-52.4 KG	F	SP; PA	ZOLGENSMA 12.6-13.0 KG	F	SP; PA
ELEVIDYS 52.5-53.4 KG	F	SP; PA	ZOLGENSMA 13.1-13.5 KG	F	SP; PA
ELEVIDYS 53.5-54.4 KG	F	SP; PA	ZOLGENSMA 13.6-14.0 KG	F	SP; PA
ELEVIDYS 54.5-55.4 KG	F	SP; PA	ZOLGENSMA 14.1-14.5 KG	F	SP; PA
ELEVIDYS 55.5-56.4 KG	F	SP; PA	ZOLGENSMA 14.6-15.0 KG	F	SP; PA
ELEVIDYS 56.5-57.4 KG	F	SP; PA	ZOLGENSMA 15.1-15.5 KG	F	SP; PA
ELEVIDYS 57.5-58.4 KG	F	SP; PA			
ELEVIDYS 58.5-59.4 KG	F	SP; PA			
ELEVIDYS 59.5-60.4 KG	F	SP; PA			
ELEVIDYS 60.5-61.4 KG	F	SP; PA			
ELEVIDYS 61.5-62.4 KG	F	SP; PA			
ELEVIDYS 62.5-63.4 KG	F	SP; PA			
ELEVIDYS 63.5-64.4 KG	F	SP; PA			
ELEVIDYS 64.5-65.4 KG	F	SP; PA			
ELEVIDYS 65.5-66.4 KG	F	SP; PA			
ELEVIDYS 66.5-67.4 KG	F	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 15.6-16.0 KG	F	SP; PA
ZOLGENSMA 16.1-16.5 KG	F	SP; PA
ZOLGENSMA 16.6-17.0 KG	F	SP; PA
ZOLGENSMA 17.1-17.5 KG	F	SP; PA
ZOLGENSMA 17.6-18.0 KG	F	SP; PA
ZOLGENSMA 18.1-18.5 KG	F	SP; PA
ZOLGENSMA 18.6-19.0 KG	F	SP; PA
ZOLGENSMA 19.1-19.5 KG	F	SP; PA
ZOLGENSMA 19.6-20.0 KG	F	SP; PA
ZOLGENSMA 2.6-3.0 KG	F	SP; PA
ZOLGENSMA 20.1-20.5 KG	F	SP; PA
ZOLGENSMA 3.1-3.5 KG	F	SP; PA
ZOLGENSMA 3.6-4.0 KG	F	SP; PA
ZOLGENSMA 4.1-4.5 KG	F	SP; PA
ZOLGENSMA 4.6-5.0 KG	F	SP; PA
ZOLGENSMA 5.1-5.5 KG	F	SP; PA
ZOLGENSMA 5.6-6.0 KG	F	SP; PA
ZOLGENSMA 6.1-6.5 KG	F	SP; PA
ZOLGENSMA 6.6-7.0 KG	F	SP; PA
ZOLGENSMA 7.1-7.5 KG	F	SP; PA
ZOLGENSMA 7.6-8.0 KG	F	SP; PA
ZOLGENSMA 8.1-8.5 KG	F	SP; PA
ZOLGENSMA 8.6-9.0 KG	F	SP; PA
ZOLGENSMA 9.1-9.5 KG	F	SP; PA
ZOLGENSMA 9.6-10.0 KG	F	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	F	QL(15 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>white petrolatum-mineral oil</i>	F	QL(5 GM per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	F	1 max fill(s) per 30 day(s) retail
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	F	
DORZOLAMIDE HCL-TIMOLOL MAL	F	QL(10 ML per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	F	
<i>dorzolamide hcl-timolol maleate</i>	F	QL(10 ML per fill retail)
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	F	
<i>levobunolol hcl 0.5 %</i>	F	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	F	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	F	QL(5 ML per fill retail)
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	F	
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	F	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	F	QL(5 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	F	QL(5 EA per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
XIIDRA	F	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	F	PA
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	F	
Ophthalmic Nerve Growth Factors		
OXERVATE	F	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	F	SP; PA
Ophthalmic Steroids		
dexamethasone sodium phosphate (ophth)	F	QL(5 ML per fill retail)
DEXTENZA INST	F	SP; PA
EYSUVIS SUSP	NP	
fluorometholone (ophth) SUSP	F	QL(5 ML per fill retail)
ILUVIEN	F	SP; PA
neomycin-polymy-dexameth OINT	F	QL(4 GM per fill retail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	F	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	F	QL(8 ML per fill retail)
OZURDEX IMPL	F	SP; PA
PRED MILD	F	QL(10 ML per fill retail)
prednisolone acetate (ophth)	F	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	F	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	F	QL(10 ML per fill retail)
RETISERT	F	SP; PA
sulfacetamide sod-prednisolone SOLN	F	QL(5 ML per fill retail)
TOBRADEX OINT	F	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
tobramycin-dexamethasone SUSP	F	QL(5 ML per fill retail)
YUTIQ	F	SP
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(5 ML per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	F	1 max fill(s) per 30 day(s) retail
azelastine hcl (ophth)	F	QL(6 ML per fill retail)
bromfenac sodium (ophth) 0.075 %, 0.09 %	F	
cromolyn sodium (ophth)	F	QL(10 ML per fill retail)
CYSTARAN	F	SP; PA
diclofenac sodium (ophth)	F	QL(5 ML per fill retail)
dorzolamide hcl	F	QL(10 ML per fill retail)
DORZOLAMIDE HCL	F	QL(10 ML per fill retail)
epinastine hcl (ophth)	NP	
flurbiprofen sodium	F	QL(3 ML per fill retail)
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	NP	1 max fill(s) per 30 day(s) retail
ketorolac tromethamine (ophth) 0.5 %	NP	QL(5 ML per fill retail)
ketotifen fumarate (ophth) 0.035 %	F	QL(5 ML per fill retail)
MIEBO	NP	
olopatadine hcl	F	RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN (Use travoprost)	F	
travoprost SOLN	NP	
OTIC AGENTS - Drugs to Treat the Ear		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Otic Agents - Miscellaneous			CYTOGAM SOLN	F	SP; PA
<i>acetic acid (otic)</i>	F	QL(15 ML per fill retail)	FLEBOGAMMA DIF SOLN	F	SP; PA
<i>carbamide peroxide (otic) 6.5 %</i>	F	QL(0.5 ML daily)	GAMASTAN IM	F	SP; PA
Otic Anti-infectives			GAMMAGARD	F	SP; PA
CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)	F		GAMMAGARD S/D LESS IGA SOLR	F	SP; PA
<i>ciprofloxacin hcl (otic)</i>	F		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	F	SP; PA
<i>ofloxacin (otic)</i>	F	QL(5 ML per fill retail)	GAMMAPLEX SOLN	F	SP; PA
Otic Combinations			GAMUNEX-C	F	SP; PA
<i>ciprofloxacin-dexamethasone</i>	F	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail	HEPAGAM B SOLN IJ	F	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	F	QL(10 ML per fill retail)	HIZENTRA SOLN	F	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	F	QL(10 ML per fill retail)	HIZENTRA SOSY 10 GM/50ML	F	SP; PA
<i>pramoxine-hc-chloroxylenol</i>	F	QL(15 ML per fill retail)	HYPERHEP B SOLN IM	F	SP; PA
Otic Steroids			HYPERHEP B SOSY	F	SP; PA
<i>fluocinolone acetonide (otic)</i>	F	QL(20 ML per fill retail)	HYPERRHO S/D SOSY IM 250 UNIT	F	SP; PA
<i>hydrocortisone w/acetic acid</i>	F	QL(10 ML per fill retail)	HYPERRHO S/D SOSY IM 1500 UNIT	F	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	F	SP; PA
Oxytocics			NABI-HB SOLN IM	F	SP; PA
<i>methylergonovine maleate TABS</i>	F		OCTAGAM SOLN	F	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			PANZYGA	F	SP; PA
Immune Serums			PRIVIGEN SOLN	F	SP; PA
BIVIGAM SOLN	F	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	F	SP; PA
CUVITRU SOLN	F	SP; PA	RHOPHYLAC SOSY IJ	F	SP; PA
			WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	F	SP; PA
			Monoclonal Antibodies		
			BEYFORTUS	Z	AL(At least 19 yrs old); SP
			SYNAGIS SOLN	F	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZINPLAVA	F	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	F	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	F	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	F	
<i>amoxicillin SUSR</i>	F	
<i>amoxicillin TABS 875 MG</i>	F	
<i>ampicillin CAPS 500 MG</i>	F	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	F	
<i>penicillin v potassium TABS</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	F	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	F	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	F	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	F	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	F	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	F	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	F	QL(1816 GM per fill retail); AL(At least 2 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XYREM SOLN	F	SP; PA	Fibromyalgia Agents		
Antidementia Agents			SAVELLA TITRATION PACK MISC	F	QL(55 EA per 365 day(s) retail); PA
ADLARITY PTWK	NP		SAVELLA TABS	F	QL(2 EA daily); PA
<i>donepezil hydrochloride</i> TABS 23 MG	F		Movement Disorder Drug Therapy		
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	F	QL(1 EA daily); MP	AUSTEDO XR PATIENT TITRATION TEPK	F	SP; PA
<i>donepezil hydrochloride</i> TBDP	F		AUSTEDO XR PATIENT TITRATION TEPK	F	SP; PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	F	QL(1 EA daily)	AUSTEDO XR TB24	F	SP; PA
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	F		AUSTEDO XR TB24	F	SP; PA
<i>galantamine hydrobromide</i> CP24	NP	QL(1 EA daily)	AUSTEDO TABS	F	SP; PA
<i>galantamine hydrobromide</i> SOLN	NP	QL(6 ML daily)	INGREZZA CAPS	F	SP; PA
<i>galantamine hydrobromide</i> TABS	F	QL(2 EA daily)	INGREZZA CPSP	F	SP; PA
<i>memantine hcl</i> CP24	F		<i>tetrabenazine</i>	NP	SP; PA
<i>memantine hcl</i> SOLN	NP	QL(10 ML daily)	XENAZINE (Use <i>tetrabenazine</i>)	NP	SP; PA
<i>memantine hcl</i> TABS	NP	QL(1 EA per 28 day(s) retail)	Multiple Sclerosis Agents		
<i>memantine hcl</i> TABS	F	QL(2 EA daily); MP	AVONEX PEN AJKT	F	SP; PA
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)	AVONEX PREFILLED PSKT	F	SP; PA
<i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR	NP	QL(1 EA daily)	BAFIERTAM	NP	SP
<i>rivastigmine</i> 13.3 MG/24HR	NP		BRIUMVI	NP	SP
<i>rivastigmine tartrate</i> CAPS	F	QL(2 EA daily)	COPAXONE SOSY (Use <i>glatiramer acetate</i>)	F	SP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents			<i>dalfampridine</i>	F	SP; PA
SKYSONA	F	SP; PA	<i>dimethyl fumarate</i> CDPK	F	SP; PA
Combination Psychotherapeutics			<i>dimethyl fumarate</i> CPDR	F	SP; PA
LYBALVI	NP		<i> fingolimod hcl</i>	F	SP; PA
<i>perphenazine-amitriptyline</i>	F	QL(4 EA daily)	GILENYA (Use <i> fingolimod hcl</i>)	NP	SP; PA
			GILENYA	NP	SP; PA
			<i>glatiramer acetate</i> SOSY	NP	SP; PA
			KESIMPTA	F	SP; PA
			MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
			MAYZENT TABS	NP	SP

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

Drug Name	Drug Tier	Requirements/ Limits
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>	NP	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPB</i>	NP	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	F	SP; PA
TEGSEDI	F	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	F	SP; PA
GLASSIA SOLN	F	SP; PA
PROLASTIN-C SOLR	F	SP; PA
ZEMAIRA SOLR 1000 MG	F	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	F	SP; PA
KALYDECO TABS	F	SP; PA
ORKAMBI PACK	F	SP; PA
ORKAMBI TABS	F	SP; PA
PULMOZYME	F	SP; PA
SYMDEKO	F	SP; PA
TRIKAFTA TBPB 100 MG-50 MG	F	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	F	SP; PA
<i>pirfenidone CAPS</i>	F	SP; PA
<i>pirfenidone TABS 534 MG</i>	F	SP
TETRACYCLINES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Infections					
Tetracyclines			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	MP
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	F		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>Use levothyroxine sodium</i>)	F	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	F		TOXOIDS		
<i>doxycycline hyclate CAPS</i>	F		Toxoid Combinations		
<i>doxycycline hyclate TABS 100 MG</i>	F		ADACEL SUSP	Z	AL (At least 19 yrs old)
<i>minocycline hcl CAPS</i>	F		ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	Z	AL (At least 19 yrs old)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			BOOSTRIX SUSP	Z	AL (At least 19 yrs old)
Antithyroid Agents			BOOSTRIX SUSY	Z	AL (At least 19 yrs old)
<i>methimazole TABS</i>	F	MP	DAPTACEL	Z	AL (At least 19 yrs old)
<i>propylthiouracil</i>	F	MP	INFANRIX	Z	AL (At least 19 yrs old)
Thyroid Hormones			KINRIX SUSY	Z	AL (At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	F	MP	PEDIARIX SUSY	Z	AL (At least 19 yrs old)
ARMOUR THYROID TABS	F	MP	PENTACEL	Z	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>	F		QUADRACEL SUSP	Z	AL (At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	F	MP	QUADRACEL SUSY	Z	AL (At least 19 yrs old)
<i>liothyronine sodium TABS</i>	F	MP	TDVAX SUSP	Z	AL (At least 19 yrs old)
NIVA THYROID TABS	F	MP	TENIVAC SUSP 2 LFU-5 LFU	Z	AL (At least 19 yrs old)
NP THYROID TABS	F	MP	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	Z	AL (At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	F	MP	VAXELIS SUSP	Z	AL (At least 19 yrs old)
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	F	MP	VAXELIS SUSY	Z	AL (At least 19 yrs old)
			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antispasmodics			NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	RX/OTC
dicyclomine hcl CAPS	F		NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	RX/OTC
dicyclomine hcl SOLN PO	F	QL(40 ML daily)	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	RX/OTC
dicyclomine hcl TABS	F		NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium)	NP	
glycopyrrolate TABS 1 MG, 2 MG	F	QL(4 EA daily)	omeprazole CPDR	F	QL(2 EA daily)
hyoscyamine sulfate ELIX	F		omeprazole TBEC	F	QL(1 EA daily)
hyoscyamine sulfate SOLN PO 0.125 MG/ML	F		pantoprazole sodium PACK	NP	
hyoscyamine sulfate SUBL 0.125 MG	F		pantoprazole sodium TBEC 40 MG	F	QL(2 EA daily)
hyoscyamine sulfate TABS 0.125 MG	F		pantoprazole sodium TBEC 20 MG	F	QL(1 EA daily)
hyoscyamine sulfate TB12 0.375 MG	F		PROTONIX PACK (Use pantoprazole sodium)	F	
hyoscyamine sulfate TBDP 0.125 MG	F		rabeprazole sodium TBEC	F	
H-2 Antagonists			Ulcer Drugs - Prostaglandins		
cimetidine TABS 800 MG	F	QL(500 EA per fill retail)	misoprostol	F	
cimetidine TABS 300 MG, 400 MG	F		Ulcer Therapy Combinations		
cimetidine TABS 200 MG	F	MP; RX/OTC	KONVOMEPEP SUSR	NP	
famotidine TABS 10 MG	F		omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
famotidine TABS 20 MG, 40 MG	F	MP; RX/OTC	omeprazole-sodium bicarbonate PACK	NP	
Misc. Anti-Ulcer			ZEGERID OTC CAPS (Use omeprazole-sodium bicarbonate)	NP	RX/OTC
sucralfate SUSP	F	QL(420 ML per fill retail)	ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NP	RX/OTC
sucralfate TABS	F	QL(4 EA daily); MP	ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NP	
Proton Pump Inhibitors					
esomeprazole magnesium CPDR	F	RX/OTC			
esomeprazole magnesium PACK	F				
lansoprazole CPDR	F	RX/OTC			
lansoprazole TBDD	F	PA; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			ACTHIB SOLR IM	Z	AL(At least 19 yrs old)
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			BCG VACCINE	Z	AL(At least 19 yrs old)
<i>darifenacin hydrobromide</i>	F		BEXSERO 0.5 ML	Z	AL(At least 19 yrs old)
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 EA daily)	BIOTHRAX	Z	AL(At least 19 yrs old)
<i>fesoterodine fumarate</i>	F		HIBERIX SOLR IJ	Z	AL(At least 19 yrs old)
<i>oxybutynin chloride SOLN</i>	F		MENACTRA	Z	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS 2.5 MG</i>	NP		MENQUADFI 0.5 ML	Z	AL(At least 19 yrs old)
<i>oxybutynin chloride TABS 5 MG</i>	F	QL(3 EA daily); MP	MENVEO SOLN	Z	AL(At least 19 yrs old)
<i>oxybutynin chloride TB24</i>	F	QL(2 EA daily); MP	MENVEO SOLR	Z	AL(At least 19 yrs old)
<i>solifenacin succinate TABS</i>	F		PEDVAX HIB SUSP	Z	AL(At least 19 yrs old)
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)	PENBRAYA	Z	AL(At least 19 yrs old)
<i>tolterodine tartrate TABS</i>	F	QL(2 EA daily)	PNEUMOVAX 23 SOLN	Z	AL(At least 19 yrs old)
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP		PNEUMOVAX 23 SOSY	Z	AL(At least 19 yrs old)
<i>trospium chloride CP24</i>	NP		PREVNAR 13	Z	AL(At least 19 yrs old)
<i>trospium chloride TABS</i>	F	QL(2 EA daily)	PREVNAR 20	Z	AL(At least 19 yrs old)
VESICARE LS SUSP	NP		TRUMENBA 0.5 ML	Z	AL(At least 19 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TYPHIM VI SOLN	Z	AL(At least 19 yrs old)
GEMTESA	NP		TYPHIM VI SOSY	Z	AL(At least 19 yrs old)
<i>mirabegron TB24</i>	NP		VAXCHORA	Z	AL(At least 19 yrs old)
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	F		VAXNEUVANCE	Z	AL(At least 19 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			VIVOTIF	Z	AL(At least 19 yrs old)
<i>bethanechol chloride</i>	F	MP	Viral Vaccines		
Urinary Antispasmodics - Direct Muscle Relaxants			ABRYSVO	Z	QL(1 EA per fill retail); AL(At least 60 yrs old)
<i>flavoxate hcl</i>	NP		ACAM2000	Z	AL(At least 19 yrs old)
VACCINES					
Bacterial Vaccines					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PRESERVATIVE FREE SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUAD QUADRIVALENT	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUARIX QUADRIVALENT SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUARIX SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	Z	QL(1 EA per fill retail); AL(At least 19 yrs old)	FLUBLOK SOSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	Z		FLUCELVAX QUADRIVALENT SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSP	Z		FLUCELVAX QUADRIVALENT SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY SUSY	Z		FLUCELVAX SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
DENG VAXIA	Z	AL(At least 19 yrs old)	FLUCELVAX SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGRIX-B SUSP 20 MCG/ML	Z	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGRIX-B SUSY	Z	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)			
FLUAD	Z	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
FLULAVAL SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSP 0.5 ML	Z	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSY 0.5 ML	Z	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST QUADRIVALENT	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX IM 720 EL U/0.5ML	Z	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HEPLISAV-B SOSY	Z	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IMOVAX RABIES SUSR	Z	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IPOLE	Z	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXCHIQ	Z	AL(At least 19 yrs old)
FLUZONE SUSP	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IXIARO	Z	AL(At least 19 yrs old)
FLUZONE SUSY	Z	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	JYNNEOS	Z	AL(At least 19 yrs old)
			M-M-R II SOLR	Z	AL(At least 19 yrs old)
			MNEXSPIKE SUSY 10 MCG/0.2ML	Z	
			MODERNA COVID-19 BIVALENT	Z	
			MODERNA COVID-19 VAC 6M-11Y SUSP	Z	
			MODERNA COVID-19 VAC 6M-11Y SUSY	Z	
			MODERNA COVID-19 VACCINE SUSP	Z	
			NOVAVAX COVID-19 VACCINE SUSP	Z	
			NOVAVAX COVID-19 VACCINE SUSY	Z	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	Z		SPIKEVAX SUSP	Z	
PFIZER COVID-19 VAC BIVALENT	Z		SPIKEVAX SUSY	Z	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	Z		STAMARIL SUSR	Z	AL (At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	Z		TICOVAC	Z	AL (At least 19 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	Z		TWINRIX SUSY	Z	AL (At least 19 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	Z		VAQTA	Z	AL (At least 19 yrs old)
PREHEVBRIO	Z	3 max fill(s) per 999 day(s) retail; AL (At least 19 yrs old)	VAQTA IM 50 UNIT/ML	Z	AL (At least 19 yrs old)
PRIORIX SUSR	Z	AL (At least 19 yrs old)	VARIVAX SUSR	Z	2 max fill(s) per 999 day(s) retail; AL (At least 19 yrs old)
PROQUAD SUSR	Z	AL (At least 19 yrs old)	YF-VAX SUSR	Z	AL (At least 19 yrs old)
RABAVERT	Z	AL (At least 19 yrs old)	VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP	Z	3 max fill(s) per 999 day(s) retail; AL (At least 19 yrs old)	Spermicides		
RECOMBIVAX HB SUSY	Z	3 max fill(s) per 999 day(s) retail; AL (At least 19 yrs old)	ENCARE SUPP 100 MG	F	QL (12 EA per fill retail)
ROTARIX SUSP	Z	AL (At least 19 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	F	QL (86 GM per fill retail)
ROTATEQ SOLN	Z	AL (At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM	F	QL (9 EA per fill retail)
SHINGRIX	Z	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL (At least 50 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	F	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	Z		Vaginal Anti-infectives		
			CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	F	QL (40 GM per fill retail)
			<i>clindamycin phosphate vaginal CREA</i>	NP	QL (40 GM per fill retail)
			CLINDESSE	F	
			<i>clotrimazole vaginal CREA 2 %</i>	F	QL (21 GM per fill retail)
			<i>clotrimazole vaginal CREA 1 %</i>	F	QL (45 GM per fill retail)
			GYNAZOLE-1	F	
			<i>metronidazole vaginal</i>	F	QL (70 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole vaginal</i>	F	
MICONAZOLE 7 SUPP 100 MG	F	QL(7 EA per fill retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	F	QL(45 GM per fill retail)
<i>miconazole nitrate vaginal KIT</i>	F	QL(24 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	F	QL(3 EA per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	F	QL(7 EA per fill retail)
MONISTAT 3 CREA	F	QL(15 GM daily)
NUVESSA	F	
<i>terconazole vaginal CREA 0.4 %</i>	F	QL(45 GM per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	F	QL(20 GM per fill retail)
<i>terconazole vaginal SUPP</i>	F	QL(3 EA per fill retail)
<i>tioconazole vaginal 6.5 %</i>	F	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	F	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	F	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	F	
PREMARIN	F	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	F	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	F	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Anaphylaxis Therapy Agents		
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)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	
<i>epinephrine (anaphylaxis) SOAJ</i>	F	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>	F	QL(6 EA per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	F	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	F	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	F	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	F	SP; PA
Vasopressors		
<i>midodrine hcl</i>	F	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	F	QL(0.267 EA daily)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	F	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	F	
<i>ergocalciferol CAPS</i>	F	
KEY-E CHEW	F	QL(2 EA daily)
<i>phytonadione TABS 5 MG</i>	F	
VITAMIN D3 LIQD PO 125 MCG/ML	F	
<i>vitamin e CAPS</i>	F	QL(2 EA daily)
VITAMIN E CAPS	F	QL(2 EA daily)
VITAMIN E CHEW	F	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	F	QL(100 EA per 34 day(s) retail)
B-1 TABS	F	QL(2.94 EA daily)
NIACIN ER CPCR	F	
NIACIN ER TBCR	F	
<i>niacin CPCR 250 MG, 500 MG</i>	F	
<i>niacin TABS 500 MG</i>	F	
<i>niacin TBCR</i>	F	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	F	
<i>riboflavin TABS</i>	F	QL(2.94 EA daily)
<i>thiamine hcl TABS</i>	F	QL(2.94 EA daily)
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BIOHM PROBIOTIC SUPPLEMENT CAPS19	BOTOX IJ83	bromocriptine mesylate CAPS33
BIOHM PROBIOTIC/VITAMIN C CAPS19	BPROTECTED PEDIA POLY-VITE SOLN PO80	bromocriptine mesylate TABS 2.5 MG 33
BIO-KULT CAPS19	BPROTECTED PEDIA POLY- VITE/FE SOLN80	brompheniramine & phenyleph ELIX . 44
BIOTENE DRY MOUTH MOIST SPRAY SOLN79	BRAFTOVI 75 MG31	brompheniramine & pseudoeph ELIX 44
BIOTHRAX93	BREATHE COMFORT CHAMBER/ADULT DEVI73	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 44
BIOZEN CAPS19	BREATHE COMFORT CHAMBER/CHILD DEVI73	BUBBLES THE FISH II PEDI MASK MISC74
bisacodyl SUPP63	BREATHE EASE LARGE DEVI ... 73	budesonide (inhalation) SUSP11
bisacodyl TBEC63	BREATHE EASE MEDIUM DEVI ..73	budesonide TB2443
bismuth subsalicylate CHEW 262 MG19	BREATHE EASE NEB MASK/CHILD MISC73	budesonide-formoterol fumarate dihydrate12
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML19	BREATHE EASE NEB MASK/INFANT MISC73	bumetanide TABS54
bisoprolol & hydrochlorothiazide ..27	BREATHE EASE SMALL DEVI ...73	BUPHENYL POWD (Use sodium phenylbutyrate)55
bisoprolol fumarate38	BREATHERITE VALVED MDI CHAMBER DEVI73	BUPHENYL TABS (Use sodium phenylbutyrate)55
bisoprolol fumarate 2.5 MG38	BREO ELLIPTA 12	buprenorphine hcl SUBL8
BIVIGAM SOLN87	BREZTRI AEROSPHERE12	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ... 8
BLINCYTO 29	BRIDION SOLN23	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG 8
BONJESTA TBCR24	BRILINTA 60 MG, 90 MG (Use ticagrelor) 60	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 8
BONSITY SOPN 560 MCG/2.24ML 54	brimonidine tartrate 0.1 %, 0.15 % 85	
BOOSTRIX SUSP 91	brimonidine tartrate 0.2 % 85	
	brimonidine tartrate-timolol maleate . 84	

buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG8	besylate-atorvastatin calcium)39	CAPEX SHAM 48
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG8	caffeine citrate SOLN PO 1	CAPHOSOL SOLN 79
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG8	calcipotriene CREA47	CAPLYTA 33
buprenorphine PTWK8	CALCIPOTRIENE FOAM47	CAPRELSA 31
bupropion hcl (smoking deterrent) 90	calcipotriene OINT47	capsaicin CREA 0.025 %, 0.075 % 51
bupropion hcl TABS15	calcipotriene SOLN47	capsaicin CREA 0.035 %51
bupropion hcl TB12 100 MG15	calcipotriene-betamethasone dipropionate OINT 48	capsaicin CREA 0.1 %51
bupropion hcl TB12 150 MG15	calcipotriene-betamethasone dipropionate SUSP48	captopril & hydrochlorothiazide ... 27
bupropion hcl TB12 200 MG15	calcitonin (salmon) IJ 54	captopril 26
bupropion hcl TB24 150 MG15	calcitonin (salmon) NA54	CARAC CREA (Use fluorouracil (topical))46
bupropion hcl TB24 300 MG15	calcitriol CAPS55	CARBAGLU (Use carglumic acid) 55
bupropion hcl TB24 450 MG15	calcium acetate (phosphate binder) CAPS58	carbamazepine CHEW 100 MG ... 13
buspirone hcl 10	calcium acetate (phosphate binder) TABS58	carbamazepine CHEW 200 MG ... 13
butalbital-acetaminophen TABS 50 MG-325 MG6	CALCIUM ACETATE77	carbamazepine CP1213
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 6	calcium carbonate (antacid) CHEW 500 MG9	carbamazepine SUSP 13
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG6	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG77	carbamazepine TABS13
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG7	calcium polycarbophil TABS62	carbamazepine TB12 13
butalbital-aspirin-caffeine CAPS6	CAMCEVI30	carbamide peroxide (otic) 6.5 % ...87
butalbital-aspirin-caffeine w/cod7	camphor & menthol LOTN47	CARBATROL CP12 (Use carbamazepine)13
BUTRANS PTWK (Use buprenorphine)8	CANASA SUPP (Use mesalamine) 57	carbidopa32
CABOMETYX TABS31	candesartan cilexetil26	carbidopa-levodopa TABS33
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine	candesartan cilexetil-hydrochlorothiazide 27	carbidopa-levodopa TBCR 33
	capecitabine29	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 28
		CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl)38
		CAREONE LANCET SUPER THIN 30G64

CAREONE LANCET THIN 23G ...64	cefaclor SUSR 250 MG/5ML40	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 90
CARESENS LANCETS64	cefadroxil CAPS40	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...90
CARESENS LANCETS 30G64	cefadroxil SUSR40	CHANTIX TABS (Use varenicline tartrate)90
CARESTART COVID-19 HOME TEST KIT52	cefadroxil TABS40	CHEMET23
CARETOUCH ALCOHOL PREP ..71	cefdinir CAPS40	CHEMSTRIP K STRP52
CARETOUCH SAFETY LANCETS 64	cefdinir SUSR40	chenodiol57
CARETOUCH SAFETY LANCETS 26G65	cefixime CAPS40	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)5
CARETOUCH TWIST LANCETS 28G65	cefixime SUSR40	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)5
CARETOUCH TWIST LANCETS 30G65	cefopodoxime proxetil SUSR40	chlorthalidone 25 MG, 50 MG54
CARETOUCH TWIST LANCETS 33G65	cefopodoxime proxetil TABS40	chlorzoxazone TABS 250 MG, 375 MG, 750 MG81
CARETOUCH TWIST MC LANCETS 30G65	cefprozil SUSR40	chlorzoxazone TABS 500 MG81
carglumic acid55	cefprozil TABS40	CHOLBAM57
carisoprodol TABS 250 MG81	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG41	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT97
carisoprodol TABS 350 MG81	cefuroxime axetil TABS40	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG97
carteolol hcl (ophth)84	celecoxib5	cholecalciferol LIQD PO 400
carvedilol 25 MG38	CELONTIN (Use methsuximide) ..14	
carvedilol 3.125 MG, 6.25 MG, 12.5 MG38	cephalexin CAPS 250 MG, 500 MG 40	
carvedilol phosphate38	cephalexin SUSR40	
CASGEVY60	CEPROTIN60	
CASTIVA WARMING LOTN51	CEQUA SOLN85	
CAYSTON28	CERDELGA60	
cefaclor CAPS40	CEREZYME 400 UNIT60	
CEFACLOR ER TB1240	cetirizine hcl CAPS24	
cefaclor SUSR 125 MG/5ML, 375 MG/5ML40	cetirizine hcl CHEW24	
	cetirizine hcl SOLN PO24	
	cetirizine hcl SYRP PO24	
	cetirizine hcl TABS24	
	CETRAXAL (Use ciprofloxacin hcl (otic))87	

UT/0.028ML, 10 MCG/ML, 400 UNIT/ML98	CAPS15	clindamycin phosphate vaginal CREA96
cholestyramine light PACK 25	citalopram hydrobromide SOLN ... 15	clindamycin phosphate-benzoyl peroxide (refrigerate)45
cholestyramine light POWD25	citalopram hydrobromide TABS ... 15	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 45
cholestyramine PACK25	cladribine 10 MG/10ML29	clindamycin phosphate-tretinoin .. 45
cholestyramine POWD25	clarithromycin SUSR63	CLINDESSE96
CHORIONIC GONADOTROPIN IM 55	clarithromycin TABS63	CLINITEST RAPID COVID-19 TEST KIT52
CHOSEN LANCETS 30G65	clarithromycin TB2463	clobazam SUSP13
CHOSEN SAFETY LANCETS 28G 65	CLEANLET LANCETS 28G65	clobazam TABS13
CIBINQO 50	CLEARDETECT COVID-19 AG HOME KIT52	clobetasol propionate CREA 0.05 % . 48
ciclopirox SOLN46	clemastine fumarate TABS 1.34 MG . 24	clobetasol propionate emollient base 0.05 %48
cilostazol60	CLEOCIN CREA (Use clindamycin phosphate vaginal)96	clobetasol propionate emulsion ...48
cimetidine TABS 200 MG92	CLEVER CHEK LANCETS65	clobetasol propionate FOAM 48
cimetidine TABS 300 MG, 400 MG 92	CLEVER CHOICE COMFORT EZ 65	clobetasol propionate GEL 0.05 % 48
cimetidine TABS 800 MG92	CLEVER CHOICE HOLDING CHAMBER DEVI74	clobetasol propionate LIQD48
cinacalcet hcl55	CLEVER CHOICE LANCETS 21G 65	clobetasol propionate LOTN48
CINQAIR10	CLEVER CHOICE LANCETS 23G 65	clobetasol propionate OINT 0.05 % 48
CINRYZE SOLR IV 60	CLEVER CHOICE LANCETS 28G 65	clobetasol propionate SHAM 48
CIPRO SUSR56	clindamycin hcl 150 MG, 300 MG . 28	clobetasol propionate SOLN 0.05 % . 48
ciprofloxacin hcl (ophth) SOLN 85	clindamycin palmitate hydrochloride . 28	clocortolone pivalate 48
ciprofloxacin hcl (otic)87	clindamycin phosphate (topical) GEL 45	CLODAN 48
ciprofloxacin hcl TABS 100 MG ...56	clindamycin phosphate (topical) LOTN45	CLODERM (Use clocortolone pivalate)48
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 56	clindamycin phosphate (topical) SOLN45	clomipramine hcl 16
ciprofloxacin-dexamethasone87		clonazepam TABS13
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML28		
CISPLATIN SOLR28		
CITALOPRAM HYDROBROMIDE		

clonazepam TBDP	13	colchicine w/ probenecid	59	COMPACT SPACE CHAMBER/LG MASK DEVI	74
clonidine hcl (adhd) TB12	2	colestipol hcl GRAN	25	COMPACT SPACE CHAMBER/MED MASK DEVI	74
clonidine hcl TABS	26	colestipol hcl TABS	25	COMPACT SPACE CHAMBER/SM MASK DEVI	74
clopidogrel bisulfate 300 MG	60	COMBIGAN (Use brimonidine tartrate-timolol maleate)	84	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	35
clopidogrel bisulfate 75 MG	60	COMBIPATCH PTTW	56	COMPLETE PROBIOTIC PEARLS CAPS	19
clorazepate dipotassium TABS	10	COMBIVENT RESPIMAT AERS ..	12	CONCERTA TBCR (Use methylphenidate hcl)	2
clotrimazole (topical) CREA	46	COMBIVIR (Use lamivudine-zidovudine)	35	CONDOMS-MISC	63
clotrimazole (topical) SOLN	46	COMETRIQ (100 MG DAILY DOSE) KIT	31	CONJUPRI (Use levamlodipine maleate)	38
clotrimazole vaginal CREA 1 %	96	COMETRIQ (140 MG DAILY DOSE) KIT	31	CONZIP CP24 (Use tramadol hcl) ..	6
clotrimazole vaginal CREA 2 %	96	COMETRIQ (60 MG DAILY DOSE) KIT	31	COPAXONE SOSY (Use glatiramer acetate)	89
clotrimazole w/ betamethasone CREA	46	COMFORT ASSURED LANCETS 28G	65	CORDRAN LOTN (Use flurandrenolide)	48
clotrimazole w/ betamethasone LOTN	46	COMFORT ASSURED LANCETS 33G	65	COREG CR (Use carvedilol phosphate)	38
clozapine TABS	34	COMFORT TOUCH ALCOHOL PREP	71	CORIFACT	59
clozapine TBDP	34	COMFORT TOUCH LANCETS 31G . 65		CORTISONE ACETATE TABS	43
CO MONITOR REPLACEMENT PIECES MISC	74	COMFORT TOUCH PLUS LANCETS 28G	65	CORTROPHIN GEL	55
COAGADEX	59	COMFORT TOUCH PLUS LANCETS 30G	65	COSENTYX (300 MG DOSE) SOSY . 47	
COAGUCHEK LANCETS	65	COMFORT TOUCH TWIST LANCET 30G	65	COSENTYX SENSOREADY (300 MG) SOAJ	47
coal tar extract SHAM 0.5 %	52	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	94	COSENTYX SENSOREADY PEN SOAJ	47
COARTEM	28	COMIRNATY SUSP	94	COSENTYX SOLN	47
COBAS LIAT SARS-COV-2 ASSAY . 52		COMIRNATY SUSY	94	COSENTYX SOSY	47
COBAS LIAT SARS-COV-2 CONTROL	52	COMPACT SPACE CHAMBER DEVI	74	COSENTYX UNOREADY SOAJ ..	47
COBENFY CAPS	34				
COBENFY STARTER PACK CPPK 34					
codeine sulfate TABS 30 MG	6				
CODEINE SULFATE TABS	6				
colchicine TABS	59				

cosyntropin SOLR	52	PROBIOTIC+FIBER PACK	19	CVS LANOLIN CREA	51
COTELLIC	31	CULTURELLE KIDS CHEW	19	CVS MOOD SUPPORT PROBIOTIC CAPS	20
COVID-19 AT HOME ANTIGEN TEST KIT	52	CULTURELLE KIDS PACK	19	CVS PREP	71
COVID-19 AT-HOME TEST KIT ...	52	CULTURELLE KIDS PURELY CHEW	19	CVS PROBIOTIC ADULT 50+ CAPS 20	
COVID-19 OTC ANTIGEN 1-PACK KIT	52	CULTURELLE KIDS PURELY PACK 19		CVS PROBIOTIC CAPS	20
COVID-19 OTC ANTIGEN 2-PACK KIT	52	CULTURELLE METABOLISM-WEIGHT CAPS	19	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	20
CREON CPEP	53	CULTURELLE PROBIOTICS KIDS PACK	19	CVS PROBIOTIC PEARLS EX ST CAPS	20
CRINONE GEL	97	CULTURELLE PRO-WELL CAPS .	19	CVS SENIOR PROBIOTIC CAPS .	20
cromolyn sodium (nasal) 5.2 MG/ACT	82	CULTURELLE ULTIMATE STRENGTH CAPS	23	CVS SOFT GLUCOSE CHEW	17
cromolyn sodium (ophth)	86	CURITY ALCOHOL PREPS	71	CVS ULTRA THIN LANCETS	65
cromolyn sodium NEBU	11	CUVITRU SOLN	87	cyanocobalamin SOLN IJ 1000 MCG/ML	60
CRYSVITA	55	CVS ADULT 50+ PROBIOTIC CAPS 19		cyclobenzaprine hcl CP24	81
CTEXLI TABS PO 250 MG	57	CVS ADULT PROBIOTIC CAPS ..	19	cyclobenzaprine hcl TABS 5 MG, 10 MG	81
CULTURELLE ADULT ULT BALANCE CAPS	22	CVS ALCOHOL PREP PADS	71	cyclobenzaprine hcl TABS 7.5 MG	81
CULTURELLE BLOATING & GAS DEF CAPS	19	CVS COVID-19 AT HOME TEST KIT KIT	52	CYCLOGYL 0.5 %	85
CULTURELLE DIGESTIVE DAILY CAPS	23	CVS DAILY PROBIOTIC CAPS ...	20	cyclopentolate hcl 1 %	85
CULTURELLE DIGESTIVE DAILY PRO CAPS	22	CVS DAILY PROBIOTIC CHILDRENS PACK	20	cyclophosphamide CAPS 50 MG ..	28
CULTURELLE DIGESTIVE HEALTH CAPS	23	CVS DIGESTIVE PROBIOTIC CAPS	20	CYCLOPHOSPHAMIDE TABS	28
CULTURELLE DIGESTIVE HEALTH CHEW	23	CVS DRY MOUTH SOLN	79	cyclosporine (ophth) EMUL	85
CULTURELLE HEALTH (INULIN) CAPS	23	CVS EVERYDAY CARE PROBIOTIC CAPS	20	cyclosporine CAPS	78
CULTURELLE IMMUNE DEFENSE CAPS	19	CVS GLUCOSE CHEW	17	cyclosporine modified (for microemulsion) CAPS	78
CULTURELLE KID		CVS LANCETS ORIGINAL	65	cyclosporine modified (for microemulsion) SOLN	78
		CVS LANCETS THIN 26G	65	cyclosporine SOLN IV 50 MG/ML .	78
				CYLTEZO (2 PEN) AJKT	4
				CYLTEZO (2 SYRINGE) PSKT	4

CYLTEZO-CD/UC/HS STARTER AJKT	4	dasatinib	31	NA	56
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	daunorubicin hcl SOLN 50 MG/10ML 31		desmopressin acetate spray	56
CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)	16	DAURISMO	30	desmopressin acetate spray refrigerated 0.01 %	56
CYMBALTA CPEP 60 MG (Use duloxetine hcl)	15	DAYHIST ALLERGY 12 HOUR RELIEF TABS	24	desmopressin acetate TABS	56
ciproheptadine hcl SYRP	25	decitabine	29	desogestrel & ethinyl estradiol	41
ciproheptadine hcl TABS	25	deferiasirox PACK	23	desogestrel-ethinyl estradiol (biphasic)	41
CYRAMZA	29	deferiasirox TABS	23	desogestrel-ethinyl estradiol (triphasic)	41
CYSTAGON CAPS	58	deferiasirox TBSO	23	desonide CREA	48
CYSTARAN	86	deferiprone TABS	23	desonide LOTN	48
cytarabine SOLN	29	deferoxamine mesylate	23	desonide OINT	49
CYTOGAM SOLN	87	DEFITELIO	60	desoximetasone CREA 0.05 %	49
dabigatran etexilate mesylate CAPS . 13		deflazacort SUSP	43	desoximetasone CREA 0.25 %	49
DAILY DIGESTIVE PROBIOTIC CAPS	20	deflazacort TABS	43	desoximetasone GEL	49
DAILY PROBIOTIC CAPS	20	DEFLUX	58	desoximetasone LIQD	49
DAILY ULTIMATE PROBIOTIC-14 CAPS	20	DELSTRIGO	35	desoximetasone OINT	49
dalfampridine	89	DENAVIR (Use penciclovir)	48	DESTRESS-IRON TABS	79
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	81	DENGAXIA	94	DESVENLAFAXINE ER	16
dantrolene sodium CAPS	81	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	14	desvenlafaxine succinate 100 MG .	16
dapagliflozin propanediol	18	DEPO-SUBQ PROVERA 104 SUSY SC	43	desvenlafaxine succinate 25 MG, 50 MG	16
dapsone	28	DERMACINRX PROBISOL CAPS 20		DETROL LA CP24 (Use tolterodine tartrate)	93
DAPTACEL	91	DERMACINRX PROBITRAN CAPS 20		dexamethasone ELIX	44
DARAPRIM (Use pyrimethamine) 28		DESCOVY 120 MG-15 MG	35	DEXAMETHASONE INTENSOL CONC	43
darifenacin hydrobromide	93	DESCOVY 200 MG-25 MG	35	dexamethasone sodium phosphate (ophth)	86
darunavir TABS	35	desipramine hcl TABS	16	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	43
DARZALEX	29	desloratadine TBDP	24		
		desmopressin acetate SOLN IJ ...	56		
		DESMOPRESSIN ACETATE SOLN			

DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..43	30	65	DIGESTIVE ADV	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	44		DIGESTIVE/IMMUNE CAPS	20
dexamethasone SOLN	44		DIGESTIVE ADV LACTOSE SUPPORT CAPS	20
dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..44			DIGESTIVE ADV MULTI-STRAIN CAPS	20
dexchlorpheniramine maleate SOLN . 24			DIGESTIVE ADV+BOWEL SUPPORT CAPS	20
dexmedetomidine hcl in sodium chloride SOLN	62		DIGESTIVE ADV+GAS DEFENSE CAPS	20
dexmedetomidine hcl SOLN 200 MCG/2ML	62		DIGESTIVE ADV+LACTOSE SUPPORT CAPS	20
dexmethylphenidate hcl CP24	2		DIGESTIVE ADVANTAGE CAPS ..	20
dexmethylphenidate hcl TABS	2		digoxin SOLN PO 0.05 MG/ML	39
dexrazoxane hcl	32		digoxin TABS 125 MCG, 250 MCG	39
DEXTENZA INST	86		dihydroergotamine mesylate SOLN NA 4 MG/ML	76
dextroamphetamine sulfate CP24 10 MG, 15 MG	1		DILANTIN (Use phenytoin sodium extended)	14
dextroamphetamine sulfate CP24 5 MG	1		DILANTIN INFATABS CHEW (Use phenytoin)	14
dextroamphetamine sulfate SOLN ..	1		diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	39
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1		diltiazem hcl coated beads CP24 240 MG	38
dextroamphetamine sulfate TABS 5 MG, 10 MG	1		diltiazem hcl coated beads CP24 360 MG	38
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	44		diltiazem hcl CP12	39
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	44		diltiazem hcl CP24 120 MG, 240 MG	39
DHIVY TABS	33		diltiazem hcl CP24 180 MG	39
DIATHRIVE LANCET ULTRA THIN			diltiazem hcl extended release beads	39
			diltiazem hcl TABS	39
DIATHRIVE LANCETS	65			
DIATRUST COVID-19 HOME TEST KIT	52			
diazepam CONC	10			
DIAZEPAM SOAJ	10			
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10			
diazepam SOLN IJ 5 MG/ML	10			
DIAZEPAM SOLN IJ 5 MG/ML	10			
diazepam SOLN PO 5 MG/5ML ...	10			
diazepam TABS	10			
diazoxide	17			
dibucaine	51			
diclofenac potassium TABS 50 MG .	5			
diclofenac sodium (ophth)	86			
diclofenac sodium (topical) GEL EX 46				
diclofenac sodium TB24	5			
diclofenac sodium TBEC	5			
dicloxacin sodium	88			
dicyclomine hcl CAPS	92			
dicyclomine hcl SOLN PO	92			
dicyclomine hcl TABS	92			
DIFFERIN CREA (Use adapalene) 45				
DIFFERIN GEL 0.3 % (Use adapalene)	45			
DIFFERIN LOTN	45			
diflorasone diacetate CREA	49			
diflorasone diacetate OINT	49			
diflunisal TABS	6			

diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG39	divalproex sodium TBEC14	doxepin hcl CONC 16
dimethyl fumarate CDPK89	docetaxel CONC 160 MG/8ML 32	doxycycline (monohydrate) CAPS 50 MG, 100 MG 91
dimethyl fumarate CPDR 89	DOCETAXEL CONC 160 MG/8ML 32	doxycycline (monohydrate) TABS 50 MG, 100 MG 91
diphenhydramine hcl (sleep) CAPS 62	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 32	doxycycline hyclate CAPS91
diphenhydramine hcl (sleep) LIQD 62	docetaxel SOLN32	doxycycline hyclate TABS 100 MG 91
diphenhydramine hcl (sleep) TABS 25 MG62	DOCIVYX SOLN32	doxylamine succinate (sleep) 62
diphenhydramine hcl (sleep) TABS 50 MG62	docusate sodium CAPS 100 MG, 250 MG 63	doxylamine-pyridoxine TBEC24
diphenhydramine hcl (sleep) TBDP 62	docusate sodium CAPS 50 MG ...63	droperidol SOLN 2.5 MG/ML 10
diphenhydramine hcl CAPS 24	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML63	DROPLET LANCETS ULTRA THIN 30G65
diphenhydramine hcl ELIX 12.5 MG/5ML24	DOCUSATE SODIUM SYRP63	DROPLET PERSONAL LANCETS 30G65
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML24	docusate sodium TABS63	DROPSAFE ACTI-LANCE 23G ...65
diphenhydramine hcl TABS 25 MG 24	dofetilide10	DROPSAFE ALCOHOL PREP71
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG62	donepezil hydrochloride TABS 23 MG 89	drospirenone-ethinyl estradiol41
diphenoxylate w/ atropine LIQD ... 23	donepezil hydrochloride TABS 5 MG, 10 MG89	drospirenone-ethinyl estradiol-levomefolate calcium41
diphenoxylate w/ atropine TABS ..23	donepezil hydrochloride TBDP 89	DROXIA CAPS60
DIPROLENE OINT (Use betamethasone dipropionate augmented)49	DOPTELET60	droxidopa97
dipyridamole60	dorzolamide hcl86	DRUG MART ON-THE-GO LANCET 30G65
disopyramide phosphate CAPS ... 10	DORZOLAMIDE HCL86	DRUG MART UNILET LANCETS 28G65
disulfiram 250 MG88	DORZOLAMIDE HCL-TIMOLOL MAL84	DRUG MART UNILET LANCETS 30G65
divalproex sodium CSDR 14	dorzolamide hcl-timolol maleate .. 84	DRUG MART UNILET LANCETS 33G65
divalproex sodium TB24 14	DOVATO35	DUETACT (Use pioglitazone hcl-glimepiride)16
	doxazosin mesylate 26	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5
	doxepin hcl (sleep)62	
	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG16	
	doxepin hcl CAPS 150 MG 16	

MCG/ACT	12	28G/TWIST	65	ELAPRASE	55
DULERA 50 MCG/ACT-5 MCG/ACT . 12		EASY TOUCH LANCETS 30G ...	65	ELELYSO	60
duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	16	EASY TOUCH LANCETS 30G/TWIST	65	ELEPSIA XR TB24	13
duloxetine hcl CPEP 60 MG	16	EASY TOUCH LANCETS 32G ...	65	eletriptan hydrobromide	76
DUPIXENT SOAJ	50	EASY TOUCH LANCETS 32G/TWIST	66	ELEVIDYS 10.0-10.4 KG	82
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	50	EASY TOUCH LANCETS 33G/TWIST	66	ELEVIDYS 10.5-11.4 KG	82
dutasteride	58	EASY TOUCH SAFETY LANCETS 21G	66	ELEVIDYS 11.5-12.4 KG	82
dutasteride-tamsulosin hcl	58	EASY TOUCH SAFETY LANCETS 23G	66	ELEVIDYS 12.5-13.4 KG	82
DYANAVEL XR TBCR	1	EASY TOUCH SAFETY LANCETS 26G	66	ELEVIDYS 13.5-14.4 KG	82
DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	82	EASY TOUCH SAFETY LANCETS 28G	66	ELEVIDYS 14.5-15.4 KG	82
DYSPORT	83	EASY TOUCH SAFETY LANCETS 28G	66	ELEVIDYS 15.5-16.4 KG	82
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	63	EBASE CONTROLLER KIT MISC	74	ELEVIDYS 16.5-17.4 KG	82
EASIVENT MASK LARGE MISC ..	74	EBGLYSS SOAJ	50	ELEVIDYS 17.5-18.4 KG	82
EASIVENT MASK MEDIUM MISC	74	EBGLYSS SOSY	50	ELEVIDYS 18.5-19.4 KG	82
EASIVENT MASK SMALL MISC ..	74	econazole nitrate CREA	46	ELEVIDYS 19.5-20.4 KG	82
EASIVENT MISC	74	ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	6	ELEVIDYS 20.5-21.4 KG	82
EASY COMFORT ALCOHOL PADS 71		ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 21.5-22.4 KG	82
EASY COMFORT LANCETS	65	EDURANT	35	ELEVIDYS 22.5-23.4 KG	82
EASY COMFORT LANCETS TWIST TOP	65	EDURANT PED PO 2.5 MG	35	ELEVIDYS 23.5-24.4 KG	82
EASY TOUCH ALCOHOL PREP MEDIUM	71	efavirenz CAPS 200 MG	35	ELEVIDYS 24.5-25.4 KG	82
EASY TOUCH LANCETS 21G ...	65	efavirenz CAPS 50 MG	35	ELEVIDYS 25.5-26.4 KG	82
EASY TOUCH LANCETS 23G ...	65	efavirenz TABS	35	ELEVIDYS 26.5-27.4 KG	82
EASY TOUCH LANCETS 26G ...	65	efavirenz-emtricitabine-tenofovir disoproxil fumarate	35	ELEVIDYS 27.5-28.4 KG	82
EASY TOUCH LANCETS 28G ...	65	efavirenz-lamivudine-tenofovir disoproxil fumarate	35	ELEVIDYS 28.5-29.4 KG	82
EASY TOUCH LANCETS				ELEVIDYS 29.5-30.4 KG	82
				ELEVIDYS 30.5-31.4 KG	83
				ELEVIDYS 31.5-32.4 KG	83
				ELEVIDYS 32.5-33.4 KG	83
				ELEVIDYS 33.5-34.4 KG	83
				ELEVIDYS 34.5-35.4 KG	83

ELEVIDYS 35.5-36.4 KG83	ELEVIDYS 65.5-66.4 KG83	28G66
ELEVIDYS 36.5-37.4 KG83	ELEVIDYS 66.5-67.4 KG83	EMCYT30
ELEVIDYS 37.5-38.4 KG83	ELEVIDYS 67.5-68.4 KG83	EMGALITY (300 MG DOSE) SOSY 76
ELEVIDYS 38.5-39.4 KG83	ELEVIDYS 68.5-69.4 KG83	EMGALITY SOAJ76
ELEVIDYS 39.5-40.4 KG83	ELEVIDYS 69.5 KG PLUS83	EMGALITY SOSY76
ELEVIDYS 40.5-41.4 KG83	ELIDEL (Use pimecrolimus)51	EMPLICITI29
ELEVIDYS 41.5-42.4 KG83	ELIGARD KIT SC 7.5 MG30	emtricitabine CAPS35
ELEVIDYS 42.5-43.4 KG83	ELIGARD SC 22.5 MG, 30 MG, 45 MG30	emtricitabine-rilpivirine-tenofovir disoproxil fumarate35
ELEVIDYS 43.5-44.4 KG83	ELIQUIS DVT/PE STARTER PACK TBPk12	emtricitabine-tenofovir disoproxil fumarate35
ELEVIDYS 44.5-45.4 KG83	ELIQUIS TABS12	EMTRIVA CAPS (Use emtricitabine) . 35
ELEVIDYS 45.5-46.4 KG83	ELLA42	EMTRIVA SOLN35
ELEVIDYS 46.5-47.4 KG83	ELLEENCE SOLN31	EMVERM CHEW9
ELEVIDYS 47.5-48.4 KG83	ELLUME COVID-19 HOME TEST KIT53	enalapril maleate & hydrochlorothiazide27
ELEVIDYS 48.5-49.4 KG83	ELMIRON CAPS58	enalapril maleate TABS26
ELEVIDYS 49.5-50.4 KG83	ELOCTATE59	ENBREL MINI SOCT5
ELEVIDYS 50.5-51.4 KG83	eltrombopag olamine PACK 12.5 MG60	ENBREL SOLN5
ELEVIDYS 51.5-52.4 KG83	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG60	ENBREL SOSY5
ELEVIDYS 52.5-53.4 KG83	EMBECTA AUTOSHIELD DUO ...72	ENBREL SURECLICK SOAJ5
ELEVIDYS 53.5-54.4 KG83	EMBECTA PEN NEEDLE NANO .72	ENCARE SUPP 100 MG96
ELEVIDYS 54.5-55.4 KG83	EMBECTA PEN NEEDLE NANO 2 GEN72	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML80
ELEVIDYS 55.5-56.4 KG83	EMBECTA PEN NEEDLE ULTRAFINE72	ENGRIX-B SUSP 20 MCG/ML ...94
ELEVIDYS 56.5-57.4 KG83	EMBRACE LANCETS ULTRA THIN 30G66	ENGRIX-B SUSY94
ELEVIDYS 57.5-58.4 KG83	EMBRACE PRESSURE ACTIVATED 21G66	enoxaparin sodium SOLN IJ 300 MG/3ML13
ELEVIDYS 58.5-59.4 KG83	EMBRACE PRESSURE ACTIVATED	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML13
ELEVIDYS 59.5-60.4 KG83		enoxaparin sodium SOSY 30
ELEVIDYS 60.5-61.4 KG83		
ELEVIDYS 61.5-62.4 KG83		
ELEVIDYS 62.5-63.4 KG83		
ELEVIDYS 63.5-64.4 KG83		
ELEVIDYS 64.5-65.4 KG83		

MG/0.3ML13	epoprostenol sodium40	erythromycin (acne aid) SOLN45
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML13	EPRONTIA SOLN 25 MG/ML (Use topiramate)13	erythromycin (ophth)85
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML13	EPZICOM (Use abacavir sulfate- lamivudine)35	ERYTHROMYCIN85
ENTADFI58	EQ PROBIOTIC CAPS20	erythromycin base CPEP63
ENTRESTO CPSP39	EQ PROBIOTIC CPDR20	erythromycin base TABS63
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)39	EQ SPACE CHAMBER ANTI- STATIC DEVI74	erythromycin base TBEC63
ENTYVIO PEN SOAJ57	EQ SPACE CHAMBER ANTI- STATIC L DEVI74	erythromycin ethylsuccinate SUSR 63
ENVIVE CAPS20	EQ SPACE CHAMBER ANTI- STATIC M DEVI74	erythromycin ethylsuccinate TABS 63
EPCLUSA PACK37	EQ SPACE CHAMBER ANTI- STATIC S DEVI74	ERZOFRI 351 MG/2.25ML33
EPCLUSA TABS37	EQL ALCOHOL SWABS71	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML33
EPIFOAM FOAM49	EQL DAILY PROBIOTIC CAPS ...20	escitalopram oxalate SOLN15
epinastine hcl (ophth)86	EQL DRY MOUTH ORAL RINSE SOLN79	escitalopram oxalate TABS15
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML97	EQL PROBIOTIC COLON SUPPORT CAPS20	esomeprazole magnesium CPDR .92
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML97	ERBITUX30	esomeprazole magnesium PACK .92
epinephrine (anaphylaxis) SOAJ ..97	ergocalciferol CAPS98	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 59
epinephrine hcl (nasal)82	ergoloid mesylates TABS90	estazolam62
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))97	ergotamine w/ caffeine TABS76	estradiol & norethindrone acetate TABS56
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))97	eribulin mesylate32	estradiol PTTW56
EPIVIR SOLN (Use lamivudine) ...35	ERIVEDGE30	estradiol PTWK56
EPIVIR TABS 150 MG (Use lamivudine)35	ERLEADA 60 MG30	estradiol TABS56
EPIVIR TABS 300 MG (Use lamivudine)35	erlotinib hcl30	estradiol vaginal CREA97
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML60	ertapenem sodium IJ27	estradiol vaginal TABS97
	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)63	ESTROVEN SLIMBIOTICS CAPS 20
	erythromycin (acne aid) GEL45	eszopiclone62
		ethambutol hcl TABS28
		ethosuximide CAPS14

ethosuximide SOLN	14	EYLEA SOLN	85	fenofibrate TABS 54 MG	25
ethynodiol diacet & eth estrad	41	EYSUVIS SUSP	86	fenofibric acid	25
etodolac CAPS	5	ezetimibe	26	FENOGLIDE TABS (Use fenofibrate)	25
etodolac TABS	5	ezetimibe-simvastatin	25	FENSOLVI (6 MONTH) SC	55
etodolac TB24	5	EZ-LETS LANCETS 21G	66	fentanyl PT72 12 MCG/HR, 25	
etonogestrel-ethinyl estradiol	42	EZ-LETS LANCETS 26G	66	MCG/HR, 50 MCG/HR, 75 MCG/HR,	
etoposide CAPS	32	EZ-LETS LANCETS 28G	66	100 MCG/HR	6
etoposide SOLN 1 GM/50ML, 100		EZ-LETS LANCETS 30G	66	fentanyl PT72 37.5 MCG/HR, 62.5	
MG/5ML, 500 MG/25ML	32	FABRAZYME	55	MCG/HR, 87.5 MCG/HR	6
etravirine 100 MG	35	famciclovir	37	FERRETTS TABS	61
etravirine 200 MG	35	famotidine TABS 10 MG	92	FERRIPROX SOLN	23
EUFLEXXA SOSY	81	famotidine TABS 20 MG, 40 MG ..	92	ferrous fumarate TABS	61
EULEXIN	30	FANAPT TITRATION PACK C	33	ferrous fumarate-fa-b complex-c-zn-	
EVENITY	54	FARXIGA (Use dapagliflozin		mg-mn-cu TABS	61
everolimus (immunosuppressant) .	78	propanediol)	18	FERROUS GLUCONATE TABS 324	
everolimus TABS	31	FASENRA PEN SOAJ	10	MG	61
everolimus TBSO	31	FASENRA SOSY 10 MG/0.5ML ...	10	ferrous gluconate TABS	61
EVOMELA IV	28	FASTEP COVID-19 ANTIGEN TEST		ferrous sulfate dried TBCR	61
EVOTAZ	35	KIT	53	ferrous sulfate SOLN 15 MG/ML, 15	
EVRYSDI	83	FEIBA	59	MG/ML	61
EVRYSDI PO 5 MG	83	felbamate SUSP	14	ferrous sulfate SOLN 220 MG/5ML,	
EXELON 13.3 MG/24HR (Use		felbamate TABS	14	300 MG/6.8ML	61
rivastigmine)	89	felodipine	39	ferrous sulfate TABS 325 MG, 65	
EXELON 4.6 MG/24HR, 9.5		FEM-DOPHILUS WOMENS CAPS		MG, 325 MG	61
MG/24HR (Use rivastigmine)	89	20		ferrous sulfate TBEC 325 MG	61
exemestane	30	fenofibrate CAPS	25	ferrous sulfate TBEC	61
exenatide SOPN 10 MCG/0.04ML .	17	fenofibrate micronized 134 MG, 200		fesoterodine fumarate	93
exenatide SOPN 5 MCG/0.02ML ..	17	MG	25	FEVERALL JUNIOR STRENGTH	
EXFORGE HCT (Use amlodipine-		fenofibrate micronized 43 MG, 90		SUPP	6
valsartan-hydrochlorothiazide)	27	MG, 130 MG	25	fexofenadine hcl SUSP	24
EXONDYS 51	83	fenofibrate micronized 67 MG	25	fexofenadine hcl TABS 180 MG ...	25
		fenofibrate TABS 40 MG, 120 MG .	25	fexofenadine hcl TABS 60 MG	24

FIBRICOR (Use fenofibric acid) ...25	FLORRAXIS CAPS20	FLUMIST QUADRIVALENT95
FIBRYGA59	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	flunisolide (nasal)82
FIFTY50 ALCOHOL PREP71	FLOWFLEX COVID-19 AG HOME TEST KIT53	fluocinolone acetonide (otic)87
FIFTY50 SAFETY SEAL LANCETS . 66	FLUAD94	fluocinolone acetonide CREA49
FIFTY50 UNILET LANCETS 33G .66	FLUAD QUADRIVALENT94	fluocinolone acetonide OIL49
FILTER AIR PP MISC74	FLUARIX QUADRIVALENT SUSY 94	fluocinolone acetonide OINT49
finasteride58	FLUARIX SUSY94	fluocinonide CREA 0.05 %49
FINE 3066	FLUBLOK QUADRIVALENT94	fluocinonide CREA 0.1 %49
FINGERSTIX LANCETS66	FLUBLOK SOSY94	fluocinonide emulsified base49
fingolimod hcl89	FLUCELVAX QUADRIVALENT SUSP94	fluocinonide GEL49
FIRDAPSE28	FLUCELVAX QUADRIVALENT SUSY94	fluocinonide OINT49
FIRMAGON (240 MG DOSE)30	FLUCELVAX SUSP94	fluocinonide SOLN49
FIRMAGON 80 MG30	FLUCELVAX SUSY94	fluorometholone (ophth) SUSP86
FIRST-PROGESTERONE VGS SUPP97	fluconazole SUSR24	fluorouracil (topical) CREA 0.5 % .47
flavoxate hcl93	fluconazole TABS 100 MG24	fluorouracil (topical) CREA 5 % ...47
FLEBOGAMMA DIF SOLN87	fluconazole TABS 150 MG24	fluorouracil (topical) SOLN47
flecainide acetate10	fluconazole TABS 200 MG24	fluoxetine hcl (pmdd) TABS 10 MG 90
FLEQSUVY SUSP (Use baclofen) 81	fluconazole TABS 50 MG24	fluoxetine hcl (pmdd) TABS 20 MG 90
FLEXICHAMBER DEVI74	fludarabine phosphate SOLN29	fluoxetine hcl CAPS15
FLORA VANCE CAPS20	FLUDARABINE PHOSPHATE SOLN29	fluoxetine hcl CPDR15
FLORAJEN DIGESTION CAPS ...20	fludarabine phosphate SOLR29	fluoxetine hcl SOLN15
FLORAJEN KIDS CAPS20	fludrocortisone acetate TABS44	FLUOXETINE HCL TABS (Use fluoxetine hcl)15
FLORASAVE CPDR20	FLULAVAL QUADRIVALENT SUSY . 94	fluoxetine hcl TABS 10 MG15
FLORASTOR ADVANCED CAPS .20	FLULAVAL SUSY95	fluoxetine hcl TABS 20 MG15
FLORASTOR DIGEST DE-STRESS CAPS20	FLUMIST95	fluoxetine hcl TABS 60 MG15
FLORASTOR SELECT GUT BOOST CAPS20		fluphenazine decanoate34
FLORASTOR SELECT IMMUNITY BOOS CAPS20		fluphenazine hcl TABS34

flurandrenolide CREA	49	FLUZONE SUSP	95	fosinopril sodium	26
flurandrenolide LOTN	49	FLUZONE SUSY	95	FRAGMIN SOLN 10000 UNIT/4ML 13	
flurandrenolide OINT	49	FLYP HYPERSONIQ CARTRIDGE MISC	74	FREESTYLE LANCETS	66
flurazepam hcl	62	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FREESTYLE LIBRE 14 DAY READER	66
flurbiprofen sodium	86	folic acid TABS 1 MG	60	FREESTYLE LIBRE 14 DAY SENSOR	66
flurbiprofen TABS	5	folic acid TABS 400 MCG, 800 MCG . 60		FREESTYLE LIBRE 2 PLUS SENSOR	66
fluticasone propionate (inhalation) AEPB	11	FOLOTYN	29	FREESTYLE LIBRE 2 PLUS SENSOR	66
fluticasone propionate (nasal) SUSP . 82		fondaparinux sodium	13	FREESTYLE LIBRE 2 READER ..	66
fluticasone propionate CREA 0.05 % 49		FORA LANCETS	66	FREESTYLE LIBRE 2 SENSOR ..	66
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	FORFIVO XL TB24 (Use bupropion hcl)	15	FREESTYLE LIBRE 3 PLUS SENSOR	66
fluticasone propionate hfa 44 MCG/ACT	11	FORTESTA GEL TD (Use testosterone)	8	FREESTYLE LIBRE 3 READER ..	66
fluticasone propionate LOTN	49	FORTIFY 30 BILLION PROBIOT 50+ CPDR	20	FREESTYLE LIBRE 3 SENSOR ..	66
fluticasone propionate OINT	49	FORTIFY 50 BILLION PROBIOT 50+ CPDR	20	FREESTYLE LIBRE READER	66
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	12	FORTIFY DAILY PROBIOTIC CAPS . 20		FREESTYLE UNISTICK II LANCETS	66
fluticasone-salmeterol AERO	12	FORTIFY DAILY PROBIOTIC EX ST CPDR	20	frovatriptan succinate	76
fluvastatin sodium CAPS	25	FORTIFY OPTIMA PROBIOTIC CPDR	20	FT ACIDOPHILUS PROBIOTIC BLEND CAPS	21
fluvastatin sodium TB24	25	FORTIFY OPTIMA WOMENS ADV CARE CPDR	21	FT GLUCOSE CHEW 4 GM	17
fluvoxamine maleate CP24	15	FORTIFY PROBIOTIC WOMENS CPDR	21	FT PROBIOTIC ADVANCED CAPS 21	
fluvoxamine maleate TABS	15	fosamprenavir calcium TABS	35	FT SALINE NASAL SPRAY SOLN 82	
FLUZONE HIGH-DOSE QUADRIVALENT	95	fosinopril sodium & hydrochlorothiazide	27	FULL KIT NEBULIZER SET MISC 74	
FLUZONE HIGH-DOSE SUSY	95			FULPHILA	60
FLUZONE QUADRIVALENT SUSP 95				furosemide SOLN PO 8 MG/ML, 10 MG/ML	54
FLUZONE QUADRIVALENT SUSY 95				furosemide TABS	54
				FYLNETRA	60
				gabapentin CAPS 100 MG	13

gabapentin CAPS 300 MG, 400 MG . 13	GEMTESA93	28G66
gabapentin SOLN13	GENABIO COVID-19 RAPID TEST KIT53	GLOBAL INJECT EASE LANCETS 30G66
gabapentin TABS 600 MG, 800 MG 13	GENORAVANCE CAPS21	GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)17
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...81	GENOTROPIN CART SC55	glucagon SOLR IJ 1 MG17
GALAFOLD55	GENOTROPIN MINIQUICK PRSY 55	GLUCO TO GO CHEW17
galantamine hydrobromide CP24 .89	gentamicin sulfate (ophth) SOLN .85	GLUCOCOM LANCETS 28G66
galantamine hydrobromide SOLN .89	gentamicin sulfate (topical) CREA .46	GLUCOCOM LANCETS 30G66
galantamine hydrobromide TABS .89	gentamicin sulfate (topical) OINT .46	GLUCOCOM LANCETS 33G66
GAMASTAN IM87	GENTEEL BUTTERFLY TOUCH LANCET66	GLUCOSE CHEW17
GAMIFANT 10 MG/2ML, 50 MG/10ML78	GENTLE-LET GP LANCETS66	GLUMETZA TB24 (Use metformin hcl)17
GAMMAGARD87	GENTLE-LET LANCETS66	glyburide micronized 1.5 MG, 3 MG, 6 MG19
GAMMAGARD S/D LESS IGA SOLR87	GENVISC 850 SOSY81	glyburide TABS19
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML87	GENVOYA35	glyburide-metformin16
GAMMAPLEX SOLN87	GILENYA (Use fingolimod hcl) ...89	glycerin (laxative) SUPP 2 GM63
GAMUNEX-C87	GILENYA89	glycine diluent88
GARDASIL 9 SUSP 0.5 ML95	GILOTRIF30	glycopyrrolate TABS 1 MG, 2 MG .92
GARDASIL 9 SUSY 0.5 ML95	ginger (zingiber officinalis) CAPS 250 MG2	GLYXAMBI16
gatifloxacin (ophth)85	GLASSIA SOLN90	GNP ACIDOPHILUS HIGH POTENCY CAPS21
GATTEX58	glatiramer acetate SOSY89	GNP ADVANCED PROBIOTIC CAPS21
GAUZE SPONGES66	glimepiride 1 MG, 2 MG19	GNP ALCOHOL SWABS71
GAZYVA29	glimepiride 3 MG19	GNP GLUCOSE CHEW17
gefitinib30	glimepiride 4 MG19	GNP PROBIOTIC COLON SUPPORT CAPS21
GEL-ONE81	glipizide TABS 2.5 MG19	GNP PROBIOTIC EXTRA STRENGTH CAPS23
GELSYN-3 SOSY81	glipizide TABS 5 MG, 10 MG19	GNP STERILE LANCETS 28G ...66
gemfibrozil TABS25	glipizide TB2419	GNP STERILE LANCETS 30G ...66
	glipizide-metformin hcl16	
	GLOBAL ALCOHOL PREP EASE 71	
	GLOBAL INJECT EASE LANCETS	

GNP STERILE LANCETS 33G ... 67	halcinonide CREA 49	HIBERIX SOLR IJ 93
GOJJI STERILE LANCETS 67	halobetasol propionate CREA 49	HIGH POTENCY PROBIOTIC CAPS 21
GOODSENSE ALCOHOL SWABS 71	halobetasol propionate OINT 49	HIZENTRA SOLN 87
GOTOKNOW COVID-19 ANTIGEN RAPI KIT 53	HALOG CREA (Use halcinonide) . 49	HIZENTRA SOSY 10 GM/50ML ... 87
granisetron hcl TABS 23	haloperidol decanoate 34	HM STERILE ALCOHOL PREP .. 71
GRANIX SOLN 300 MCG/ML 60	haloperidol lactate CONC 34	HULIO (2 PEN) AJKT 4
GRANIX SOSY 60	haloperidol lactate SOLN 34	HULIO (2 SYRINGE) PSKT 4
griseofulvin microsize SUSP 24	haloperidol TABS 34	HUMALOG JUNIOR KWIKPEN SOPN 18
griseofulvin microsize TABS 24	HARVONI PACK 37	HUMALOG KWIKPEN SOPN 100 UNIT/ML 18
griseofulvin ultramicrosize 24	HARVONI TABS 37	HUMALOG MIX 50/50 KWIKPEN SUPN 18
guaifenesin-codeine SOLN 44	HAVRIX IM 720 EL U/0.5ML 95	HUMALOG MIX 50/50 SUSP 18
guaifenesin-codeine SYRP 44	H-E-B INCONTROL ALCOHOL .. 71	HUMALOG MIX 75/25 KWIKPEN SUPN 18
guanfacine hcl (adhd) 2	H-E-B INCONTROL LANCETS 28G . 67	HUMALOG MIX 75/25 SUSP 18
guanfacine hcl 26	H-E-B INCONTROL LANCETS 30G . 67	HUMALOG SOLN IJ 18
GVOKE KIT SOLN 17	H-E-B INCONTROL LANCETS 33G . 67	HUMALOG TEMPO PEN SOPN .. 18
GYNAZOLE-1 96	HEMATINIC PLUS VIT/MINERALS TABS 61	HUMATE-P SOLR 59
HADLIMA PUSHTOUCH SOAJ 4	HEMGENIX 59	HUMIRA (2 PEN) AJKT 40 MG/0.8ML 4
HADLIMA SOSY 4	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML 59	HUMIRA (2 PEN) AJKT 4
HAEMOLANCE 67	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 59	HUMIRA (2 SYRINGE) PSKT 4
HAEMOLANCE LOW FLOW LANCETS 67	HEPAGAM B SOLN IJ 87	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 4
HAEMOLANCE PLUS 67	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 13	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 4
HAEMOLANCE PLUS HIGH FLOW . 67	HEPLISAV-B SOSY 95	HUMIRA-PED<40KG CROHNS STARTER PSKT 4
HAEMOLANCE PLUS LOW FLOW . 67	HERCEPTIN HYLECTA 31	HUMIRA-PED>=40KG CROHNS START PSKT 4
HAEMOLANCE PLUS MAX FLOW 67		
HAEMOLANCE PLUS PEDIATRIC FLOW 67		

HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocortisone (rectal) EX 1 %	9	hydrocortisone valerate OINT	50
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocortisone (rectal) EX 2.5 %	9	hydrocortisone w/acetic acid	87
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	hydrocortisone (topical) CREA 0.5 %	49	HYDROMORPHONE HCL SUPP ..	6
HUMULIN 70/30 SUSP	18	hydrocortisone (topical) CREA 1 %	49	hydromorphone hcl TABS	6
HUMULIN N SUSP	18	hydrocortisone (topical) CREA 2.5 %	49	hydromorphone hcl TB24	6
HUMULIN R SOLN IJ	18	hydrocortisone (topical) LOTN 1 %	49	HYDROXATE GEL	50
HUMULIN R U-500 (CONCENTRATED) SOLN SC	18	hydrocortisone (topical) LOTN 2.5 % .	49	HYDROXYM GEL	50
HUMULIN R U-500 KWIKPEN SOPN SC	18	hydrocortisone (topical) OINT 0.5 % .	49	hydroxyprogesterone caproate (antineoplastic)	30
HYALGAN SOLN	81	hydrocortisone (topical) OINT 1 % .	49	hydroxyurea	32
HYALGAN SOSY	81	hydrocortisone (topical) OINT 2.5 % .	49	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	10
HYCANTIN CAPS	32	hydrocortisone (topical) SOLN 1 %	49	hydroxyzine hcl SYRP	10
hydralazine hcl TABS	27	hydrocortisone acetate (topical) CREA	49	hydroxyzine hcl TABS	10
hydrochlorothiazide CAPS	54	hydrocortisone acetate (topical) OINT	49	hydroxyzine pamoate CAPS 25 MG, 100 MG	10
hydrochlorothiazide TABS 25 MG, 50 MG	54	HYDROCORTISONE ACETATE CREA	49	hydroxyzine pamoate CAPS 50 MG 10	
hydrocodone bitartrate CP12	6	hydrocortisone butyrate CREA	49	HYMOVIS	81
hydrocodone bitartrate-homatropine methylobromide SOLN	44	hydrocortisone butyrate hydrophilic lipo base	49	hyoscyamine sulfate ELIX	92
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	hydrocortisone butyrate LOTN	49	hyoscyamine sulfate SOLN PO 0.125 MG/ML	92
hydrocodone-acetaminophen TABS 325 MG-10 MG	7	hydrocortisone butyrate OINT	50	hyoscyamine sulfate SUBL 0.125 MG	92
hydrocodone-acetaminophen TABS 325 MG-5 MG	7	hydrocortisone butyrate SOLN	50	hyoscyamine sulfate TABS 0.125 MG	92
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7	hydrocortisone TABS	44	hyoscyamine sulfate TB12 0.375 MG 92	
hydrocortisone (intrarectal)	8	hydrocortisone vaginal	97	hyoscyamine sulfate TBDP 0.125 MG	92
		hydrocortisone valerate CREA	50	HYPERHEP B SOLN IM	87
				HYPERHEP B SOSY	87
				HYPERRHO S/D SOSY IM 1500	

UNIT87	53	SOAJ 6 MG/0.5ML (Use sumatriptan succinate)77
HYPERRHO S/D SOSY IM 250 UNIT87	ID NOW COVID-19 2.0 TEST53	IMLYGIC32
HYQVIA88	ID NOW COVID-19 CONTROL ...53	IMOVAX RABIES SUSR95
HYRIMOZ SOAJ4	IDACIO (2 PEN) AJKT4	IN TOUCH STERILE LANCETS 30G67
HYRIMOZ SOSY4	IDACIO (2 SYRINGE) PSKT4	INCRELEX55
HYRIMOZ-CROHNS/UC STARTER SOAJ4	IDACIO-CROHNS/UC STARTER AJKT4	indapamide TABS 1.25 MG, 2.5 MG .54
HYRIMOZ-PED<40KG CROHN STARTER SOSY4	IDACIO-PSORIASIS STARTER AJKT4	INDICAID COVID-19 RAPID TEST KIT53
HYRIMOZ-PED>=40KG CROHN START SOSY4	IDELVION59	indomethacin CAPS 25 MG, 50 MG 5
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ4	IGALMI FILM62	indomethacin CPCR5
HYRIMOZ-PLAQUE PSORIASIS START SOAJ4	IHEALTH COVID-19 RAPID TEST KIT53	INFANRIX91
HY-VEE LANCETS67	ILEVRO86	INFANTS ADVIL SUSP (Use ibuprofen)5
HY-VEE THIN LANCETS67	ILUVIEN86	INGREZZA CAPS89
ibandronate sodium SOLN54	imatinib mesylate TABS31	INGREZZA CPSP89
ibandronate sodium TABS54	IMBRUVICA CAPS 140 MG31	INLYTA29
IBRANCE CAPS31	IMBRUVICA CAPS 70 MG31	INNOSPIRE REPLACEMENT FILTER MISC74
IBSRELA58	IMBRUVICA TABS31	INPEFA40
ibuprofen CHEW5	IMCIVREE SOLN SC55	INSPIREASE MISC74
ibuprofen SUSP5	imipramine hcl TABS16	INSPIREASE RESERVOIR BAGS 74
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG5	imipramine pamoate16	INSULIN ASP PROT & ASP FLEXPEN SUPN18
ibuprofen-diphenhydramine citrate 62	imiquimod 5 %51	INSULIN ASPART PROT & ASPART SUSP18
ibuprofen-diphenhydramine hcl ...62	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)77	INSULIN GLARGINE SOLN18
icatibant acetate SOSY59	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)77	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML18
ICLUSIG 15 MG, 45 MG31	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)77	INSULIN GLARGINE-YFGN SOLN 18
ID NOW COVID-19.....53	IMITREX STATDOSE SYSTEM	
ID NOW COVID-19 2.0 CONTROL		

INSULIN GLARGINE-YFGN SOPN 18	ISENTRESS CHEW 100 MG36	JANUMET XR TB24 16
INSULIN LISPRO (1 UNIT DIAL) SOPN 18	ISENTRESS CHEW 25 MG 36	JANUVIA 17
INSULIN LISPRO JUNIOR KWIKPEN SOPN18	ISENTRESS PACK36	JARDIANCE19
INSULIN LISPRO PROT & LISPRO SUPN18	ISENTRESS TABS 36	JARRO-DOPHILUS EPS CPDR .. 21
INSULIN LISPRO SOLN IJ 18	isoniazid SYRP 28	JARRO-DOPHILUS EPS PROBIOTIC CPDR 21
INSULIN SYRINGES72	isoniazid TABS28	JARRO-DOPHILUS HYPOALLERGENIC CAPS 21
INTELENCE (Use etravirine)36	ISOPTO ATROPINE SOLN85	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS 21
INTELENCE36	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 9	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS 21
INTELENCE 200 MG (Use etravirine)36	isosorbide mononitrate TABS9	JARRO-DOPHILUS VAGINAL PROBIOT CPDR21
INTELISWAB COVID-19 RAPID TEST KIT53	ISOSORBIDE MONONITRATE TABs 9	JENTADUETO TABS16
INVEGA HAFYERA 33	isosorbide mononitrate TB249	JEVTANA32
INVEGA SUSTENNA 33	isotretinoin 10 MG, 20 MG, 40 MG 45	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 59
INVEGA TRINZA33	isradipine CAPS39	JOURNAVX6
INVOKANA 19	ISTALOL SOLN (Use timolol maleate (ophth))84	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 26
IPOL IJ95	ITCH RELIEF CREA46	JYNNEOS95
ipratropium bromide (nasal) 0.03 % 82	itraconazole CAPS24	KADCYLA 29
ipratropium bromide (nasal) 0.06 % 82	itraconazole SOLN24	KALBITOR60
ipratropium bromide SOLN 0.02 % 11	ivermectin (pediculicide)51	KALETRA SOLN36
ipratropium-albuterol SOLN12	ivermectin9	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)36
irbesartan26	IXCHIQ95	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)36
irbesartan-hydrochlorothiazide27	IXEMPRA KIT32	KALYDECO PACK 50 MG, 75 MG 90
irinotecan hcl32	IXIARO95	KALYDECO TABS90
IRON CHEWS PEDIATRIC CHEW 61	IXINITY SOLR 59	KANJINTI 420 MG30
IRON TABS 28 MG61	IYUZEH SOLN86	KANUMA55
	JAKAFI 31	KAZANO (Use alogliptin-metformin hcl) 16
	JALYN (Use dutasteride-tamsulosin hcl) 58	
	JANUMET TABS16	

KCENTRA	59	KOGENATE FS KIT	59	LAMICTAL STARTER KIT 25 MG (Use lamotrigine)	13
KEMOPLAT SOLN	28	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	16	lamivudine SOLN	36
KENALOG AERS (Use triamcinolone acetone (topical))	50	KONVOMEPE SUSR	92	lamivudine TABS 150 MG	36
KEPIVANCE 6.25 MG	32	KOVALTRY	59	lamivudine TABS 300 MG	36
KESIMPTA	89	KRINTAFEL	28	lamivudine-zidovudine	36
ketoconazole (topical) CREA	46	KROGER HEALTHPRO LANCET 26G	67	lamotrigine CHEW	13
ketoconazole (topical) SHAM 2 %	46	KROGER LANCETS	67	lamotrigine KIT 25 MG	13
KETONE TEST STRP	53	KROGER LANCETS SUPER THIN 67	67	lamotrigine TABS	13
ketoprofen CAPS 50 MG	5	KROGER LANCETS THIN	67	lamotrigine TB24	13
ketoprofen CP24	5	KRYSTEXXA	59	lamotrigine TBDP	13
ketorolac tromethamine (ophth) 0.4 %	86	KYLEENA	43	LANCETS	67
ketorolac tromethamine (ophth) 0.5 %	86	KYMRIAH	30	LANCETS 28G THIN	67
ketorolac tromethamine TABS	5	KYPROLIS	31	LANCETS 30G	67
KETOSTIX STRP	53	labetalol hcl TABS 100 MG	38	LANCETS 33G	67
ketotifen fumarate (ophth) 0.035 % 86	86	labetalol hcl TABS 200 MG	38	LANCETS MICRO THIN 33G	67
KEY-E CHEW	98	labetalol hcl TABS 300 MG	38	LANCETS SUPER THIN	67
KEYTRUDA	29	labetalol hcl TABS 400 MG	38	LANCETS SUPER THIN 28G	67
KHAPZORY	32	LABETALOL HCL TABS 400 MG	38	LANCETS THIN	67
KINNEY LANCETS	67	LACTEROL CAPS	21	LANCETS ULTRA THIN	67
KINNEY THIN LANCETS	67	lactic acid (ammonium lactate) CREA	50	LANCETS ULTRA THIN 30G	67
KINRIX SUSY	91	lactic acid (ammonium lactate) LOTN 12 %	50	lanolin (topical) CREA	51
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	3	LACTOVIVE CAPS	21	LANOLIN XX	88
KLOXXADO LIQD	23	lactulose (encephalopathy)	58	LANOLOR CREA	51
KOATE SOLR	59	lactulose SOLN	63	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	39
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	59	LAGEVRIO	38	lanreotide acetate	56
		LAMICTAL ODT KIT (Use lamotrigine)	13	LANREOTIDE ACETATE	56
				lansoprazole CPDR	92
				lansoprazole TBDD	92
				lanthanum carbonate CHEW	58

lapatinib ditosylate	31	LEVEMIR FLEXPEN SOPN	18	LEXIVA SUSP	36
LEDIPASVIR-SOFOSBUVIR TABS 37		LEVEMIR SOLN	18	LEXIVA TABS (Use fosamprenavir calcium)	36
leflunomide	5	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	LIALDA TBEC (Use mesalamine) .	57
lenalidomide	78	levetiracetam TABS	13	LIBERTY MEDICAL LANCETS ...	67
LENVIMA (10 MG DAILY DOSE) .	29	levetiracetam TB24	13	LIBERVANT FILM	13
LENVIMA (12 MG DAILY DOSE) .	29	levobunolol hcl 0.5 %	84	LIBTAYO	29
LENVIMA (14 MG DAILY DOSE) .	29	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	55	LICEMD GEL	51
LENVIMA (18 MG DAILY DOSE) .	29	levocarnitine (metabolic modifiers) TABs	55	lidocaine CREA 4 %	51
LENVIMA (20 MG DAILY DOSE) .	29	levocetirizine dihydrochloride SOLN 25		LIDOCAINE CREA	51
LENVIMA (24 MG DAILY DOSE) .	29			lidocaine hcl (mouth-throat) 2 % ...	79
LENVIMA (4 MG DAILY DOSE) ..	29			lidocaine hcl CREA 3 %	51
LENVIMA (8 MG DAILY DOSE) ..	29	levofloxacin (ophth) 0.5 %	85	lidocaine hcl CREA 4 %	51
LEQVIO	26	levofloxacin SOLN PO	57	lidocaine hcl GEL 2 %	51
LESCOL XL TB24 (Use fluvastatin sodium)	25	levofloxacin TABS	57	lidocaine hcl PRSY	51
LETAIRIS (Use ambrisentan)	40	levoleucovorin calcium SOLN	32	lidocaine-prilocaine CREA	51
letrozole	30	levoleucovorin calcium SOLR	32	LILETTA (52 MG)	43
leucovorin calcium TABS 5 MG, 25 MG	32	levonorgestrel & eth estradiol TABS 41		LINZESS	58
LEUKERAN	28	levonorgestrel (emergency oc) 1.5 MG	43	LIORESAL SOLN IT	81
LEUKINE SOLR IJ	60	levonorgestrel-eth estradiol (triphasic)	41	liothyronine sodium TABS	91
leuprolide acetate (3 month) INJ 22.5 MG	30	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	41	LIPOFEN CAPS (Use fenofibrate) .	25
leuprolide acetate KIT IJ 1 MG/0.2ML	30	levonorgestrel-ethinyl estradiol (continuous)	41	LIQREV SUSP	40
LEUPROLIDE ACETATE- BUPIVACAINE	30	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	91	liraglutide (weight management) 18 MG/3ML	1
levalbuterol hcl	12			liraglutide	17
levalbuterol hcl 1.25 MG/0.5ML ...	12			lisdexamfetamine dimesylate CAPS 1	
levalbuterol tartrate	12			lisdexamfetamine dimesylate CHEW . 1	
levamlodipine maleate	39	LEVULAN KERASTICK SOLR	47	lisinopril & hydrochlorothiazide ...	27
				lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	26

LITE TOUCH LANCETS	67	loratadine CHEW	25	55	
LITETOUCH LANCETS	67	loratadine SOLN	25		LUPRON DEPOT-PED (3-MONTH) .
LITETOUCH MASK LARGE MISC	74	loratadine TABS	25		55
LITETOUCH MASK MEDIUM MISC .		loratadine TBDP 10 MG	25		LUPRON DEPOT-PED (6-MONTH)
74		lorazepam CONC	10		IM
LITETOUCH MASK SMALL MISC	74	lorazepam TABS 0.5 MG, 2 MG ...	10		55
LITFULO	51	lorazepam TABS 1 MG	10		lurasidone hcl
lithium	33	LORBRENA	31		.33
lithium carbonate CAPS	33	LOREEV XR CS24	10		LUTATHERA
lithium carbonate TABS	33	losartan potassium &			32
lithium carbonate TBCR	33	hydrochlorothiazide	27		LUTRATE DEPOT INJ 22.5 MG ...
LITHOBID TBCR (Use lithium		losartan potassium	26		.30
carbonate)	33	LOTRONEX (Use alosetron hcl) ..	58		LUZU (Use luliconazole)
LITTLE REMEDIES SALINE SOLN		lovastatin TABS 10 MG, 20 MG ...	25		46
82		lovastatin TABS 40 MG	25		LYBALVI
LIVE BETTER LANCET SUPER		loxapine succinate	34		.89
THIN	67	LUCENTIS SOSY	85		LYFGENIA
LO LOESTRIN FE TABS	41	LUCIRA CHECK IT COVID-19 TEST			.60
LOCOID LIPOCREAM	50	KIT	53		LYRA DIRECT SARS-COV-2 ASSAY
LOCOID LOTN (Use hydrocortisone		LUCIRA COVID-19 ALL-IN-ONE KIT			53
butyrate)	50	53			LYRA SARS-COV-2 ASSAY
LOKELMA	78	luliconazole	46		53
LONSURF	31	LUMIVA CAPS	21		LYSODREN
loperamide hcl CAPS	23	LUMIZYME	55		.30
loperamide hcl TABS	23	LUMOXITI	29		LYUMJEV TEMPO PEN SOPN ...
lopinavir-ritonavir SOLN	36	LUPRON DEPOT (1-MONTH) KIT IM			18
lopinavir-ritonavir TABS 25 MG-100			30		LYVISPAH PACK
MG	36	LUPRON DEPOT (3-MONTH) KIT IM			.81
lopinavir-ritonavir TABS 50 MG-200			30		MACI
MG	36	LUPRON DEPOT (4-MONTH) IM .	30		.81
LOPRESSOR SOLN PO 10 MG/ML .		LUPRON DEPOT (6-MONTH) IM .	30		MAGE CPDR
38					.21
loratadine CAPS	25	LUPRON DEPOT-PED (1-MONTH) .			magnesium citrate 1.745 GM/30ML

MAVYRET TABS	37	megestrol acetate SUSP	30	mesalamine TBEC 1.2 GM	57
MAXI-TUSS PE LIQD	44	megestrol acetate TABS	30	mesalamine TBEC 800 MG	57
MAYZENT STARTER PACK TBPk 0.25 MG	89	MEIJER ALCOHOL SWABS	72	mesalamine w/ cleanser	57
MAYZENT TABS	89	MEIJER LANCETS	68	mesna SOLN	32
meclizine hcl CHEW	24	MEIJER LANCETS UNIVERSAL 21G	68	mesna TABS	32
meclizine hcl TABS 12.5 MG, 25 MG 24		MEIJER LANCETS UNIVERSAL 30G	68	MESNEX TABS	32
MEDICHOICE SAFETY LANCET .67		MEIJER LANCETS UNIVERSAL 33G	68	META BIOTIC/BIO-ACTIVE 12 CAPS	21
MEDICHOICE SAFETY LANCET EXTRA	67	MEKINIST TABS	31	METAMUCIL CAPS	62
MEDICHOICE SAFETY LANCET NORM	67	MEKTOVI	31	metaxalone	81
MEDLANCE EXTRA 21G	67	melatonin TABS 3 MG, 5 MG	2	METAXALONE 640 MG	81
MEDLANCE LITE 25G	67	meloxicam TABS	5	metformin hcl SOLN	17
MEDLANCE PLUS EXTRA 21G ..67		melphalan	29	metformin hcl TABS 500 MG, 850 MG, 1000 MG	17
MEDLANCE PLUS LANCETS67		melphalan hcl IV	29	metformin hcl TABS 625 MG	17
MEDLANCE PLUS LITE 25G	67	memantine hcl CP24	89	metformin hcl TABS 750 MG	17
MEDLANCE PLUS SPECIAL 0.8MM	67	memantine hcl SOLN	89	metformin hcl TB24 500 MG, 1000 MG	17
MEDLANCE PLUS SUPERLITE 30G	68	memantine hcl TABS	89	metformin hcl TB24 500 MG, 750 MG	17
MEDLANCE PLUS UNIVERSAL 21G	68	MENACTRA	93	methadone hcl TABS 10 MG	7
MEDLANCE UNIVERSAL 21G ...68		MENQUADFI 0.5 ML	93	methadone hcl TABS 5 MG	7
medroxyprogesterone acetate (contraceptive) SUSP IM	43	MENVEO SOLN	93	methamphetamine hcl	1
medroxyprogesterone acetate (contraceptive) SUSY IM	43	MENVEO SOLR	93	methazolamide TABS	53
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	88	meperidine hcl SOLN PO 50 MG/5ML	6	methenamine mandelate	28
mefloquine hcl	28	meperidine hcl TABS 50 MG	6	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 27	
MEGA PROBIOTIC CAPS	21	meprobamate	10	methimazole TABS	91
		mercaptopurine SUSP 2000 MG/100ML	29	methocarbamol TABS 500 MG	81
		mercaptopurine TABS	29	methocarbamol TABS 750 MG, 1000 MG	81
		mesalamine ENEM	57		
		mesalamine SUPP	57		

METHOCARBAMOL TABS81	metoclopramide hcl TABS 5 MG ..57	MICROCHAMBER MISC74
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML29	metolazone54	MICROFLOR 33 CAPS21
methotrexate sodium TABS 2.5 MG 29	metoprolol & hydrochlorothiazide TABs27	MICROFLOR CAPS21
methsuximide14	metoprolol succinate TB24 200 MG 38	MICROLET LANCETS68
methyldopa TABS26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG38	MICROSPACER MISC74
methylergonovine maleate TABS ..87	metoprolol tartrate TABS 100 MG .38	midazolam hcl SOLN IJ62
METHYLIN SOLN (Use methylphenidate hcl)2	metoprolol tartrate TABS 25 MG, 50 MG38	MIDAZOLAM HCL SOLN IJ62
methylphenidate hcl CHEW2	metoprolol tartrate TABS 37.5 MG, 75 MG38	midodrine hcl97
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG2	metronidazole (topical) CREA51	MIEBO86
methylphenidate hcl CP24 60 MG ..2	metronidazole (topical) GEL 0.75 % 51	mifepristone (hyperglycemia)17
methylphenidate hcl CP242	metronidazole (topical) LOTN51	miglitol16
methylphenidate hcl CPCR2	metronidazole TABS 250 MG, 500 MG27	miglustat60
methylphenidate hcl SOLN2	metronidazole vaginal96	MINIELITE FILTER REPLACEMENTS MISC74
methylphenidate hcl TABS2	metronidazole vaginal97	minocycline hcl CAPS91
methylphenidate hcl TB242	metyrosine26	minoxidil 2.5 MG, 10 MG27
methylphenidate hcl TBCR 10 MG, 20 MG2	MICONAZOLE 7 SUPP 100 MG ..97	mirabegron TB2493
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG2	miconazole nitrate (topical) CREA .46	MIRCERA60
methylphenidate hcl TBCR 45 MG, 63 MG2	miconazole nitrate vaginal CREA 2 %97	MIRENA (52 MG)43
methylprednisolone TABS 4 MG, 8 MG44	miconazole nitrate vaginal KIT97	mirtazapine TABS15
methylprednisolone TBPK44	miconazole nitrate vaginal SUPP 100 MG97	mirtazapine TBDP15
methyltestosterone TABS8	miconazole nitrate vaginal SUPP 200 MG97	misoprostol92
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML57	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM87	mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML31
metoclopramide hcl TABS 10 MG .57	MICROCHAMBER DEVI74	MIUDELLA INTRAUTERINE COPPER42
		MM TWIST LANCETS68
		M-M-R II SOLR95
		MNEXSPIKE SUSY 10 MCG/0.2ML . 95
		MOBILE LANCETS 30G68

MODERNA COVID-19 BIVALENT 95	morphine sulfate SUPP7	TODDLER SOLN80
MODERNA COVID-19 VAC 6M-11Y SUSP95	morphine sulfate TABS7	mupirocin calcium (topical)46
MODERNA COVID-19 VAC 6M-11Y SUSY95	morphine sulfate TBCR7	mupirocin OINT46
MODERNA COVID-19 VACCINE SUSP95	MOTPOLY XR CP2414	MVASI29
moexipril hcl26	MOTRIN CHILDRENS CHEW (Use ibuprofen)5	MVW COMPL FORM PROBIOTIC- KIDS CPDR21
MOI-STIR SOLN79	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)5	MVW COMPLETE FORMULATION SOLN80
mometasone furoate (nasal) SUSP 82	MOUNJARO17	MVW COMPLETE PROBIOTIC CPDR21
mometasone furoate CREA50	MOUTH KOTE REMINT SOLN79	MYALEPT55
mometasone furoate OINT50	MOUTH KOTE SOLN79	mycophenolate mofetil CAPS78
mometasone furoate SOLN50	MOVANTIK58	mycophenolate mofetil hcl78
MOMMY'S BLISS PROBIOTIC PACK21	moxifloxacin hcl (ophth) SOLN OP 85	mycophenolate mofetil SUSR78
MONISTAT 3 CREA97	moxifloxacin hcl TABS57	mycophenolate mofetil TABS78
MONOLET LANCETS68	MPD SAFETY LANCET 21G68	mycophenolate sodium78
MONOLET OPD LANCETS68	MPD SAFETY LANCET 23G68	MYDAYIS CP24 (Use amphetamine- dextroamphetamine)1
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NIVA THYROID TABS	91	NORLIQVA SOLN	39	NUCALA SOLR	10
NIVESTYM SOLN	61	NORPACE CAPS (Use disopyramide phosphate)	10	NUCALA SOSY	10
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norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	42	NOVA SUREFLEX LANCETS	68	NUWIQ SOLR	59
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octreotide acetate SOLN	56	omeprazole TBEC	92	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29
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olmesartan medoxomil-amlodipine- hydrochlorothiazide	27	ondansetron TBDP 16 MG	24	ORENITRAM MONTH 2 TEPK	40
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OLPRUVA (4 GM DOSE) THPK ..	55	ONGLYZA (Use saxagliptin hcl) ..	17	ORKAMBI TABS	90
OLPRUVA (5 GM DOSE) THPK ..	55	ONPATTRO	90	orphenadrine citrate TB12	81
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PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	80	permethrin CREA	52	phenylephrine-shark liver oil-cocoa butter	9
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	80	permethrin LIQD EX	52	phenylephrine-shark liver oil-mineral oil-petrolatum	9
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	80	perphenazine TABS	34	phenytoin CHEW	14
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	80	perphenazine-amitriptyline	89	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14
pediatric vitamins acd w/ fluoride SOLN	80	PFIZER COVID-19 VAC BIVALENT	96	phenytoin sodium extended 200 MG, 300 MG	14
PEDVAX HIB SUSP	93	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	96	phenytoin SUSP	14
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	62	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	96	PHILLIPS COLON HEALTH CAPS 21	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	62	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	96	PHOTOFRIN	32
PEGASYS SOLN	37	PFIZER-BIONTECH COVID-19 VACC SUSP	96	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	31
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pemetrexed disodium SOLR 100 MG, 500 MG	29	PHARMACIST CHOICE ALCOHOL	72	PIFELTRO	36
PENBRAYA	93	PHARMACIST CHOICE LANCETS	68	PILLOW MASK/ADULT MISC	75
penciclovir	48	PHARMACIST CHOICE MASK		PILLOW MASK/CHILD MISC	75
penicillamine TABS	78	WIPES MISC	75	PILLOW MASK/PEDIATRIC MISC	75
penicillin v potassium SOLR	88	PHEBURANE PLLT	56	pilocarpine hcl (oral) 5 MG	79
penicillin v potassium TABS	88	phenazopyridine hcl TABS 100 MG, 200 MG	58	pilocarpine hcl SOLN 1 %, 2 %, 4 %	85
PENTACEL	91	phenelzine sulfate	15	PILOT COVID-19 AT-HOME TEST KIT	53
pentoxifylline	60	phenobarbital ELIX	62	pimecrolimus	51
PERFECT LANCETS 28G	68	phenobarbital TABS	62	PIN RID CHEW	9
PERFECT LANCETS 30G	68	phentermine hcl-topiramate	1	pindolol TABS	38
PERFECT POINT SAFETY LANCETS	68	phenylephrine hcl (mydriatic) SOLN 2.5 %	85	pioglitazone hcl	18
perindopril erbumine	26	phenylephrine hcl (oral) TABS	82	pioglitazone hcl-glimepiride	16
PERJETA	30	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	44	pioglitazone hcl-metformin hcl TABS	16

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PIP LANCETS 30G68	potassium bicarbonate TBEF77	PRED MILD86
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PNEUMOVAX 23 SOLN93	potassium chloride TBCR 8 MEQ, 10 MEQ78	prednisolone sodium phosphate SOLN 5 MG/5ML44
PNEUMOVAX 23 SOSY93	potassium citrate (alkalinizer) TBCR . 58	prednisolone SOLN44
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POCKET SPACER DEVI75	potassium iodide (expectorant) SOLN45	prednisone SOLN44
podofilox SOLN51	POTELIGEO29	prednisone TABS44
POLIVY 140 MG29	PRADAXA CAPS (Use dabigatran etexilate mesylate)13	prednisone TBPK44
polyethylene glycol 3350 PACK ...63	PRADAXA PACK13	pregabalin CAPS14
polyethylene glycol 3350 POWD ..63	pralatrexate29	pregabalin SOLN14
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polysaccharide iron complex CAPS 61	pramipexole dihydrochloride TABS 33	PREHEVBRIO96
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POLY-VITA SOLN PO80	pramoxine-hc-chloroxylenol87	PREMPHASE56
POLY-VITA/IRON SOLN80	prasugrel hcl60	PREMPRO56
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PONVORY STARTER PACK TBPK 90		PREPARATION H EX 1 %9
PONVORY TABS90		PREPARATION H SOOTHING
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pot phosphate monobasic w/ sod		

RELIEF EX 1 %	9	PROBINATE CAPS	21	PROBIOTIC PRODUCT CAPS	22
PREVNAR 13	93	PROBIO DEFENSE CAPS	21	PROBIOTIC/PREBIOTIC/CRANBER RY CAPS	22
PREVNAR 20	93	PROBIOFLEXX CAPS	21	PROBITROL CAPS	22
PREVYMIS SOLN	37	PROBIOMAX COMPLETE DF CAPS	21	PROBIZEN CAPS	22
PREVYMIS TABS	37	PROBIOMAX DAILY DF CAPS ...	21	PROCARE SPACER/ADULT MASK DEVI	75
PREZCOBIX	36	PROBIOMAX IG 26 DF CAPS	21	PROCARE SPACER/CHILD MASK DEVI	75
PREZISTA SUSP	36	PROBIOMAX LEAN DF CAPS	21	PROCHAMBER VHC DEVI	75
PREZISTA TABS (Use darunavir) .	36	PROBIOMAX SB DF CAPS	21	prochlorperazine	34
PREZISTA TABS 150 MG	36	PROBIONEXX CAPS	21	prochlorperazine edisylate 10 MG/2ML	34
PREZISTA TABS 75 MG, 600 MG, 800 MG	36	PROBIOTIC + OMEGA-3 CAPS ..	21	prochlorperazine maleate TABS ...	34
PRIALT	6	PROBIOTIC + TURMERIC EXTRACT CAPS	21	PROCRIT	61
PRIMADOPHILUS BIFIDUS CPDR 21		PROBIOTIC 10 ULTRA STRENGTH CAPS	21	PROCYSBI CPDR	58
PRIMIDAR CAPS	21	PROBIOTIC ADVANCED FORMULA CAPS	21	PROCYSBI PACK	58
primidone 125 MG	14	PROBIOTIC BLEND CAPS	21	PRODIGY LANCETS 28G	68
primidone 50 MG, 250 MG	14	PROBIOTIC COLON SUPPORT CAPS	22	PRODIGY SAFETY LANCETS 26G . 68	
PRIORIX SUSR	96	PROBIOTIC DAILY CAPS	22	PRODIGY TWIST TOP LANCETS 28G	68
PRIVIGEN SOLN	87	PROBIOTIC DIGESTIVE SUPP CAPS	22	PROFILNINE	59
PRO COMFORT ALCOHOL	72	PROBIOTIC DIGESTIVE SUPPORT CAPS	23	PRO-FLORA IMMUNE CAPS	22
PRO COMFORT LANCETS 30G .	68	PROBIOTIC MATURE ADULT CAPS	22	progesterone CAPS 100 MG	88
PRO COMFORT LANCETS 31G .	68	PROBIOTIC PEARLS ADVANTAGE CAPS	22	progesterone CAPS 200 MG	88
PRO COMFORT SAFETY LANCETS 30G	68	PROBIOTIC PEARLS CAPS	22	PROGLYCEM (Use diazoxide) ...	17
PRO COMFORT SPACER ADULT MISC	75	PROBIOTIC PEARLS MAX POTENCY CAPS	22	PROGRAF PACK	78
PRO COMFORT SPACER CHILD MISC	75	PROBIOTIC PEARLS WOMENS CAPS	22	PROGRAF SOLN	78
PRO COMFORT SPACER INFANT DEVI	75			PROLASTIN-C SOLR	90
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promethazine & phenylephrine SYRP 44	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 % 62	QC LANCETS SUPER THIN 30G 68
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 25	PULMICORT FLEXHALER AEPB .11	QC LANCETS ULTRA THIN 69
PROMETHAZINE HCL SOLN PO 6.25 MG/5ML 25	PULMOZYME 90	QC UNILET LANCETS 28G 69
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promethazine hcl TABS 25	PURE COMFORT LANCETS 30G 68	QDOLO SOLN (Use tramadol hcl) .. 7
promethazine w/codeine SOLN ... 44	PURE COMFORT SPACER CHAMBER DEVI 75	QELBREE 2
promethazine w/codeine SYRP ... 45	PX LANCETS MICROTHIN 33G .68	QSYMIA 11.25 MG-69 MG, 15 MG- 92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (Use phentermine hcl- topiramate) 1
PRONEB ULTRA FILTER SET MISC 75	PX LANCETS ULTRA THIN 28G .68	QUAD-PROBIOTIC CAPS 22
propafenone hcl TABS 10	pyrantel pamoate SUSP 9	QUADRACEL SUSP 91
propranolol hcl CP24 38	pyrazinamide 28	QUADRACEL SUSY 91
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 38	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 % 52	quetiapine fumarate TABS 34
propranolol hcl TABS 38	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % 52	quetiapine fumarate TB24 34
propylthiouracil 91	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % 52	QUICKVUE AT-HOME COVID-19 TEST KIT 53
PROQUAD SUSR 96	pyridostigmine bromide TABS 60 MG 28	QUICKVUE SARS ANTIGEN TEST . 53
PRORIVA CAPS 22	pyridostigmine bromide TBCR 28	quinapril hcl 26
PROTONIX PACK (Use pantoprazole sodium) 92	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG 98	quinapril-hydrochlorothiazide 12.5 MG-10 MG 27
protriptyline hcl 16	pyrimethamine 28	quinapril-hydrochlorothiazide 12.5 MG-20 MG 27
PROVENGE 30	PYZCHIVA 45 MG/0.5ML, 90 MG/ML 47	quinapril-hydrochlorothiazide 25 MG- 20 MG 27
PROVENTIL HFA AERS (Use albuterol sulfate) 12	PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML 47	quinidine gluconate TBCR 10
pseudoephedrine hcl TABS 82		quinidine sulfate TABS 10
pseudoephedrine hcl TB12 82		QULIPTA 76
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RA DRY MOUTH SOLN	79	RELEUKO SOLN	61	RESTASIS MULTIDOSE EMUL ...	85
RA PROBIOTIC COLON CARE CAPS	22	RELEUKO SOSY	61	RESTORA CAPS	22
RA PROBIOTIC COMPLEX CAPS 22		RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RESTORIL 22.5 MG (Use temazepam)	62
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	22	RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)	2	RETACRIT	61
RA PROBIOTIC MAX STRENGTH CAPS	22	RELIBIOTIC CAPS	22	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	61
RABAVERT	96	RELION ALCOHOL SWABS	72	RETIN-A GEL (Use tretinoin)	45
rabeprazole sodium TBEC	92	RELION KETONE TEST STRP ...	53	RETIN-A MICRO (Use tretinoin microsphere)	45
RALDESY SOLN PO 10 MG/ML ..	15	RELION LANCET DEVICES 30G .	69	RETIN-A MICRO PUMP (Use tretinoin microsphere)	45
raloxifene hcl	55	RELION LANCETS	69	RETISERT	86
ramelteon	62	RELION LANCETS MICRO-THIN 33G	69	RETROVIR CAPS (Use zidovudine) .	36
ramipril CAPS	26	RELION LANCETS THIN 26G ...	69	RETROVIR SYRP (Use zidovudine) .	36
ranolazine TB12	9	RELION LANCETS ULTRA-THIN 30G	69	REVCОВI	56
RAPAFLO 4 MG (Use silodosin) ..	58	RELION ULTRA THIN LANCETS 30G	69	REVLIMID	78
RAPID RESPONSE COVID-19 ...	53	REMODULIN SOLN IJ	40	REXTOVY LIQD	23
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	91	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	36
RAVICTI	56	RENVELA TABS (Use sevelamer carbonate)	58	REYATAZ PACK	36
READYLANCE SAFETY LANCETS .	69	repaglinide	18	REZVOGLAR KWIKPEN	18
REALITY LANCETS	69	REPATHA PUSHTRONEX SYSTEM SOCT	26	RHOGAM ULTRA-FILTERED PLUS SOSY IM	87
REALITY SWABS	72	REPATHA SOSY	26	RHOPHYLAC SOSY IJ	87
REALITY TRIGGER LANCETS ...	69	REPATHA SURECLICK SOAJ	26	RIASTAP	59
REBINYN	59	REPLACEMENT AIR FILTER MISC .	75	ribavirin (hepatitis c) CAPS	37
RECOMBINATE SOLR	59	REPLACEMENT FILTERS MISC ..	75	ribavirin (hepatitis c) TABS 200 MG	37
RECOMBIVAX HB SUSP	96	RESTASIS EMUL (Use cyclosporine			

riboflavin TABS	98	rizatriptan benzoate TBDP	77	salicylic acid GEL 6 %	51
rifampin CAPS	28	ROCKLATAN	86	saline SOLN 0.65 %	82
RIGHTEST GL300 LANCETS	69	ROCTAVIAN	59	salsalate	6
riluzole TABS	82	ROLVEDON	61	SAMI THE SEAL FILTERS MISC .	76
rimantadine hydrochloride TABS ..	37	romidepsin SOLR	31	SANDIMMUNE CAPS (Use cyclosporine)	78
RINVOQ LQ SOLN	3	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	33	SANDIMMUNE SOLN IV 50 MG/ML .	78
RINVOQ TB24	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	33	sapropterin dihydrochloride PACK .	56
RISAQUAD CAPS	22	ropinirole hydrochloride TB24	33	sapropterin dihydrochloride TABS .	56
RISAQUAD-2 CAPS	22	rosuvastatin calcium TABS	25	SAPS CARE ALCOHOL PREP	72
risedronate sodium TABS 150 MG	54	ROTARIX SUSP	96	SAPS HEALTH ALCOHOL PREP	72
risedronate sodium TABS 35 MG .	54	ROTATEQ SOLN	96	SAPS HEALTH CARE ALCOHOL PREP	72
risedronate sodium TABS 5 MG, 30 MG	54	RUBRACA	31	SAPS HEALTH PLUS LANCETS .	69
risedronate sodium TBEC	54	RUCONEST	60	SAPS HEALTH TWIST TOP LANCETS	69
RISPERDAL CONSTA (Use risperidone microspheres)	33	rufinamide SUSP	14	SAPS TWIST TOP LANCETS	69
risperidone microspheres	34	RUKOBIA	36	SAPSCARE TWIST TOP LANCETS	69
risperidone SOLN	34	RYALTRIS	82	SAVELLA TABS	89
risperidone TABS	34	RYBELSUS TABS	18	SAVELLA TITRATION PACK MISC	89
risperidone TBDP	34	RYKINDO SRER	34	saxagliptin hcl	17
RITEFLO DEVI	75	SABRIL PACK (Use vigabatrin) ...	14	saxagliptin-metformin hcl	16
ritonavir TABS	36	SABRIL TABS (Use vigabatrin)	14	SB ALCOHOL PREP	72
RITUXAN	29	sacubitril-valsartan TABS	40	SB LANCETS THIN	69
rivaroxaban SUSR 1 MG/ML	12	SAFE-T-LANCE	69	SB LANCETS ULTRA THIN	69
rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE PLUS	69	SCHOOLTIME SHAMPOO SHAM	52
rivastigmine 13.3 MG/24HR	89	SAFETY LANCET 30G/PRESSURE ACT	69	SD PROBIOTIC-10 COMPLEX ULTRA CAPS	22
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	89	SAFETY LANCETS	69	SELARSDI SOLN IV 130 MG/26ML	57
rivastigmine tartrate CAPS	89	SAFETY LANCETS 21G	69		
RIXUBIS SOLR	59	SAFETY LANCETS 23G	69		
rizatriptan benzoate TABS	77	SAFETY LANCETS 28G	69		

SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML47	SIDESTREAM PLS ADULT FACE MASK MISC76	MG, 40 MG25
selegiline hcl CAPS33	SIGNIFOR56	simvastatin TABS 80 MG25
selegiline hcl TABS33	SIGNIFOR LAR56	SINGLE-LET69
selenium sulfide LOTN 1 %47	SIKLOS TABS60	sirolimus SOLN78
selenium sulfide LOTN 2.5 %47	sildenafil citrate (pulmonary hypertension) SOLN40	sirolimus TABS78
selenium sulfide SHAM 1 %47	sildenafil citrate (pulmonary hypertension) SUSR40	SITAGLIPTIN17
SELZENTRY SOLN36	sildenafil citrate (pulmonary hypertension) TABS40	SITAGLIPTIN BASE-METFORMIN HCL TABS16
SELZENTRY TABS 25 MG, 75 MG 36	SILICONE MASK/ADULT MISC ...76	SIVEXTRO TABS28
SEMGLEE (YFGN) SOLN18	SILICONE MASK/INFANT MISC ..76	SKLICE (Use ivermectin (pediculicide))52
SEMGLEE (YFGN) SOPN18	SILICONE MASK/PEDIATRIC MISC . 76	SKYLA43
SEMGLEE SOPN18	silodosin58	SKYRIZI PEN SOAJ47
sennosides TABS 8.6 MG63	silver sulfadiazine48	SKYRIZI SOCT57
sennosides-docusate sodium TABS 62	SIMBRINZA85	SKYRIZI SOLN57
SEREVENT DISKUS12	simethicone CHEW 80 MG57	SKYRIZI SOSY47
SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)15	simethicone LIQD PO57	SKYSONA89
sertraline hcl CAPS 150 MG, 200 MG15	simethicone SUSP57	SKYTROFA55
sertraline hcl CONC15	SIMLANDI (1 PEN) AJKT4	SM ADVANCED PROBIOTIC CAPS . 22
sertraline hcl TABS15	SIMLANDI (1 SYRINGE) PSKT4	SM ALCOHOL PREP72
sevelamer carbonate PACK58	SIMLANDI (2 PEN) AJKT4	SM IPECAC SYRUP23
sevelamer carbonate TABS58	SIMLANDI (2 SYRINGE) PSKT4	SMARTEST LANCETS 28G69
sevelamer hcl58	SIMPLYTHICK EASY MIX88	SOAANZ TABS 20 MG54
SEVENFACT59	SIMPLYTHICK EASYMIX LEVEL 1 . 88	sodium bicarbonate (antacid) TABS 325 MG, 650 MG9
SHINGRIX96	SIMPLYTHICK EASYMIX LEVEL 2 . 88	sodium chloride (gu irrigant) 0.9 % 58
SIDESTREAM ADULT FACE MASK MISC76	SIMPLYTHICK EASYMIX LEVEL 3 . 88	sodium chloride (inhalant) AERS ..45
SIDESTREAM PEDIATRIC FACE MASK MISC76	simvastatin TABS 5 MG, 10 MG, 20	sodium chloride (inhalant) NEBU 0.9 %, 7 %45
		sodium citrate & citric acid58
		sodium fluoride (dental) CREA79

sodium fluoride (dental) GEL 79	SOOTHENE NBL 100 CHILD MASK MISC76	STEQUEYMA47
sodium fluoride (dental) SOLN 0.2 % 79	SOOTHENE NBL 100 MED CUP MISC76	STEQUEYMA57
sodium fluoride CHEW77	SOOTHENE NBL 100 MESH CAP MISC76	STERILANCE TL69
sodium fluoride SOLN 0.5 MG/ML .77	sorafenib tosylate31	STERILE DILUENT FLOLAN PH 12 . 88
SODIUM OXYBATE SOLN88	SORBITOL PO 70 %63	STIMUFEND 61
sodium phenylbutyrate POWD56	SORILUX FOAM47	STIOLTO RESPIMAT12
sodium phenylbutyrate TABS56	sotalol hcl (afib/af)38	STIVARGA31
sodium phosphates ENEM 63	sotalol hcl TABS 240 MG38	STRENSIQ56
sodium polystyrene sulfonate POWD 78	sotalol hcl TABS 80 MG, 120 MG, 160 MG38	STRESS FORMULA/IRON/ENERGY TABS79
sodium polystyrene sulfonate SUSP CO 15 GM/60ML78	SOTYKTU47	STRIBILD36
SOFIA SARS ANTIGEN FIA53	SOVALDI PACK37	STROMECTOL (Use ivermectin) ..9
SOFIA2 SARS ANTIGEN FIA53	SOVALDI TABS37	SUBLOCADE SOSY8
SOFOSBUVIR-VELPATASVIR TABS37	SPEEDY SWAB COVID-19 ANTIGEN KIT53	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
SOGROYA55	SPEVIGO SOLN47	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
SOLESTA78	SPEVIGO SOSY47	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
solifenacin succinate TABS93	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML96	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8
SOLIRIS60	SPIKEVAX SUSP96	SUCRAID53
SOLUS V2 LANCETS 28G69	SPIKEVAX SUSY96	sucrafate SUSP 92
SOLUS V2 TWIST LANCETS 30G 69	spinosad52	sucrafate TABS92
SOLUVITA ACD WITH FLUORIDE SOLN80	SPINRAZA83	SUDAFED CHILDRENS LIQD82
SOLUVITA SOLN77	SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)11	SUDAFED PE CHILDRENS SOLN 82
SOMA TABS 250 MG (Use carisoprodol)81	spironolactone & hydrochlorothiazide54	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)39
SOMATULINE DEPOT56	spironolactone TABS54	
SOMAVERT55	STAMARIL SUSR96	
SOOTHENE NBL 100 ADULT MASK MISC76	stannous fluoride CONC79	

sulfacetamide sodium (acne)	45	SUPER PROBIOTIC CAPS	22	SYNALAR CREA (Use fluocinolone acetonide)	50
sulfacetamide sodium (ophth) SOLN . 85		SUPER PROBIOTIC DIGESTIVE CAPS	22	SYNALAR OINT (Use fluocinolone acetonide)	50
sulfacetamide sodium LIQD	47	SUPER THIN LANCETS	69	SYNALAR SOLN (Use fluocinolone acetonide)	50
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	45	SUPERIOR PROBIOTIC CAPS	22	SYNAREL	55
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	46	SUPPRELIN LA	55	SYNOJOYNT SOSY	81
sulfacetamide sod-prednisolone SOLN	86	SURE COMFORT ALCOHOL PREP	72	SYNRIBO	32
sulfamethoxazole-trimethoprim SUSP	27	SURE COMFORT LANCETS 18G 69		SYNTHROID TABS (Use levothyroxine sodium)	91
sulfamethoxazole-trimethoprim TABS	27	SURE COMFORT LANCETS 21G 69		SYNVISC ONE SOSY	81
sulfasalazine TABS	57	SURE COMFORT LANCETS 23G 69		SYNVISC SOSY	81
sulfasalazine TBEC	57	SURE COMFORT LANCETS 28G 69		TAB-A-VITE/IRON/BETA CAROTENE TABS	79
sulindac TABS	5	SURE COMFORT LANCETS 30G 69		TABLOID	29
sumatriptan	77	SUREBIOTIC PROBIOTIC SUPPORT CAPS	22	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	50
sumatriptan succinate SOAJ 4 MG/0.5ML	77	SURELITE LANCETS	69	tacrolimus (topical) OINT 0.03 % ..	51
sumatriptan succinate SOAJ 6 MG/0.5ML	77	SV PROBIOTIC EXTRA STRENGTH CAPS	22	tacrolimus (topical) OINT 0.1 % ...	51
sumatriptan succinate SOCT 4 MG/0.5ML	77	SYLVANT	78	tacrolimus CAPS	78
sumatriptan succinate SOCT 6 MG/0.5ML	77	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	12	tadalafil (pulmonary hypertension) TABs	40
sumatriptan succinate SOLN 6 MG/0.5ML	77	SYMDEKO	90	TADLIQ SUSP	40
sumatriptan succinate TABS	77	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	36	TAFINLAR CAPS	31
sumatriptan-naproxen sodium	76	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	36	TAGRISSO	30
sunitinib malate	31	SYMITUZA	36	TAKHZYRO SOLN	60
SUNLENCA TABS PO 300 MG ...	36	SYNAGIS SOLN	87	TALTZ SOSY	47
SUNLENCA TBPK 300 MG	36			TALZENNA 0.25 MG, 1 MG	31
SUPARTZ FX SOSY	81			tamoxifen citrate TABS	30
				tamsulosin hcl	58
				TASCENSO ODT	90

tasimelteon CAPS	62	terconazole vaginal SUPP	97	thiamine mononitrate TABS 100 MG .	98
TAVALISSE	60	teriparatide SOPN	54	THINLETS GP LANCETS	69
tazarotene CREA	47	TERIPARATIDE SOPN	54	thioridazine hcl	34
TDVAX SUSP	91	TESTOPEL PLLT	8	thiothixene	35
TECENTRIQ	29	testosterone cypionate SOLN IM 200		THRESHOLD IMT MISC	76
TECHLITE AST LANCETS	69	MG/ML	8	THROMBATE III	60
TECHLITE LANCETS	69	testosterone GEL TD 1 %, 25		THYMOGLOBULIN	78
TECHLITE LANCETS 26G	69	MG/2.5GM, 50 MG/5GM	8	THYROGEN 0.9 MG	52
TECHLITE LANCETS 30G	69	testosterone GEL TD 1 %	8	THYROID TABS 15 MG, 30 MG, 60	
TEGLUTIK SUSP	82	testosterone GEL TD 1.62 %, 10		MG, 90 MG, 120 MG	91
TEGRETOL-XR TB12 (Use		MG/ACT, 1.62 %	8	tiagabine hcl 12 MG, 16 MG	14
carbamazepine)	14	testosterone GEL TD 20.25		tiagabine hcl 2 MG, 4 MG	14
TEGSEDI	90	MG/1.25GM, 40.5 MG/2.5GM	8	TIBSOVO	31
telmisartan	26	testosterone SOLN	8	ticagrelor 60 MG, 90 MG	60
telmisartan-amlodipine	27	TETANUS-DIPHTHERIA TOXOIDS		TICOVAC	96
telmisartan-hydrochlorothiazide ..	27	TD SUSP	91	TIGLUTIK SUSP	82
temazepam 15 MG, 30 MG	62	tetrabenazine	89	timolol maleate (ophth) SOLG 0.25 %	
temazepam 22.5 MG	62	tetracaine hcl (ophth)	86		84
temazepam 7.5 MG	62	tetrahydrozoline hcl (ophth) 0.05 %		timolol maleate (ophth) SOLN 0.5 % .	
TEMODAR SOLR	29	85		84	
temozolomide CAPS	29	TEZSPIRE SOAJ	10	timolol maleate (ophth) SOLN	84
temsirolimus	31	TEZSPIRE SOSY	10	timolol maleate TABS	38
TENIVAC SUSP 2 LFU-5 LFU	91	THALOMID	78	TIMOLOL-BRIMONIDINE-	
tenofovir disoproxil fumarate TABS		THEO-24 CP24 100 MG	12	DORZOLAMID 0.5 %-0.15 %-2 % .	84
36		THEO-24 CP24 200 MG, 300 MG,		TIMOPTIC OCUDOSE SOLN (Use	
terazosin hcl	26	400 MG	12	timolol maleate (ophth))	84
terbinafine hcl (topical) CREA	46	theophylline ELIX	12	tioconazole vaginal 6.5 %	97
terbinafine hcl TABS	24	theophylline SOLN	12	tiopronin TABS	58
terbutaline sulfate TABS	12	theophylline TB12 100 MG, 200 MG,		tiotropium bromide CAPS IN 18 MCG	
terconazole vaginal CREA 0.4 % ..	97	300 MG	12		11
terconazole vaginal CREA 0.8 % ..	97	theophylline TB12 450 MG	12	TIROSINT CAPS 13 MCG, 25 MCG,	
		theophylline TB24	12	50 MCG, 75 MCG, 88 MCG, 100	
		thiamine hcl TABS	98		

MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	91	desoximetasone)	50	tramadol hcl TABS 50 MG	7
TIVICAY PD TBSO	37	TOPICORT CREA 0.25 % (Use desoximetasone)	50	tramadol hcl TB24	7
TIVICAY TABS	37	TOPICORT GEL (Use desoximetasone)	50	tramadol-acetaminophen	7
tizanidine hcl CAPS	81	TOPICORT SPRAY LIQD (Use desoximetasone)	50	trandolapril 1 MG, 2 MG	26
tizanidine hcl TABS	81	topiramate CPSP 15 MG, 25 MG ..	14	trandolapril 4 MG	26
TOBI NEBU (Use tobramycin)	3	topiramate CPSP 50 MG	14	trandolapril-verapamil hcl	27
TOBRADEX OINT	86	topiramate SOLN 25 MG/ML	14	tranexamic acid TABS	61
tobramycin (ophth) SOLN	85	topiramate TABS 25 MG	14	tranylcypromine sulfate	15
tobramycin NEBU	3	topiramate TABS 50 MG, 100 MG, 200 MG	14	TRAVATAN Z SOLN (Use travoprost)	86
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3	topotecan hcl SOLN	32	TRAVEL LANCETS ADVANCED 28G	70
tobramycin sulfate SOLR	3	TOPOTECAN HCL SOLN	32	travoprost SOLN	86
tobramycin-dexamethasone SUSP 86		topotecan hcl SOLR	32	trazodone hcl TABS 300 MG	15
TOBREX OINT	85	toremifene citrate	30	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15
TODAYS HEALTH THIN LANCETS 28G	69	torsemide TABS 20 MG	54	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30
TODAYS HEALTH THIN LANCETS 30G	70	torsemide TABS 5 MG, 10 MG, 100 MG	54	TRELSTAR MIXJECT 3.75 MG ...	30
TOFIDENCE	5	TOVIAZ (Use fesoterodine fumarate)	93	TREMFYA PEN SOAJ SC 200 MG/2ML	57
tolmetin sodium CAPS	5	TPOXX CAPS	38	TREMFYA SOLN IV	57
tolmetin sodium TABS 600 MG	5	TRACLEER TABS (Use bosentan) 40		TREMFYA SOSY SC 200 MG/2ML 57	
tolnaftate CREA	46	TRADJENTA	17	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	57
tolterodine tartrate CP24	93	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	treprostinil SOLN IJ	40
tolterodine tartrate TABS	93	TRAMADOL HCL SOLN (Use tramadol hcl)	7	tretinoin (chemotherapy)	32
tolvaptan TABS	56	tramadol hcl SOLN	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	46
tolvaptan TBPk	56	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin CREA 0.025 %	46
TOPAMAX SPRINKLE CPSP (Use topiramate)	14			tretinoin GEL 0.01 %, 0.025 %, 0.05 %	46
TOPICORT CREA 0.05 % (Use					

tretinoin microsphere	46	TRIKAFTA TBPK 100 MG-50 MG	90	TRUEPLUS SAFETY LANCETS 28G	70
TRETEN	59	TRILEPTAL SUSP (Use oxcarbazepine)	14	TRULICITY	18
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29	TRILURON SOSY	81	TRUMENBA 0.5 ML	93
TREXIMET (Use sumatriptan- naproxen sodium)	76	trimethoprim TABS	27	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	37
triamcinolone acetonide (mouth) ..	79	trimipramine maleate CAPS	16	TUBING/WING TIP MISC	76
triamcinolone acetonide (topical) AERS	50	TRIUMEQ PD TBSO	37	TWINRIX SUSY	96
triamcinolone acetonide (topical) CREA 0.025 %	50	TRIUMEQ TABS	37	TWIST TOP LANCETS 30G	70
triamcinolone acetonide (topical) CREA 0.1 %	50	TRIVISC SOSY	81	TYBLUME CHEW	42
triamcinolone acetonide (topical) CREA 0.5 %	50	TRIZIVIR	37	TYBOST	37
triamcinolone acetonide (topical) LOTN	50	tropicamide SOLN 0.5 %	85	TYENNE SOAJ	5
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	50	tropicamide SOLN 1 %	85	TYENNE SOLN	5
triamcinolone acetonide (topical) OINT 0.05 %	50	trospium chloride CP24	93	TYENNE SOSY	5
triamcinolone acetonide (topical) OINT 0.5 %	50	trospium chloride TABS	93	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	6
triamcinolone acetonide-dimethicone- silicone	50	TRUBIOTICS CAPS	22	TYPHIM VI SOLN	93
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	54	TRUBIOTICS DIGEST + IMM HEALTH CAPS	22	TYPHIM VI SOSY	93
triamterene & hydrochlorothiazide TABs	54	TRUE COMFORT ALCOHOL PREP PADS	72	UBRELVY	76
triazolam	62	TRUE COMFORT PRO ALCOHOL PREP	72	UCERIS TB24 (Use budesonide) ..	44
trientine hcl 250 MG	78	TRUE COMFORT SAFETY LANCETS	70	UDENYCA ONBODY SOSY	61
trifluoperazine hcl TABS	34	TRUE COMFORT TWIST TOP LANCETS	70	UDENYCA SOAJ	61
trihexyphenidyl hcl SOLN	32	TRUEPLUS GLUCOSE CHEW	17	UDENYCA SOSY	61
trihexyphenidyl hcl TABS	32	TRUEPLUS GLUCOSE ON THE GO CHEW	17	ULTICARE ALCOHOL SWABS ...	72
		TRUEPLUS LANCETS 26G	70	ULTILET ALCOHOL SWABS	72
		TRUEPLUS LANCETS 28G	70	ULTILET CLASSIC LANCETS	70
		TRUEPLUS LANCETS 30G	70	ULTILET LANCETS	70
		TRUEPLUS LANCETS 33G	70	ULTILET SAFETY LANCETS	70
				ULTILET SAFETY LANCETS 23G 70	
				ULTRA THIN LANCETS 31G	70

ULTRA-CARE ALCOHOL PREP PADS	72	UNISTIK 3 NEONATAL	70	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	34
ULTRA-CARE LANCETS 30G	70	UNISTIK 3 NORMAL	70	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	34
ULTRAFLORA IMMUNE HEALTH CAPS	22	UNISTIK CZT COMFORT	70	VABRINTY KIT SC 22.5 MG, 45 MG .	30
ULTRA-THIN II AUTO LANCET ..	70	UNISTIK CZT NORMAL	70	valacyclovir hcl 1 GM	37
ULTRA-THIN II LANCETS	70	UNISTIK NORMAL	70	valacyclovir hcl 500 MG	37
UNILET COMFORTOUCH LANCET 70		UNISTIK PRO SAFETY LANCET .	71	valganciclovir hcl TABS	37
UNILET EXCELITE	70	UNISTIK SAFETY LANCETS 28G 71		valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	14
UNILET EXCELITE II	70	UNISTIK SAFETY LANCETS 30G 71		valproic acid CAPS	14
UNILET G.P. LANCET	70	UNISTIK TOUCH SAFETY LANC 21G	71	valrubicin	31
UNILET G.P. SUPERLITE LANCET . 70		UNISTIK TOUCH SAFETY LANC 23G	71	valsartan SOLN	26
UNILET GP 28 ULTRA THIN	70	UNISTIK TOUCH SAFETY LANC 28G	71	valsartan TABS	26
UNILET LANCET	70	UNISTIK TOUCH SAFETY LANC 30G	71	valsartan-hydrochlorothiazide	27
UNILET MICRO-THIN 33G	70	UNITUXIN	29	VALTOCO 10 MG DOSE LIQD	13
UNILET SUPERLITE LANCET ...	70	UP4 PROBIOTICS ADULT CAPS .	22	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	13
UNILET SUPER-THIN 30G	70	UP4 PROBIOTICS MENS CAPS ..	22	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	13
UNILET ULTRA-THIN 28G	70	UP4 PROBIOTICS ULTRA CAPS .	22	VALTOCO 5 MG DOSE LIQD	13
UNISTIK 1	70	UP4 PROBIOTICS WOMENS CAPS 22		vancomycin hcl CAPS 125 MG	27
UNISTIK 2	70	urea CREA 40 %	50	vancomycin hcl CAPS 250 MG	27
UNISTIK 2 COMFORT	70	urea LOTN 40 %	50	vancomycin hcl SOLR IV 1 GM	27
UNISTIK 2 EXTRA	70	URETRON D/S TABS 81.6 MG ...	27	VANCOMYCIN HCL SOLR IV 1 GM .	27
UNISTIK 2 NEONATAL	70	ursodiol CAPS	57	vancomycin hcl SOLR IV 500 MG .	27
UNISTIK 2 NORMAL	70	ursodiol TABS 250 MG	57	VANCOMYCIN HCL SOLR IV 500 MG	27
UNISTIK 2 SUPER	70	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	47	vancomycin hcl SOLR PO 25 MG/ML	27
UNISTIK 3	70	USTEKINUMAB-TTWE	47		
UNISTIK 3 COMFORT	70	USTEKINUMAB-TTWE	57		
UNISTIK 3 EXTRA	70				
UNISTIK 3 GENTLE	70				

VANDAZOLE	97	verapamil hcl CP24 300 MG	39	vigabatrin PACK	14
VAQTA	96	verapamil hcl CP24 360 MG	39	vigabatrin TABS	14
VAQTA IM 50 UNIT/ML	96	VERAPAMIL HCL ER CP24 (Use verapamil hcl)	39	VIGAFYDE SOLN	14
varenicline tartrate TABS	90	verapamil hcl TABS	39	VIJOICE TBPK	78
varenicline tartrate TBPK	90	verapamil hcl TBCR	39	VILTEPSO	83
VARIVAX SUSR	96	VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	39	VIMIZIM	56
VAXCHORA	93	VERELAN CP24 360 MG (Use verapamil hcl)	39	VIMOVO (Use naproxen- esomeprazole magnesium)	5
VAXELIS SUSP	91	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	39	vincristine sulfate	32
VAXELIS SUSY	91	VERELAN PM CP24 300 MG (Use verapamil hcl)	39	VIRACEPT TABS 250 MG	37
VAXNEUVANCE	93	VERELAN PM CP24 300 MG (Use verapamil hcl)	39	VIRACEPT TABS 625 MG	37
VCF VAGINAL CONTRACEPTIVE FILM	96	VERIFINE SAFE LANCET MINI 21G	71	VIREAD POWD	37
VCF VAGINAL CONTRACEPTIVE GEL	96	VERIFINE SAFE LANCET MINI 23G	71	VIREAD TABS (Use tenofovir disoproxil fumarate)	37
VECAMYL	27	VERIFINE SAFE LANCET MINI 28G	71	VIREAD TABS	37
VECTIBIX 100 MG/5ML, 400 MG/20ML	30	VERIFINE SAFE LANCET MINI 30G	71	VISBIOME GI CARE CAPS	22
VELSIPITY	57	VERIFINE UNIVERSAL LANCETS 28G	71	VISCO-3 SOSY	81
VELTASSA	78	VERIFINE UNIVERSAL LANCETS 30G	71	VISTOGARD	23
VENCLEXTA STARTING PACK TBPK	30	VERIFINE UNIVERSAL LANCETS 33G	71	VISUDYNE	86
VENCLEXTA TABS	30	VESICARE LS SUSP	93	VITAMIN D3 LIQD PO 125 MCG/ML . 98	
VENLAFAXINE BESYLATE ER ...	16	VEVYE SOLN	85	vitamin e CAPS	98
venlafaxine hcl CP24 150 MG	16	VH ESSENTIALS OPTIBALANCE CAPS	22	VITAMIN E CAPS	98
venlafaxine hcl CP24 37.5 MG	16	VIActiv DIGESTIVE HEALTH CHEW	23	VITAMIN E CHEW	98
venlafaxine hcl CP24 75 MG	16	VICTOZA (Use liraglutide)	18	VITAMINS ACD-FLUORIDE SOLN 80	
venlafaxine hcl TABS	16			vitamins w/ lipotropics CAPS	80
venlafaxine hcl TB24	16			VITRAKVI CAPS	31
VENTOLIN HFA AERS (Use albuterol sulfate)	12			VITRAKVI SOLN	31
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	39			VIVAGUARD LANCETS	71
				VIVAGUARD LANCETS 30G	71

VIVAGUARD SAFETY LANCETS 28G71	WEBCOL ALCOHOL PREP LARGE 72	XOFLUZA (80 MG DOSE) 80 MG .38
VIVIMUSTA SOLN29	WEBCOL ALCOHOL PREP MEDIUM72	XOLAIR SOAJ 10
VIVITROL23	WEGOVY1	XOLAIR SOLR10
VIVOTIF93	WELLPRO 31 CAPS22	XOLAIR SOSY10
VIZIMPRO30	white petrolatum-mineral oil84	XOPENEX HFA (Use levalbuterol tartrate)12
VOGELXO PUMP GEL TD (Use testosterone) 8	WILATE KIT59	XOSPATA31
VONVENDI59	WINDMILL TRAINER MISC76	XPERT XPRESS SARS-COV-2 .. 53
VORAXAZE32	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...87	XPHOZAH56
VORTEX HOLD CHMBR/MASK/CHILD DEVI 76	XACIATO GEL97	XTANDI CAPS30
VORTEX HOLD CHMBR/MASK/TODDLER DEVI .. 76	XALKORI CAPS 31	XYBIOTIC CAPS22
VORTEX VALVE CHAMBER-PEDI MASK DEVI76	XARELTO STARTER PACK TBPK 12	XYNTHA59
VORTEX VALVED HOLDING CHAMBER DEVI76	XARELTO SUSR 1 MG/ML (Use rivaroxaban)12	XYNTHA SOLOFUSE59
VOSEVI37	XARELTO TABS 10 MG, 20 MG .. 12	XYREM SOLN 89
VOTRIENT31	XARELTO TABS 15 MG12	YERVOY 29
VPRIV60	XARELTO TABS 2.5 MG (Use rivaroxaban)12	YESCARTA 30
VRAYLAR CAPS33	XARELTO TABS 2.5 MG (Use rivaroxaban)12	YESINTEK SOLN 45 MG/0.5ML .. 47
VRAYLAR CPPK33	XCOPRI (250 MG DAILY DOSE) TBPK14	YESINTEK SOSY47
VSL#3 CAPS22	XCOPRI TABS14	YEZTUGO TABS PO 300 MG37
VTAMA47	XELJANZ SOLN3	YF-VAX SUSR96
VYNDAMAX40	XELSTRYM1	YONDELIS 29
VYNDAAQEL40	XENAZINE (Use tetrabenazine) .. 89	YOSPRALA 81 MG-40 MG60
VYONDYS 5383	XEOMIN83	YUFLYMA (1 PEN) AJKT 4
VYVANSE CAPS1	XGEVA SOLN54	YUFLYMA (2 PEN) AJKT 4
VYVANSE CHEW1	XIAFLEX78	YUFLYMA (2 SYRINGE) PSKT 4
WALGREENS GLUCOSE CHEW .17	XIIDRA86	YUFLYMA-CD/UC/HS STARTER AJKT4
warfarin sodium TABS12	XOFLUZA (40 MG DOSE) 40 MG .38	YUSIMRY4
		YUTIQ86
		zafirlukast11
		zaleplon62

ZALTRAP	29	ZIAGEN TABS (Use abacavir sulfate)	37	ZOLGENSMA 13.1-13.5 KG	83
ZARXIO	61		37	ZOLGENSMA 13.6-14.0 KG	83
ZAVZPRET	76	zidovudine CAPS	37	ZOLGENSMA 14.1-14.5 KG	83
ZEGALOGUE SOAJ	17	zidovudine SYRP	37	ZOLGENSMA 14.6-15.0 KG	83
ZEGALOGUE SOSY	17	zidovudine TABS	37	ZOLGENSMA 15.1-15.5 KG	83
ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	92	ZIEXTENZO	61	ZOLGENSMA 15.6-16.0 KG	84
ZEGERID OTC CAPS (Use omeprazole-sodium bicarbonate) ..	92	zileuton TB12	11	ZOLGENSMA 16.1-16.5 KG	84
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	92	ZILRETTA SRER	44	ZOLGENSMA 16.6-17.0 KG	84
ZELAC CAPS	22	ZIMHI SOSY	23	ZOLGENSMA 17.1-17.5 KG	84
ZELBORAF	31	zinc oxide (topical) OINT 20 %	51	ZOLGENSMA 17.6-18.0 KG	84
ZEMAIRA SOLR 1000 MG	90	zinc sulfate CAPS	78	ZOLGENSMA 18.1-18.5 KG	84
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	53	ZINPLAVA	88	ZOLGENSMA 18.6-19.0 KG	84
ZEPATIER	37	ziprasidone hcl	33	ZOLGENSMA 19.1-19.5 KG	84
ZEPBOUND SOAJ	1	ziprasidone mesylate	33	ZOLGENSMA 19.6-20.0 KG	84
ZEPBOUND SOLN	1	ZITUVIMET TABS	16	ZOLGENSMA 2.6-3.0 KG	84
ZEPOSIA STARTER KIT CPPK ...	90	ZITUVIO	17	ZOLGENSMA 20.1-20.5 KG	84
ZEVALIN Y-90	29	ZOLADEX 10.8 MG	30	ZOLGENSMA 3.1-3.5 KG	84
ZEVRX STERILE ALCOHOL PREP PAD	72	ZOLADEX 3.6 MG	30	ZOLGENSMA 3.6-4.0 KG	84
ZEVRX TWIST TOP LANCETS 30G 71		zoledronic acid CONC	54	ZOLGENSMA 4.1-4.5 KG	84
ZIAGEN SOLN (Use abacavir sulfate)	37	zoledronic acid SOLN 4 MG/100ML 54		ZOLGENSMA 4.6-5.0 KG	84
		zoledronic acid SOLN 5 MG/100ML 54		ZOLGENSMA 5.1-5.5 KG	84
		ZOLEDRONIC ACID SOLN	54	ZOLGENSMA 5.6-6.0 KG	84
		ZOLGENSMA 20.6-21.0 KG	83	ZOLGENSMA 6.1-6.5 KG	84
		ZOLGENSMA 10.1-10.5 KG	83	ZOLGENSMA 6.6-7.0 KG	84
		ZOLGENSMA 10.6-11.0 KG	83	ZOLGENSMA 7.1-7.5 KG	84
		ZOLGENSMA 11.1-11.5 KG	83	ZOLGENSMA 7.6-8.0 KG	84
		ZOLGENSMA 11.6-12.0 KG	83	ZOLGENSMA 8.1-8.5 KG	84
		ZOLGENSMA 12.1-12.5 KG	83	ZOLGENSMA 8.6-9.0 KG	84
		ZOLGENSMA 12.6-13.0 KG	83	ZOLGENSMA 9.1-9.5 KG	84
				ZOLGENSMA 9.6-10.0 KG	84

ZOLINZA	31	ZYMFENTRA (1 PEN) AJKT	57
zolmitriptan SOLN 2.5 MG	77	ZYMFENTRA (2 PEN) AJKT	58
zolmitriptan TABS	77	ZYMFENTRA (2 SYRINGE) PSKT	58
zolmitriptan TBDP	77	ZYNTEGLO	60
ZOLOFT CONC (Use sertraline hcl)		ZYPREXA RELPREVV	34
15			
ZOLPIDEM TARTRATE CAPS	62		
zolpidem tartrate SUBL	62		
zolpidem tartrate TABS	62		
zolpidem tartrate TBCR	62		
ZOMIG SOLN 2.5 MG (Use			
zolmitriptan)	77		
ZONISADE SUSP	14		
zonisamide CAPS	14		
ZORYVE CREA EX	51		
ZOVIRAX CREA (Use acyclovir			
topical)	48		
ZOVIRAX OINT (Use acyclovir			
topical)	48		
ZTALMY	14		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8		
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8		
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8		
ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8		
ZUBSOLV SUBL 2.9 MG-11.4 MG .	8		
ZULRESSO	15		
ZURZUVAE	15		
ZYDELIG	31		
ZYKADIA TABS	31		
ZYMAXID (Use gatifloxacin (ophth)) .			
85			