

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	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	AL(At least 3 yrs old); MP
Amphetamines			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	AL(At least 3 yrs old); MP
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP	DYANAVEL XR TBCR	NP	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	2	Generic for Adderall; QL(3 EA daily); MP	<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 EA daily); MP; PA
<i>amphetamine sulfate TABS</i>	1	Generic for Evekeo; MP; PA	<i>lisdexamfetamine dimesylate CHEW</i>	1	MP; PA
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	MP	<i>methamphetamine hcl</i>	1	Generic for Desoxyx; MP; PA
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP	MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	MP
<i>amphetamine-dextroamphetamine TABS</i>	1	Generic for Adderall; QL(3 EA daily); MP	VYVANSE CAPS	2	QL(1 EA daily); MP; PA
<i>dextroamphetamine sulfate CP24 5 MG</i>	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP	VYVANSE CHEW	NP	MP; PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1	Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP	XELSTRYM	NP	
<i>dextroamphetamine sulfate SOLN</i>	2	Generic for Procentra; MP; PA	Analeptics		
<i>dextroamphetamine sulfate SOLN</i>	NP	Generic for Procentra; MP; PA	<i>caffeine citrate SOLN PO</i>	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	1	MP	Anorexiants Non-Amphetamine		
			<i>phentermine hcl-topiramate</i>	1	PA
			QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	NP	PA
			Anti-Obesity Agents		
			<i>liraglutide (weight management) 18 MG/3ML</i>	1	PA
			WEGOVY	2	PA
			ZEPBOUND SOAJ	2	PA
			ZEPBOUND SOLN	2	PA
			Attention-Deficit/Hyperactivity Disorder (ADHD)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents			<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP	<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	Generic for Kapvay; MP	<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP	<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
ONYDA XR SUER	NP		<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
QELBREE	NP	MP	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
Stimulants - Misc.			<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	AL(At least 6 yrs old)
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	Generic for Aptensio XR; MP; PA	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
AZSTARYS	NP	MP	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP	Allergenic Extracts		
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	Generic for Focalin XR; MP; PA	ORALAIR SUBL	2	PA
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	Generic for Methylin; MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl CHEW</i>	1	MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA	<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	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>	1	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>tobramycin</i>)	2	SP; PA	ABRILADA (2 PEN) AJKT	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	2	SP; PA	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
TOBI NEBU (<i>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>	1	PA	ADALIMUMAB- AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB- AACF(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	NP	SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	1	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	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
RINVOQ LQ SOLN	2	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	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	2	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	2	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 $\geq$ 40KG UC STARTER AJKT	2	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	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 $\geq$ 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	2	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HADLIMA SOSY	2	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	2	SP; PA	SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (2 PEN) AJKT	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA-PED $\geq$ 40KG CROHNS START PSKT	2	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 INFANTS DROPS SUSP (<i>ibuprofen</i>)	0	MP
TYENNE SOAJ	NP	SP; PA	<i>nabumetone</i>	1	MP
TYENNE SOLN	NP	SP; PA	<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
TYENNE SOSY	NP	SP; PA	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>naproxen-esomeprazole magnesium</i>	NP	PA
ADVIL TABS (<i>ibuprofen</i>)	0	MP	<i>naproxen SUSP</i>	1	MP
<i>celecoxib</i>	1	QL(2 EA daily); PA	<i>naproxen TABS</i>	1	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	0	MP; RX/OTC	<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	0	MP; RX/OTC	<i>oxaprozin TABS</i>	1	MP
<i>diclofenac potassium TABS 50 MG</i>	1	MP	<i>piroxicam CAPS</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP	<i>sulindac TABS</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP	<i>tolmetin sodium CAPS</i>	1	MP
<i>etodolac CAPS</i>	1	MP	<i>tolmetin sodium TABS 600 MG</i>	1	MP
<i>etodolac TABS</i>	1	MP	VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	PA
<i>etodolac TB24</i>	1	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>flurbiprofen TABS</i>	1	MP	OTEZLA TABS	2	SP; PA
<i>ibuprofen CHEW</i>	0	MP	OTEZLA TBPK	2	SP; PA
<i>ibuprofen SUSP</i>	0	MP; RX/OTC	Pyrimidine Synthesis Inhibitors		
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP	<i>leflunomide</i>	1	QL(1 EA daily); MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP	Soluble Tumor Necrosis Factor Receptor Agents		
<i>indomethacin CPCR</i>	1	MP	ENBREL MINI SOCT	2	SP; PA
INFANTS ADVIL SUSP (<i>ibuprofen</i>)	0	MP	ENBREL SURECLICK SOAJ	2	SP; PA
<i>ketoprofen CAPS 50 MG</i>	1	MP	ENBREL SOLN	2	SP; PA
<i>ketoprofen CP24</i>	1	MP	ENBREL SOSY	2	SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>meloxicam TABS</i>	1	MP	Analgesic Combinations		
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	0	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)	<i>aspirin CHEW</i>	0	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1		ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)	<i>aspirin TABS 325 MG</i>	0	
Analgesics - Sodium Channel Pain Signal Inhibitors			<i>aspirin TBEC 81 MG, 325 MG</i>	0	
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)	<i>diflunisal TABS</i>	1	MP
Analgesics Other			ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>)	0	
<i>acetaminophen CHEW</i>	0		ECOTRIN TBEC (<i>aspirin</i>)	0	
<i>acetaminophen ELIX</i>	0		<i>salsalate</i>	1	
<i>acetaminophen LIQD 160 MG/5ML</i>	0		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		Opioid Agonists		
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 EA per fill retail)	<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
TYLENOL CHILDRENS CHEWABLES CHEW (<i>acetaminophen</i>)	0		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA
Analgesics-Peptide Channel Blockers			<i>hydrocodone bitartrate CP12</i>	NP	
PRIALT	2	SP; PA	HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
Salicylates			<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
			<i>hydromorphone hcl TB24</i>	1	PA
			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
			<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
			<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
<i>morphine sulfate beads</i>	NP	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA
<i>oxycodone hcl T12A 80 MG</i>	1	PA
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>QDOLO SOLN (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 (tramadol hcl)</i>	NP	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TB24</i>	1	PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ML daily)
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
Opioid Partial Agonists		
<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 EA per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 GM per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
PREPARATION H EX 1 %	2	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	1	QL(16.53 ML daily)
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 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>	1	MP
NORPACE CAPS (<i>disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)	<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)
Bronchodilators - Anticholinergics			<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)
ATROVENT HFA	2	QL(0.867 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)	PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	2		Sympathomimetics		
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP		ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	2	QL(2 EA daily)
Leukotriene Modulators			ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP	AIRDUO DIGIHALER	NP	
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>zafirlukast</i>	1		AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	2	
<i>zileuton TB12</i>	NP		AIRSUPRA	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 GM daily)
OHTUVAYRE	NP	SP	<i>albuterol sulfate AERS</i>	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 GM daily)
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ML per 30 day(s) retail)
ASMANEX (14 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
ASMANEX (30 METERED DOSES) AEPB	2				
ASMANEX (60 METERED DOSES) AEPB	2				
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)			
FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>)	2	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
<i>albuterol sulfate SYRP</i>	1	MP
<i>albuterol sulfate TABS</i>	1	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
DULERA 50 MCG/ACT-5 MCG/ACT	2	
<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>	1	QL(12 ML daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PROAIR DIGIHALER	NP	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)
<i>terbutaline sulfate TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 GM daily)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(1.2 GM daily)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	2	
Xanthines		
THEO-24 CP24 100 MG	2	MP
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	QL(475 ML per fill retail); MP
<i>theophylline TB12 450 MG</i>	1	
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
<i>rivaroxaban TABS 2.5 MG</i>	NP	
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	
XARELTO TABS 15 MG	2	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	2	

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	2	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ML per 30 day(s) retail)	VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ML per 30 day(s) retail)	Anticonvulsants - Misc.		
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ML per 30 day(s) retail)	BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ML per 30 day(s) retail)	<i>carbamazepine CHEW 200 MG</i>	1	
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ML per 30 day(s) retail)	<i>carbamazepine CHEW 100 MG</i>	1	MP
<i>fondaparinux sodium</i>	1	PA	<i>carbamazepine CP12</i>	NP	MP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP	<i>carbamazepine SUSP</i>	1	MP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		<i>carbamazepine TABS</i>	1	MP
Thrombin Inhibitors			<i>carbamazepine TB12</i>	1	MP
<i>dabigatran etexilate mesylate CAPS</i>	1		CARBATROL CP12 (<i>carbamazepine</i>)	2	MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP		ELEPSIA XR TB24	NP	
PRADAXA PACK	NP	SP	EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
Anticonvulsants - Benzodiazepines			<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>clobazam SUSP</i>	1		<i>gabapentin SOLN</i>	1	MP
<i>clobazam TABS</i>	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>clonazepam TABS</i>	1	QL(4 EA daily)	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
<i>clonazepam TBDP</i>	1		LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
LIBERVANT FILM	NP		<i>lamotrigine CHEW</i>	1	MP
VALTOCO 10 MG DOSE LIQD	2	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	2	QL(10 EA per 30 day(s) retail)	<i>lamotrigine TABS</i>	1	MP
			<i>lamotrigine TB24</i>	1	
			<i>lamotrigine TBDP</i>	1	
			<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
			<i>levetiracetam TABS</i>	1	MP
			<i>levetiracetam TB24</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOTPOLY XR CP24	NP		<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>oxcarbazepine SUSP</i>	NP	MP	<i>vigabatrin PACK</i>	NP	SP; PA
<i>oxcarbazepine TABS</i>	1	MP	<i>vigabatrin TABS</i>	NP	SP; PA
<i>pregabalin CAPS</i>	1	PA	VIGAFYDE SOLN	NP	SP
<i>pregabalin SOLN</i>	1	PA	Hydantoins		
<i>primidone 50 MG, 250 MG</i>	1	MP	DILANTIN (<i>phenytoin sodium extended</i>)	NP	MP
<i>primidone 125 MG</i>	1		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	MP
<i>rufinamide SUSP</i>	1	SP	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	MP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	MP	<i>phenytoin CHEW</i>	1	MP
<i>topiramate CPSP 50 MG</i>	1		<i>phenytoin SUSP</i>	1	MP
<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP	Succinimides		
<i>topiramate SOLN 25 MG/ML</i>	1		CELONTIN (<i>methsuximide</i>)	2	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP	<i>ethosuximide CAPS</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP	<i>ethosuximide SOLN</i>	1	MP
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	2	MP	<i>methsuximide</i>	NP	
ZONISADE SUSP	NP		Valproic Acid		
<i>zonisamide CAPS</i>	1	MP	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	2	MP
ZTALMY	NP		<i>divalproex sodium CSDR</i>	NP	MP
Carbamates			<i>divalproex sodium TB24</i>	1	MP
<i>felbamate SUSP</i>	1		<i>divalproex sodium TBEC</i>	1	MP
<i>felbamate TABS</i>	1		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
XCOPRI (250 MG DAILY DOSE) TBPk	NP		<i>valproic acid CAPS</i>	1	MP
XCOPRI TABS	NP		ANTIDEPRESSANTS - Drugs to Treat Depression		
GABA Modulators			Alpha-2 Receptor Antagonists (Tetracyclics)		
SABRIL PACK (<i>vigabatrin</i>)	2	SP; PA	<i>mirtazapine TABS</i>	1	MP
SABRIL TABS (<i>vigabatrin</i>)	2	SP; PA			
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl SOLN</i>	1	
Antidepressant Combinations			<i>fluoxetine hcl TABS 60 MG</i>	1	
AUVELITY	NP		<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
Antidepressants - Misc.			<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>bupropion hcl TABS</i>	1	MP	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP	<i>fluvoxamine maleate CP24</i>	NP	
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP	<i>fluvoxamine maleate TABS</i>	1	
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP	<i>paroxetine hcl TABS</i>	1	MP
<i>bupropion hcl TB24 450 MG</i>	2		<i>paroxetine hcl TB24</i>	1	
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	PA
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP	SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	PA
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>sertraline hcl CONC</i>	NP	
GABA Receptor Modulator - Neuroactive Steroid			<i>sertraline hcl TABS</i>	1	MP
ZULRESSO	2	SP; PA	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	
ZURZUVAE	NP	SP	Serotonin Modulators		
Monoamine Oxidase Inhibitors (MAOIs)			<i>nefazodone hcl</i>	1	
<i>phenelzine sulfate</i>	1		RALDESY SOLN PO 10 MG/ML	NP	
<i>tranylcypromine sulfate</i>	1		<i>trazodone hcl TABS 300 MG</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
CITALOPRAM HYDROBROMIDE CAPS	NP		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>citalopram hydrobromide SOLN</i>	NP		CYMBALTA CPEP 20 MG, 30 MG (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>citalopram hydrobromide TABS</i>	1	MP	CYMBALTA CPEP 60 MG (<i>duloxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
<i>escitalopram oxalate SOLN</i>	1				
<i>escitalopram oxalate TABS</i>	1	MP			
<i>fluoxetine hcl CAPS</i>	1	MP			
<i>fluoxetine hcl CPDR</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DESVENLAFAXINE ER	2		Alpha-Glucosidase Inhibitors		
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP	<i>acarbose</i>	1	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP	<i>miglitol</i>	1	
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP	Antidiabetic Combinations		
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP	<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
VENLAFAXINE BESYLATE ER	NP		<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily); MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP	DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP	<i>glipizide-metformin hcl</i>	1	MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP	<i>glyburide-metformin</i>	1	MP
<i>venlafaxine hcl TABS</i>	1	MP	GLYXAMBI	2	
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)	JANUMET XR TB24	2	
Tricyclic Agents			JANUMET TABS	2	
<i>amitriptyline hcl TABS</i>	1	MP	JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>amoxapine</i>	1		KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); MP
<i>clomipramine hcl</i>	1		KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NP	
<i>desipramine hcl TABS</i>	1		OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); MP
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	<i>pioglitazone hcl-glimepiride</i>	NP	
<i>doxepin hcl CAPS 150 MG</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>doxepin hcl CONC</i>	1		<i>saxagliptin-metformin hcl</i>	NP	
<i>imipramine hcl TABS</i>	1		SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	
<i>imipramine pamoate</i>	1		ZITUVIMET TABS	NP	
<i>nortriptyline hcl CAPS</i>	1		Biguanides		
<i>nortriptyline hcl SOLN</i>	1		GLUMETZA TB24 (<i>metformin hcl</i>)	NP	
<i>protriptyline hcl</i>	1		<i>metformin hcl SOLN</i>	1	
<i>trimipramine maleate CAPS</i>	1				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC	EQ PROBIOTIC CPDR	2	
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC	EQL DAILY PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC	EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC	FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC	FLORA VANCE CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC	FLORAJEN DIGESTION CAPS	2	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	FLORAJEN KIDS CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC	FLORASAVE CPDR	2	
DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC	FLORASTOR DIGEST DE-STRESS CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC
DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC	FLORRAXIS CAPS	2	RX/OTC
DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EX ST CPDR	2	
DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
ENVIVE CAPS	2	RX/OTC	FORTIFY OPTIMA WOMENS ADV CARE CPDR	2	
EQ PROBIOTIC CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS EX ST CPDR	2	
			FORTIFY PROBIOTIC WOMENS CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	NATRUL PROBIOTIC CAPS	2	RX/OTC
FT PROBIOTIC ADVANCED CAPS	2	RX/OTC	NEXABIOTIC CPDR	2	
GENORAVANCE CAPS	2	RX/OTC	PEARLS IC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC	PHILLIPS COLON HEALTH CAPS	2	RX/OTC
GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC	PREORBOTIC CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	PRIMADOPHILUS BIFIDUS CPDR	2	
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC	PRIMIDAR CAPS	2	RX/OTC
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2		PROBINATE CAPS	2	RX/OTC
JARRO-DOPHILUS EPS CPDR	2		PROBIO DEFENSE CAPS	2	RX/OTC
JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC	PROBIOFLEXX CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC	PROBIOMAX COMPLETE DF CAPS	2	RX/OTC
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2		PROBIOMAX DAILY DF CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIOMAX IG 26 DF CAPS	2	RX/OTC
LACTOVIVE CAPS	2	RX/OTC	PROBIOMAX LEAN DF CAPS	2	RX/OTC
LUMIVA CAPS	2	RX/OTC	PROBIOMAX SB DF CAPS	2	RX/OTC
MAGE CPDR	2		PROBIONEXX CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
MICROFLOR CAPS	2	RX/OTC	PROBIOTIC ADVANCED FORMULA CAPS	2	RX/OTC
MOMMY'S BLISS PROBIOTIC PACK	2		PROBIOTIC BLEND CAPS	2	RX/OTC
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2		PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC CPDR	2		PROBIOTIC DAILY CAPS	2	RX/OTC
			PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC
			PROBIOTIC MATURE ADULT CAPS	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE DIGESTIVE HEALTH CHEW	2		<i>naloxone hcl LIQD</i>	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
CULTURELLE HEALTH (INULIN) CAPS	2		<i>naloxone hcl SOCT</i>	0	QL(18 ML per 90 day(s) retail); MP
CULTURELLE ULTIMATE STRENGTH CAPS	2		<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ML per 90 day(s) retail); MP
GNP PROBIOTIC EXTRA STRENGTH CAPS	2		<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ML per 90 day(s) retail); MP
PROBIOTIC DIGESTIVE SUPPORT CAPS	2		<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
VIActiv DIGESTIVE HEALTH CHEW	2		<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ML per 90 day(s) retail); MP
Antiperistaltic Agents			<i>naltrexone hcl</i>	0	MP
<i>diphenoxylate w/ atropine LIQD</i>	1		NARCAN LIQD (<i>naloxone hcl</i>)	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>diphenoxylate w/ atropine TABS</i>	1		OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC	REXTOVY LIQD	2	
<i>loperamide hcl TABS</i>	1	QL(8 EA daily)	VIVITROL	0	SP; MP
ANTIDOTES AND SPECIFIC ANTAGONISTS			ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
Antidotes - Chelating Agents			ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
CHEMET	2		5-HT3 Receptor Antagonists		
<i>deferasirox PACK</i>	1	SP; PA	<i>granisetron hcl TABS</i>	1	
<i>deferasirox TABS</i>	1	SP; PA	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>deferasirox TBSO</i>	1	SP; PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>deferiprone TABS</i>	1	SP; PA	<i>ondansetron TBDP 16 MG</i>	1	
FERRIPROX SOLN	2	SP; PA	<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
Antidotes and Specific Antagonists			Antiemetics - Anticholinergic		
ANDEXXA 200 MG	2	SP; PA			
BRIDION SOLN	2	PA			
<i>deferoxamine mesylate</i>	1	SP; PA			
SM IPECAC SYRUP	2				
VISTOGARD	2				
Opioid Antagonists					
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine hcl CHEW</i>	1	RX/OTC	<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC	<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
Antiemetics - Miscellaneous			<i>dexchlorpheniramine maleate SOLN</i>	1	
BONJESTA TBCR	2		Antihistamines - Ethanolamines		
<i>doxylamine-pyridoxine TBEC</i>	1		BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>clemastine fumarate TABS 1.34 MG</i>	1	QL(2 EA daily)
APONVIE EMUL	NP		DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)
<i>aprepitant CAPS</i>	1		<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)
Antifungals			<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)
<i>griseofulvin microsize SUSP</i>	1		<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)
<i>griseofulvin microsize TABS</i>	1		Antihistamines - Non-Sedating		
<i>griseofulvin ultramicrosize</i>	1		<i>cetirizine hcl CAPS</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)	<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)	<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC
Imidazole-Related Antifungals			<i>cetirizine hcl SYRP PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)	<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)	<i>desloratadine TBDP</i>	NP	
<i>fluconazole TABS 200 MG</i>	1		<i>fexofenadine hcl SUSP</i>	1	
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)	<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)	<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA	<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>itraconazole SOLN</i>	1	PA	<i>loratadine CAPS</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					

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

Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; PA
PRALUENT SOAJ	2	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
<i>captopril</i>	1	QL(3 EA daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
<i>quinapril hcl</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>captopril & hydrochlorothiazide</i>	NP	QL(2 EA daily); MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily); MP
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>metoprolol & hydrochlorothiazide</i> TABS	NP	QL(2 EA daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i> 25 MG-20 MG	1	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide</i> 12.5 MG-20 MG	1	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide</i> 12.5 MG-10 MG	1	QL(3 EA daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>trandolapril-verapamil hcl</i>	NP	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMEYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl</i> TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil</i> 2.5 MG, 10 MG	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole</i> TABS 250 MG, 500 MG	1	
<i>trimethoprim</i> TABS	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal</i> TABS 81.6 MG	1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	1	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		
<i>ertapenem sodium</i> IJ	1	SP; PA
Glycopeptides		
<i>vancomycin hcl</i> CAPS 125 MG	1	QL(4 EA daily)
<i>vancomycin hcl</i> CAPS 250 MG	1	QL(8 EA daily)
<i>vancomycin hcl</i> SOLR PO 25 MG/ML	1	QL(300 ML per fill retail)
<i>vancomycin hcl</i> SOLR IV 1 GM	1	QL(14 EA per fill retail)
<i>vancomycin hcl</i> SOLR IV 500 MG	1	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 EA per 56 day(s) retail)
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 EA daily); MP
DARAPRIM (<i>pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA IV	2	SP; PA
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melphalan</i>	1	
<i>melphalan hcl IV</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYLERAN TABS	2		LENVIMA (12 MG DAILY DOSE)	2	SP; PA
TEMODAR SOLR	2	SP; PA	LENVIMA (14 MG DAILY DOSE)	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA	LENVIMA (18 MG DAILY DOSE)	2	SP; PA
VIVIMUSTA SOLN	2	SP; PA	LENVIMA (20 MG DAILY DOSE)	2	SP; PA
YONDELIS	2	SP; PA	LENVIMA (24 MG DAILY DOSE)	2	SP; PA
Antimetabolites			LENVIMA (4 MG DAILY DOSE)	2	SP; PA
<i>azacitidine SUSR</i>	1	SP; PA	LENVIMA (8 MG DAILY DOSE)	2	SP; PA
<i>capecitabine</i>	1	SP; PA	MVASI	2	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA	ZALTRAP	2	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA	Antineoplastic - Antibodies		
<i>decitabine</i>	1	SP; PA	ADCETRIS	2	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA	ARZERRA	2	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA	BLINCYTO	2	SP; PA
<i>fludarabine phosphate SOLR</i>	1	SP; PA	DARZALEX	2	SP; PA
FOLOTYN	2	SP; PA	EMPLICITI	2	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1		GAZYVA	2	SP; PA
<i>mercaptopurine TABS</i>	1		KADCYLA	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		KEYTRUDA	2	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP	LIBTAYO	2	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA	LUMOXITI	2	SP; PA
<i>pralatrexate</i>	1	SP; PA	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
TABLOID	2	SP; PA	POLIVY 140 MG	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		POTELIGEO	2	SP; PA
Antineoplastic - Angiogenesis Inhibitors			RITUXAN	2	SP; PA
AVASTIN	2	SP; PA	TECENTRIQ	2	SP; PA
CYRAMZA	2	SP; PA	UNITUXIN	2	SP; PA
INLYTA	2	SP; PA	YERVOY	2	SP; PA
LENVIMA (10 MG DAILY DOSE)	2	SP; PA	ZEVALIN Y-90	2	SP; PA
			Antineoplastic - Anti-HER2 Agents		
			KANJINTI 420 MG	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA	IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
ELLEENCE SOLN	2	SP; PA	JAKAFI	2	SP; PA
<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA	KYPROLIS	2	SP; PA
<i>valrubicin</i>	1	SP; PA	<i>lapatinib ditosylate</i>	1	SP; PA
Antineoplastic Combinations			LORBRENA	2	SP; PA
HERCEPTIN HYLECTA	2	SP; PA	MEKINIST TABS	2	SP; PA
LONSURF	2	SP; PA	MEKTOVI	2	SP; PA
Antineoplastic Enzyme Inhibitors			<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA
ALECENSA	2	SP; PA	NINLARO	2	SP; PA
BELEODAQ	2	SP; PA	<i>pazopanib hcl</i>	1	SP; PA
<i>bortezomib SOLR IJ</i>	1	SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA	<i>romidepsin SOLR</i>	1	SP; PA
BOSULIF TABS 100 MG, 500 MG	2	SP; PA	RUBRACA	2	SP; PA
BRAFTOVI 75 MG	2	SP; PA	<i>sorafenib tosylate</i>	1	SP; PA
CABOMETYX TABS	2	SP; PA	STIVARGA	2	SP; PA
CAPRELSA	2	SP; PA	<i>sunitinib malate</i>	1	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA	TAFINLAR CAPS	2	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA	TALZENNA 0.25 MG, 1 MG	2	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA	<i>temsirolimus</i>	1	SP; PA
COTELLIC	2	SP; PA	TIBSOVO	2	SP; PA
<i>dasatinib</i>	1	SP; PA	VITRAKVI CAPS	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	VITRAKVI SOLN	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	VOTRIENT	2	SP; PA
IBRANCE CAPS	2	SP; PA	XALKORI CAPS	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA	XOSPATA	2	SP; PA
<i>imatinib mesylate TABS</i>	1	SP; PA	ZELBORAF	2	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA	ZOLINZA	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA	ZYDELIG	2	SP; PA
			ZYKADIA TABS	2	SP; PA
			Antineoplastic Enzymes		
			ONCASPARG	2	SP; PA
			Antineoplastic Radiopharmaceuticals		

Drug Name	Drug Tier	Requirements/ Limits
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amantadine hcl TABS</i>	1	MP	<i>lurasidone hcl</i>	1	
APOKYN SOCT	2	SP; PA	NUPLAZID CAPS	2	QL(1 EA daily); PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA	NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA
<i>bromocriptine mesylate CAPS</i>	1		VRAYLAR CAPS	2	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		VRAYLAR CPPK	2	
<i>carbidopa-levodopa TABS</i>	1	MP	<i>ziprasidone hcl</i>	1	
<i>carbidopa-levodopa TBCR</i>	1	MP	<i>ziprasidone mesylate</i>	1	
DHIVY TABS	2	MP	Benzisoxazoles		
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)	ERZOFRI 351 MG/2.25ML	NP	SP
<i>pramipexole dihydrochloride TB24</i>	1		ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP	FANAPT TITRATION PACK C	NP	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP	INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
<i>ropinirole hydrochloride TB24</i>	1		INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
Antiparkinson Monoamine Oxidase Inhibitors			INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
<i>selegiline hcl CAPS</i>	1	MP	<i>paliperidone</i>	1	
<i>selegiline hcl TABS</i>	1	MP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>risperidone microspheres</i>	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
Antimanic Agents					
<i>lithium</i>	1				
<i>lithium carbonate CAPS</i>	1				
<i>lithium carbonate TABS</i>	1				
<i>lithium carbonate TBCR</i>	1				
LITHOBID TBCR (<i>lithium carbonate</i>)	2				
Antipsychotics - Misc.					
CAPLYTA	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Butyrophenones		
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol lactate SOLN</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	0	
<i>clozapine TBDP</i>	0	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	1	
<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1	
ZYPREXA RELPREVV	NP	SP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	2	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	2	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	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)
<i>aripiprazole TABS</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 662 MG/2.4ML	2	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	EDURANT PED PO 2.5 MG	2	
			<i>efavirenz CAPS 50 MG</i>	0	QL(2 EA daily)
			<i>efavirenz CAPS 200 MG</i>	0	QL(1 EA daily)
			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
ARISTADA 441 MG/1.6ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
OPIPZA FILM	NP		<i>efavirenz TABS</i>	0	QL(1 EA daily)
Thioxanthenes			<i>emtricitabine CAPS</i>	0	QL(1 EA daily)
<i>thiothixene</i>	1		<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 EA daily)
Antiretrovirals			EMTRIVA CAPS (<i>emtricitabine</i>)	0	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 EA daily)	EMTRIVA SOLN	0	QL(24 ML daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ML daily)	EPIVIR SOLN (<i>lamivudine</i>)	0	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	0	QL(2 EA daily)	EPIVIR TABS 300 MG (<i>lamivudine</i>)	0	QL(1 EA daily)
APTIVUS CAPS	0	QL(4 EA daily)	EPIVIR TABS 150 MG (<i>lamivudine</i>)	0	QL(2 EA daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 EA daily)	EPZICOM (<i>abacavir sulfate-lamivudine</i>)	0	QL(1 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)	<i>etravirine 100 MG</i>	0	QL(4 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2		<i>etravirine 200 MG</i>	0	QL(2 EA daily)
COMBIVIR (<i>lamivudine-zidovudine</i>)	0	QL(2 EA daily)	EVOTAZ	0	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	0	QL(4 EA daily)
<i>darunavir TABS</i>	0	QL(2 EA daily)	GENVOYA	0	QL(1 EA daily)
DELSTRIGO	0	QL(1 EA daily)	INTELENCE	0	QL(4 EA daily)
DESCOVY 120 MG-15 MG	2		INTELENCE (<i>etravirine</i>)	0	QL(4 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)	INTELENCE 200 MG (<i>etravirine</i>)	0	QL(2 EA daily)
DOVATO	0		ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
EDURANT	0	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)	PREZISTA TABS 150 MG	0	QL(3 EA daily)
ISENTRESS PACK	0	QL(2 EA daily)	PREZISTA TABS (<i>darunavir</i>)	0	QL(2 EA daily)
ISENTRESS TABS	0	QL(2 EA daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
KALETRA SOLN	0	QL(160 ML per fill retail)	RETROVIR CAPS (<i>zidovudine</i>)	0	QL(6 EA daily)
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	0	QL(6 EA daily)	RETROVIR SYRP (<i>zidovudine</i>)	0	QL(60 ML daily)
KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	0	QL(4 EA daily)	REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	0	QL(2 EA daily)
<i>lamivudine SOLN</i>	0	QL(30 ML daily)	REYATAZ PACK	0	QL(6 EA daily)
<i>lamivudine TABS 300 MG</i>	0	QL(1 EA daily)	<i>ritonavir TABS</i>	0	QL(12 EA daily)
<i>lamivudine TABS 150 MG</i>	0	QL(2 EA daily)	RUKOBIA	0	
<i>lamivudine-zidovudine</i>	0	QL(2 EA daily)	SELZENTRY SOLN	0	QL(35 ML daily)
LEXIVA SUSP	0	QL(56 ML daily)	SELZENTRY TABS 25 MG, 75 MG	NP	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	0	QL(4 EA daily)	STRIBILD	0	
<i>lopinavir-ritonavir SOLN</i>	0	QL(160 ML per fill retail)	SUNLENCA TABS PO 300 MG	2	SP
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	0	QL(4 EA daily)	SUNLENCA TBPK 300 MG	2	SP
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	0	QL(6 EA daily)	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>maraviroc TABS 300 MG</i>	0	QL(4 EA daily)	SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
<i>maraviroc TABS 150 MG</i>	0	QL(2 EA daily)	SYMTUZA	0	QL(1 EA daily)
<i>nevirapine SUSP</i>	0	QL(40 ML daily)	<i>tenofovir disoproxil fumarate TABS</i>	0	QL(1 EA daily)
<i>nevirapine TABS</i>	0	QL(2 EA daily)	TIVICAY PD TBSO	0	
<i>nevirapine TB24 400 MG</i>	0	QL(1 EA daily)	TIVICAY TABS	0	
NORVIR CAPS	0	QL(12 EA daily)	TRIUMEQ PD TBSO	0	
NORVIR PACK	0		TRIUMEQ TABS	0	
NORVIR TABS (<i>ritonavir</i>)	0	QL(12 EA daily)	TRIZIVIR	0	QL(2 EA daily)
ODEFSEY	0		TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)
PIFELTRO	0	QL(1 EA daily)			
PREZCOBIX	0	QL(1 EA daily)			
PREZISTA SUSP	0	QL(12 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYBOST	0	QL(1 EA daily)	<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
VIRACEPT TABS 250 MG	0	QL(9 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA
VIRACEPT TABS 625 MG	0	QL(4 EA daily)	SOFOSBUVIR-VELPATASVIR TABS	2	SP
VIREAD POWD	0		SOVALDI PACK	NP	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	0	QL(1 EA daily)	SOVALDI TABS	NP	SP; PA
VIREAD TABS	0	QL(1 EA daily)	VOSEVI	NP	SP; PA
YEZTUGO TABS PO 300 MG	2	SP	ZEPATIER	NP	SP; PA
ZIAGEN SOLN (<i>abacavir sulfate</i>)	0	QL(30 ML daily)	Herpes Agents		
ZIAGEN TABS (<i>abacavir sulfate</i>)	0	QL(2 EA daily)	<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)
<i>zidovudine CAPS</i>	0	QL(6 EA daily)	<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)
<i>zidovudine SYRP</i>	0	QL(60 ML daily)	<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)
<i>zidovudine TABS</i>	0	QL(2 EA daily)	<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)
Antiviral Combinations			<i>famciclovir</i>	1	
PAXLOVID (150/100)	0		<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)
PAXLOVID (300/100 & 150/100)	0		<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)
PAXLOVID (300/100)	0		Influenza Agents		
CMV Agents			<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)
PREVYMIS SOLN	2	SP; PA	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)
PREVYMIS TABS	2	SP; PA	<i>oseltamivir phosphate SUSR</i>	1	QL(120 ML per fill retail)
<i>valganciclovir hcl TABS</i>	1	QL(2 EA daily)	<i>rimantadine hydrochloride TABS</i>	NP	PA
Hepatitis Agents			XOFLUZA (40 MG DOSE) 40 MG	NP	
EPCLUSA PACK	NP	SP; PA	XOFLUZA (80 MG DOSE) 80 MG	NP	
EPCLUSA TABS	NP	SP; PA	Misc. Antivirals		
HARVONI PACK	NP	SP; PA	LAGEVRIO	0	
HARVONI TABS	NP	SP; PA	TPOXX CAPS	2	
LEDIPASVIR-SOFOSBUVIR TABS	2	SP	BETA BLOCKERS - Drugs to Treat High Blood		
MAVYRET PACK	2	SP			
MAVYRET TABS	2	SP			
PEGASYS SOLN	2	SP; PA			
PEGASYS SOSY	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Pressure			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
Alpha-Beta Blockers			<i>pindolol TABS</i>	NP	MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP	<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP	<i>propranolol hcl TABS</i>	1	MP
<i>COREG CR (carvedilol phosphate)</i>	NP	QL(1 EA daily); MP	<i>sotalol hcl (afib/afl)</i>	1	QL(2 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	1		<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP	<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP	<i>timolol maleate TABS</i>	NP	MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Beta Blockers Cardio-Selective			Calcium Channel Blockers		
<i>acebutolol hcl CAPS</i>	1	MP	<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP
<i>atenolol TABS</i>	1	QL(2 EA daily); MP	<i>CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)</i>	NP	MP
<i>betaxolol hcl</i>	1		<i>CONJUPRI (levamlodipine maleate)</i>	2	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	1		<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP
<i>LOPRESSOR SOLN PO 10 MG/ML</i>	NP		<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP	<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1		<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
Beta Blockers Non-Selective					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>felodipine</i>	1	QL(1 EA daily); MP	Cardiac Glycosides		
<i>isradipine CAPS</i>	NP		<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP
<i>levamlodipine maleate</i>	1		<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
<i>nicardipine hcl CAPS</i>	NP	MP	LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	2	MP
<i>nifedipine CAPS 20 MG</i>	1	QL(4 EA daily); MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nifedipine CAPS 10 MG</i>	NP	QL(4 EA daily); MP	Cardiovascular Agents Misc. - Combinations		
<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP	<i>amlodipine besylate-atorvastatin calcium</i>	NP	
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP	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 (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
<i>nimodipine CAPS</i>	NP		ENTRESTO CPSP	NP	
<i>nisoldipine</i>	NP		ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	2	
NORLIQVA SOLN	NP		OPSYNVI	NP	SP; PA
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP		<i>sacubitril-valsartan TABS</i>	NP	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP	Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
<i>verapamil hcl CP24 360 MG</i>	NP	QL(1 EA daily); MP	INPEFA	NP	
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	NP	QL(2 EA daily); MP	Prostaglandin Vasodilators		
<i>verapamil hcl CP24 300 MG</i>	NP	MP	<i>epoprostenol sodium</i>	1	SP; PA
<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP	ORENITRAM MONTH 1 TEPK	NP	SP
<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP	ORENITRAM MONTH 2 TEPK	NP	SP
VERELAN PM CP24 100 MG, 200 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP	ORENITRAM MONTH 3 TEPK	NP	SP
VERELAN PM CP24 300 MG (<i>verapamil hcl</i>)	NP	MP			
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	QL(2 EA daily); MP			
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	NP	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP
LETAIRIS (<i>ambrisentan</i>)	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone SOLN</i>	1		<i>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>prednisone TABS</i>	1				
<i>prednisone TBPk</i>	1		<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
UCERIS TB24 (<i>budesonide</i>)	NP				
ZILRETTA SRER	2	SP; PA	MAXI-TUSS PE LIQD	2	
Mineralocorticoids			<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>fludrocortisone acetate TABS</i>	1		<i>phenylephrine-dm SOLN</i>	1	QL(240 ML per fill retail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
Antitussives			<i>promethazine w/codeine SOLN</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>benzonatate 200 MG</i>	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)	<i>promethazine w/codeine SYRP</i>	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)	<i>pseudoephedrine-ibuprofen TABS</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		Expectorants		
Cough/Cold/Allergy Combinations			<i>potassium iodide (expectorant) SOLN</i>	1	
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail	Misc. Respiratory Inhalants		
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)	<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	Mucolytics		
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)	<i>acetylcysteine SOLN</i>	1	
			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
			Acne Products		
			ABSORICA 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)
			<i>adapalene-benzoyl peroxide GEL</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene CREA</i>	1		<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); AL(At least 12 yrs old)
<i>adapalene GEL</i>	1		RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>adapalene GEL</i>	1	RX/OTC	RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ADAPALENE SOLN	2		RETIN-A GEL (<i>tretinoin</i>)	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
AKLIEF	NP		<i>sulfacetamide sodium (acne)</i>	1	QL(120 ML per fill retail)
ATRALIN GEL (<i>tretinoin</i>)	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 GM per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 GM per fill retail)
BENZOYL PEROXIDE GEL	2		<i>tretinoin microsphere</i>	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	1		<i>tretinoin CREA 0.025 %</i>	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
BENZOYL PEROXIDE LOTN 5 %, 10 %	2		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 ML per fill retail)	Antibiotics - Topical		
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ML per fill retail)	<i>bacitracin (topical) OINT</i>	1	QL(453.9 GM per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>bacitracin zinc OINT</i>	1	QL(453.6 GM per fill retail)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate-tretinoin</i>	1				
DIFFERIN CREA (<i>adapalene</i>)	NP				
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NP				
DIFFERIN LOTN	NP				
<i>erythromycin (acne aid) GEL</i>	1	QL(60 GM per fill retail)			
<i>erythromycin (acne aid) SOLN</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin calcium (topical)</i>	1	
<i>mupirocin OINT</i>	1	QL(30 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 GM per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 GM per fill retail)
Antifungals - Topical		
<i>ciclopirox SOLN</i>	1	PA
<i>clotrimazole (topical) CREA</i>	1	QL(60 GM per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ML per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ML per fill retail)
<i>econazole nitrate CREA</i>	1	QL(85 GM per fill retail)
<i>ketoconazole (topical) CREA</i>	1	QL(60 GM per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail)
<i>luliconazole</i>	NP	PA
<i>LUZU (luliconazole)</i>	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 GM per fill retail)
<i>NIZORAL SHAM</i>	2	QL(200 ML per fill retail)
<i>nystatin (topical) CREA</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) OINT</i>	1	QL(30 GM per fill retail)
<i>nystatin (topical) POWD EX</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone CREA</i>	1	QL(60 GM per fill retail)
<i>nystatin-triamcinolone OINT</i>	1	QL(60 GM per fill retail)
<i>oxiconazole nitrate CREA</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>OXISTAT CREA (oxiconazole nitrate)</i>	NP	PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 GM per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 GM per fill retail)
Antihistamines-Topical		
<i>ITCH RELIEF CREA</i>	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
<i>CARAC CREA (fluorouracil (topical))</i>	2	QL(30 GM per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)
<i>LEVULAN KERASTICK SOLR</i>	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)
Antipsoriatics		
<i>BIMZELX SOAJ 320 MG/2ML</i>	NP	SP; PA
<i>BIMZELX SOAJ 160 MG/ML</i>	NP	SP; PA
<i>BIMZELX SOSY 160 MG/ML</i>	NP	SP; PA
<i>BIMZELX SOSY 320 MG/2ML</i>	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)
<i>CALCIPOTRIENE FOAM</i>	NP	
<i>calcipotriene OINT</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene SOLN</i>	NP	QL(60 ML per fill retail)
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML	NP	SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	PA
SPEVIGO SOSY	NP	SP; PA
STEQEYMA	NP	SP; PA
TALTZ SOSY	2	SP; PA
<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
USTEKINUMAB-TTWE	NP	SP; PA
VTAMA	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA
YESINTEK SOSY	NP	SP; PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (<i>penciclovir</i>)	2	
<i>penciclovir</i>	NP	
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	QL(1 GM daily)
ZOVIRAX OINT (<i>acyclovir topical</i>)	2	
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA</i>	NP	
<i>amcinonide LOTN</i>	1	
<i>amcinonide OINT</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) LOTN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(50 GM per fill retail)	<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ML per fill retail)
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>betamethasone valerate CREA</i>	NP	QL(45 GM per fill retail)	CLODAN	NP	
<i>betamethasone valerate FOAM</i>	NP		CLODERM (<i>clocortolone pivalate</i>)	NP	
<i>betamethasone valerate LOTN</i>	NP	QL(60 ML per fill retail)	CORDRAN LOTN (<i>flurandrenolide</i>)	NP	
<i>betamethasone valerate OINT</i>	NP	QL(45 GM per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desonide LOTN</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide OINT</i>	1	1 package(s) per fill retail
CAPEX SHAM	NP		<i>desoximetasone CREA 0.05 %</i>	NP	QL(60 GM per fill retail)
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone CREA 0.25 %</i>	NP	
<i>clobetasol propionate emulsion</i>	1		<i>desoximetasone GEL</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate FOAM</i>	1		<i>desoximetasone OINT</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)	<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)
<i>clobetasol propionate LIQD</i>	1		<i>diflorasone diacetate OINT</i>	NP	QL(60 GM per fill retail)
			DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	
			EPIFOAM FOAM	2	
			<i>fluocinolone acetonide CREA</i>	NP	
			<i>fluocinolone acetonide OIL</i>	1	
			<i>fluocinolone acetonide OINT</i>	NP	
			<i>fluocinolone acetonide SOLN</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR OINT (fluocinolone acetonide)	NP	
SYNALAR SOLN (fluocinolone acetonide)	NP	
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	NP	
TOPICORT SPRAY LIQD (desoximetasone)	NP	
TOPICORT CREA 0.25 % (desoximetasone)	NP	
TOPICORT CREA 0.05 % (desoximetasone)	NP	QL(60 GM per fill retail)
TOPICORT GEL (desoximetasone)	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 GM per fill retail)
triamcinolone acetonide (topical) LOTN	NP	QL(60 ML per fill retail)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.05 %	1	
triamcinolone acetonide- dimethicone-silicone	1	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
EBGLYSS SOAJ	2	SP; PA
EBGLYSS SOSY	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
urea CREA 40 %	1	QL(85.05 GM per fill retail); RX/OTC
urea LOTN 40 %	1	QL(325 GM per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	1	QL(385 GM per fill retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
ELIDEL (pimecrolimus)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
pimecrolimus	1	QL(1 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.03 %	1	QL(1 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.1 %	1	PA
Keratolytic/Antimitotic/Vesicant Agents		

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spinosad</i>	NP	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	CLINITEST RAPID COVID-19 TEST KIT	0	
			COBAS LIAT SARS-COV-2 ASSAY	0	
			COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
Tar Products			COVID-19 AT HOME ANTIGEN TEST KIT	0	
<i>coal tar extract SHAM 0.5 %</i>	1		COVID-19 AT-HOME TEST KIT	0	
Wound Care Products			COVID-19 OTC ANTIGEN 1-PACK KIT	0	
APLIGRAF DISK	2	PA	COVID-19 OTC ANTIGEN 2-PACK KIT	0	
DIAGNOSTIC PRODUCTS			CVS COVID-19 AT HOME TEST KIT KIT	0	
Diagnostic Drugs			DIATRUST COVID-19 HOME TEST KIT	0	
<i>cosyntropin SOLR</i>	1	SP; PA	ELLUME COVID-19 HOME TEST KIT	0	
THYROGEN 0.9 MG	2	SP; PA	FASTEP COVID-19 ANTIGEN TEST KIT	0	
Diagnostic Tests			FLOWFLEX COVID-19 AG HOME TEST KIT	0	
ACCU-CHEK GUIDE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	GENABIO COVID-19 RAPID TEST KIT	0	
ACCUA SARS-COV-2	0		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0		ID NOW COVID-19	0	
BD VERITOR SYSTEM SARS-COV-2	0		ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
BINAXNOW COVID-19 AG CARD	0		ID NOW COVID-19 2.0 TEST	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0		ID NOW COVID-19 CONTROL	0	RX/OTC
CARESTART COVID-19 HOME TEST KIT	0		IHEALTH COVID-19 RAPID TEST KIT	0	
CHEMSTRIP K STRP	2		INDICAID COVID-19 RAPID TEST KIT	0	
CLEARDETECT COVID-19 AG HOME KIT	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
			KETONE TEST STRP	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETOSTIX STRP	2		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC			
LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC			
LYRA DIRECT SARS-COV-2 ASSAY	0				
LYRA SARS-COV-2 ASSAY	0				
OHC COVID-19 ANTIGEN SELF TEST KIT	0				
ON/GO COVID-19 ANTIGEN TEST KIT	0				
ON/GO ONE COVID-19 HOME TEST KIT	0				
PILOT COVID-19 AT-HOME TEST KIT	0				
QUICKVUE AT-HOME COVID-19 TEST KIT	0				
QUICKVUE SARS ANTIGEN TEST	0		DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
RAPID RESPONSE COVID-19	0		Carbonic Anhydrase Inhibitors		
RELION KETONE TEST STRP	2		acetazolamide CP12	1	MP
SOFIA SARS ANTIGEN FIA	0		acetazolamide TABS	1	MP
SOFIA2 SARS ANTIGEN FIA	0		methazolamide TABS	1	MP
SPEEDY SWAB COVID-19 ANTIGEN KIT	0		Diuretic Combinations		
XPERT XPRESS SARS-COV-2	0		amiloride & hydrochlorothiazide	1	QL(1 EA daily)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			spironolactone & hydrochlorothiazide	1	MP
Digestive Enzymes			triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	QL(1 EA daily); MP
CREON CPEP	2		triamterene & hydrochlorothiazide TABS	1	QL(1 EA daily); MP
SUCRAID	2	SP; PA	Loop Diuretics		
			bumetanide TABS	1	MP
			furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	MP
			furosemide TABS	1	MP
			SOAANZ TABS 20 MG	2	MP
			torsemide TABS 20 MG	1	MP
			torsemide TABS 5 MG, 10 MG, 100 MG	1	QL(1 EA daily); MP
			Potassium Sparing Diuretics		
			amiloride hcl TABS	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone TABS</i>	1	MP	PAMIDRONATE DISODIUM SOLN	2	SP; PA
Thiazides and Thiazide-Like Diuretics			PROLIA SOSY	2	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	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>	1	MP	<i>risedronate sodium TABS 150 MG</i>	NP	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>risedronate sodium TBEC</i>	NP	
<i>metolazone</i>	1	MP	<i>teriparatide SOPN</i>	1	PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			TERIPARATIDE SOPN	2	PA
Bone Density Regulators			XGEVA SOLN	2	SP; PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)	<i>zoledronic acid CONC</i>	1	SP; PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP		<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily); MP	ZOLEDRONIC ACID SOLN	2	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP	Corticotropin		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP	ACTHAR GEL	2	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	NP		CORTROPHIN GEL	2	SP; PA
BONSITY SOPN 560 MCG/2.24ML	2	PA	Fertility Regulators		
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)	CHORIONIC GONADOTROPIN IM	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)	NOVAREL IM	2	PA
EVENITY	2	SP; PA	PREGNYL IM	2	PA
<i>ibandronate sodium SOLN</i>	1	SP; PA	GnRH/LHRH Antagonists		
<i>ibandronate sodium TABS</i>	1	PA	ORILISSA	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA	Growth Hormone Receptor Antagonists		
			SOMAVERT	2	SP; PA
			Growth Hormones		
			GENOTROPIN MINIQUICK PRSY	2	SP; PA
			GENOTROPIN CART SC	2	SP; PA
			NGENLA	NP	SP; PA
			NORDITROPIN FLEXPRO SOPN	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Posterior Pituitary Hormones			ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)	<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)	<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA	<i>estradiol TABS</i>	1	MP
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA	PREMARIN TABS	2	QL(1 EA daily)
<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Somatostatic Agents			Fluoroquinolones		
<i>lanreotide acetate</i>	1	SP; PA	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
LANREOTIDE ACETATE	2	SP; PA	<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
<i>octreotide acetate KIT</i>	1	SP; PA	CIPRO SUSR	2	
<i>octreotide acetate SOLN</i>	1	SP; PA	<i>levofloxacin SOLN PO</i>	1	
<i>octreotide acetate SOSY</i>	1	SP; PA	<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
SIGNIFOR	2	SP; PA	<i>moxifloxacin hcl TABS</i>	1	
SIGNIFOR LAR	2	SP; PA	<i>ofloxacin 300 MG, 400 MG</i>	NP	QL(56 EA per fill retail)
SOMATULINE DEPOT	2	SP; PA	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Vasopressin Receptor Antagonists			Antiflatulents		
<i>tolvaptan TABS</i>	1	SP; PA	<i>simethicone CHEW 80 MG</i>	1	
<i>tolvaptan TBPK</i>	1	SP; PA	<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)
Estrogen Combinations			Bile Acid Synthesis Disorder Agents		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)	CHOLBAM	2	QL(5 EA daily); SP; PA
<i>estradiol & norethindrone acetate TABS</i>	1		CTEXLI TABS PO 250 MG	2	SP; PA
MYFEMBREE	2		Farnesoid X Receptor (FXR) Agonists		
<i>norethindrone acetate-ethinyl estradiol</i>	0		OCALIVA	2	SP; PA
ORIAHNN	2	PA			
PREMPHASE	2	QL(1 EA daily)			
PREMPRO	2	QL(1 EA daily)			
Estrogens					

Drug Name	Drug Tier	Requirements/ Limits
Gallstone Solubilizing Agents		
<i>chenodiol</i>	1	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 10 MG</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
CANASA SUPP (<i>mesalamine</i>)	2	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	NP	
<i>mesalamine TBEC 1.2 GM</i>	1	
<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

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STEQEYMA	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	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
ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl</i>	NP	PA
IBSRELA	NP	PA
LINZESS	2	PA
LOTRONEX (<i>alosectron hcl</i>)	NP	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPHANATE SOLR	2	SP; PA	OBIZUR	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA	PROFILNINE	2	SP; PA
ALPROLIX	2	SP; PA	REBINYN	2	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA	RECOMBINATE SOLR	2	SP; PA
BENEFIX KIT	2	SP; PA	RIASTAP	2	SP; PA
COAGADEX	2	SP; PA	RIXUBIS SOLR	2	SP; PA
CORIFACT	2	SP; PA	ROCTAVIAN	2	SP; PA
ELOCTATE	2	SP; PA	SEVENFACT	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA	TRETTEN	2	SP; PA
FEIBA	2	SP; PA	VONVENDI	2	SP; PA
FIBRYGA	2	SP; PA	WILATE KIT	2	SP; PA
HEMGENIX	2	SP; PA	XYNTHA	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA	XYNTHA SOLOFUSE	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA	Bradykinin B2 Receptor Antagonists		
HUMATE-P SOLR	2	SP; PA	<i>icatibant acetate SOSY</i>	1	SP; PA
IDELVION	2	SP; PA	Complement Inhibitors		
IXINITY SOLR	2	SP; PA	BERINERT KIT	2	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA	CINRYZE SOLR IV	2	SP; PA
KCENTRA	2	SP; PA	RUCONEST	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA	SOLIRIS	2	SP; PA
KOATE SOLR	2	SP; PA	Hemataologic - Tyrosine Kinase Inhibitors		
KOGENATE FS KIT	2	SP; PA	TAVALISSE	2	SP; PA
KOVALTRY	2	SP; PA	Hematorheologic Agents		
NOVOEIGHT	2	SP; PA	<i>pentoxifylline</i>	1	MP
NOVOSEVEN RT	2	SP; PA	Human Protein C		
NUWIQ KIT	2	SP; PA	CEPROTIN	2	SP; PA
NUWIQ SOLR	2	SP; PA	Plasma Kallikrein Inhibitors		
			KALBITOR	2	SP; PA
			TAKHZYRO SOLN	2	SP; PA
			Plasma Proteins		
			THROMBATE III	2	SP; PA
			Platelet Aggregation Inhibitors		
			<i>aspirin-dipyridamole</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRILINTA 60 MG, 90 MG (ticagrelor)	2	QL(2 EA daily)	ZYNTEGLO	2	SP; PA
<i>cilostazol</i>	1	QL(2 EA daily); MP	Hematopoietic Growth Factors		
<i>clopidogrel bisulfate 300 MG</i>	1		DOPTELET	2	SP; PA
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP	<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>dipyridamole</i>	1	MP	<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA
<i>prasugrel hcl</i>	1	QL(1 EA daily)	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)	FULPHILA	2	SP; PA
YOSPRALA 81 MG-40 MG	2		FYLNETRA	NP	SP
Thrombolytic Agent - Misc			GRANIX SOLN 300 MCG/ML	NP	SP; PA
DEFITELIO	2	SP; PA	GRANIX SOSY	NP	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			LEUKINE SOLR IJ	NP	SP; PA
Agents for Gaucher Disease			MIRCERA	NP	SP; PA
CERDELGA	2	SP; PA	MULPLETA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA
ELELYSO	2	SP; PA	NEULASTA SOSY	NP	SP; PA
<i>miglustat</i>	1	SP; PA	NEUPOGEN SOLN	2	SP; PA
VPRIV	2	SP; PA	NEUPOGEN SOSY	2	SP; PA
Agents for Sickle Cell Disease			NIVESTYM SOLN	NP	SP; PA
CASGEVY	2	SP; PA	NIVESTYM SOSY	NP	SP; PA
DROXIA CAPS	2		NPLATE 250 MCG, 500 MCG	2	SP; PA
LYFGENIA	NP	SP; PA	NYVEPRIA	NP	SP; PA
SIKLOS TABS	2	PA	PROCRIT	NP	SP; PA
Cobalamins			PROCRIT	NP	SP; PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1		RELEUKO SOLN	NP	SP
Folic Acid/Folates			RELEUKO SOSY	NP	SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)	RETACRIT	2	SP; PA
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
Hematopoietic Gene Therapy					

Drug Name	Drug Tier	Requirements/ Limits
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP

Hematopoietic Mixtures

<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)

Iron

FERRETTS TABS	2	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	1	QL(2 EA daily)
<i>ferrous gluconate TABS</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)

Stem Cell Mobilizers

<i>plerixafor</i>	1	SP; PA
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HEMOSTATICS - Drugs to Stop Bleeding/Treat

Drug Name	Drug Tier	Requirements/ Limits
Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 EA per fill retail); SP; PA
<i>tranexamic acid TABS</i>	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>naproxen sodium-diphenhydramine hcl</i>	1	
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital ELIX</i>	1		<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
<i>phenobarbital TABS</i>	1		METAMUCIL CAPS	2	
Hypnotics - Tricyclic Agents			NATURAL FIBER LAXATIVE POWD	2	
<i>doxepin hcl (sleep)</i>	1		<i>psyllium CAPS 0.52 GM</i>	1	
Non-Barbiturate Hypnotics			<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1	
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		Laxative Combinations		
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)
<i>estazolam</i>	1		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)
<i>eszopiclone</i>	1		<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	Laxatives - Miscellaneous		
IGALMI FILM	NP		<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>midazolam hcl SOLN IJ</i>	1		<i>lactulose SOLN</i>	1	
MIDAZOLAM HCL SOLN IJ	2		<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)
RESTORIL 22.5 MG (<i>temazepam</i>)	NP		<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)
<i>temazepam 7.5 MG</i>	1		SORBITOL PO 70 %	2	
<i>temazepam 22.5 MG</i>	NP		Saline Laxatives		
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)	<i>magnesium citrate 1.745 GM/30ML</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)	<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)
<i>zaleplon</i>	1	QL(1 EA daily)	<i>sodium phosphates ENEM</i>	1	
ZOLPIDEM TARTRATE CAPS	NP		Stimulant Laxatives		
<i>zolpidem tartrate SUBL</i>	NP		<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)	<i>bisacodyl TBEC</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1				
Orexin Receptor Antagonists					
QUVIVIQ	NP				
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	1				
<i>tasimelteon CAPS</i>	1	SP; PA			
LAXATIVES - Bowel Treatment Drugs					
Bulk Laxatives					

Drug Name	Drug Tier	Requirements/ Limits
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ML per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ML per fill retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 EA daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
ACCU-CHEK GUIDE ME KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2	
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC	CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC	CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC	CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC	CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FINE 30	2	QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC	GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA	GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA	GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC
GAUZE SPONGES	2	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC
			H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
			H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
LANCETS	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC	MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC	MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC	PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC	PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS	2	QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC	TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
			VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC	CVS PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC	EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
Misc. Devices			GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC	HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC	MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC	PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC	QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	RA ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC	REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC	SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHERRITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	NP	
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	NP	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	
<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(0.67 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	

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

MINERALS & ELECTROLYTES

Calcium		
CALCIUM ACETATE	2	
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 EA daily)
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
SOLUVITA SOLN	2	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	1	

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

Zinc

<i>zinc sulfate CAPS</i>	1	
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MISCELLANEOUS THERAPEUTIC CLASSES

Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA

Drug Name	Drug Tier	Requirements/ Limits
ATGAM	2	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>azathioprine TABS 50 MG</i>	1	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS (<i>cyclosporine</i>)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPB	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Potassium Removing Agents		
LOKELMA	NP	
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 EA daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	2	QL(1 EA daily)
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)
STRESS FORMULA/IRON/ENERGY TABS	2	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATION SOLN	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	Vitamins w/ Lipotropics		
Ped MV w/ Iron			<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)
BPROTECTED PEDIA POLY-VITE/FE SOLN	2		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2		Articular Cartilage Repair Therapy		
MULTIVITAMIN DROPS/IRON SOLN	2		MACI	2	SP; PA
MULTIVITAMIN INFANT & TODDLER SOLN	2		Central Muscle Relaxants		
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)	AMRIX CP24 (cyclobenzaprine hcl)	NP	
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)	<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
POLY-VITE/IRON SOLN	2		<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
Pediatric Multiple Vitamins			<i>baclofen SUSP</i>	NP	
BPROTECTED PEDIA POLY-VITE SOLN PO	2		<i>baclofen TABS 5 MG</i>	1	PA
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2		<i>baclofen TABS 15 MG</i>	1	
POLY-VI-SOL SOLN PO	2		<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
			<i>carisoprodol TABS 250 MG</i>	NP	PA
			<i>carisoprodol TABS 350 MG</i>	1	MP; PA
			<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
			<i>chlorzoxazone TABS 500 MG</i>	1	MP
			<i>cyclobenzaprine hcl CP24</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 EA daily)	GENVISC 850 SOSY	2	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)	HYALGAN SOLN	2	SP; PA
FLEQSUVY SUSP (<i>baclofen</i>)	NP		HYALGAN SOSY	2	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA	HYMOVIS	2	SP; PA
LIORESAL SOLN IT	2	SP; PA	MONOVISC	2	SP; PA
LYVISPAH PACK	NP		ORTHOVISC	2	SP; PA
<i>metaxalone</i>	1		SUPARTZ FX SOSY	2	SP; PA
METAXALONE 640 MG	2		SYNOJOYNT SOSY	2	SP; PA
<i>methocarbamol TABS 500 MG</i>	1	MP	SYNVISC ONE SOSY	2	SP; PA
<i>methocarbamol TABS 750 MG, 1000 MG</i>	1		SYNVISC SOSY	2	SP; PA
METHOCARBAMOL TABS	NP		TRILURON SOSY	2	SP; PA
<i>orphenadrine citrate TB12</i>	1		TRIVISC SOSY	2	SP; PA
OZOBAX DS SOLN PO (<i>baclofen</i>)	NP		VISCO-3 SOSY	2	SP; PA
OZOBAX SOLN PO (<i>baclofen</i>)	NP		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
SOMA TABS 250 MG (<i>carisoprodol</i>)	NP	PA	Nasal Agent Combinations		
<i>tizanidine hcl CAPS</i>	1		<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
<i>tizanidine hcl TABS</i>	1		DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	2	
Direct Muscle Relaxants			RYALTRIS	NP	
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP		Nasal Agents - Misc.		
<i>dantrolene sodium CAPS</i>	NP		FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
Muscle Relaxant Combinations			LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
<i>orphenadrine w/ aspirin & caff</i>	NP		<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)
Viscosupplements			Nasal Antiallergy		
EUFLEXXA SOSY	2	SP; PA	<i>azelastine hcl</i>	1	QL(30 ML per fill retail)
GEL-ONE	2	SP; PA	<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ML per fill retail)
GELSYN-3 SOSY	2	SP; PA	<i>olopatadine hcl (nasal)</i>	1	
			Nasal Anticholinergics		
			<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA
ELEVIDYS 37.5-38.4 KG	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA
ELEVIDYS 42.5-43.4 KG	2	SP; PA
ELEVIDYS 43.5-44.4 KG	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 53.5-54.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 63.5-64.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 64.5-65.4 KG	2	SP; PA	ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ELEVIDYS 65.5-66.4 KG	2	SP; PA	ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ELEVIDYS 66.5-67.4 KG	2	SP; PA	ZOLGENSMA 18.1-18.5 KG	2	SP; PA
ELEVIDYS 67.5-68.4 KG	2	SP; PA	ZOLGENSMA 18.6-19.0 KG	2	SP; PA
ELEVIDYS 68.5-69.4 KG	2	SP; PA	ZOLGENSMA 19.1-19.5 KG	2	SP; PA
ELEVIDYS 69.5 KG PLUS	2	SP; PA	ZOLGENSMA 19.6-20.0 KG	2	SP; PA
EXONDYS 51	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	2	SP; PA
VILTEPSO	2	SP; PA	ZOLGENSMA 20.1-20.5 KG	2	SP; PA
VYONDYS 53	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
Neuromuscular Blocking Agent - Neurotoxins			ZOLGENSMA 3.6-4.0 KG	2	SP; PA
BOTOX IJ	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
DYSPOORT	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
MYOBLOC	2	SP; PA			
XEOMIN	2	SP; PA			
Spinal Muscular Atrophy Agents (SMA)					
EVRYSDI PO 5 MG	2	SP			
EVRYSDI	2	SP; PA			
SPINRAZA	2	SP; PA			
ZOLGENSMA 20.6-21.0 KG	2	SP; PA			
ZOLGENSMA 10.1-10.5 KG	2	SP; PA			
ZOLGENSMA 10.6-11.0 KG	2	SP; PA			
ZOLGENSMA 11.1-11.5 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 9.6-10.0 KG	2	SP; PA	ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
Artificial Tears and Lubricants			<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)	<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)	Miotics		
Beta-blockers - Ophthalmic			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
<i>betaxolol hcl (ophth) SOLN</i>	NP	QL(5 ML per fill retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>brimonidine tartrate-timolol maleate</i>	NP		BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2		EYLEA SOLN	2	SP; PA
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)	LUCENTIS SOSY	2	SP; PA
<i>dorzolamide hcl-timolol maleate</i>	1		Ophthalmic Adrenergic Agents		
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)	ALPHAGAN P (<i>brimonidine tartrate</i>)	2	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2				
<i>levobunolol hcl 0.5 %</i>	1				
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1				
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)			
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>apraclonidine hcl</i>	1		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)	<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP		Ophthalmic Immunomodulators		
SIMBRINZA	2		CEQUA SOLN	NP	
Ophthalmic Anti-infectives			<i>cyclosporine (ophth) EMUL</i>	NP	
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)	RESTASIS MULTIDOSE EMUL	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)	RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	
ERYTHROMYCIN	2	QL(4 GM per fill retail)	VEVYE SOLN	NP	
<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)	Ophthalmic Integrin Antagonists		
<i>gatifloxacin (ophth)</i>	NP		XIIDRA	2	PA
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Kinase Inhibitors		
<i>levofloxacin (ophth) 0.5 %</i>	1		ROCKLATAN	2	PA
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)	Ophthalmic Local Anesthetics		
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)	<i>tetracaine hcl (ophth)</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)	Ophthalmic Nerve Growth Factors		
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	OXERVATE	2	SP; PA
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)	Ophthalmic Photodynamic Therapy Agents		
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)	VISUDYNE	2	SP; PA
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)	Ophthalmic Steroids		
TOBREX OINT	2	QL(4 GM per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP		DEXTENZA INST	2	SP; PA
Ophthalmic Decongestants			EYSUVIS SUSP	NP	
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)	<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)
			ILUVIEN	2	SP; PA
			<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per fill retail)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	1 max fill(s) per 30 day(s) retail
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)
<i>bromfenac sodium (ophth) 0.075 %, 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	NP	QL(5 ML per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	NP	1 max fill(s) per 30 day(s) retail
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
MIEBO	NP	
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	2	
<i>travoprost SOLN</i>	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ML per fill retail)
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)
<i>pramoxine-hc-chloroxylenol</i>	1	QL(15 ML per fill retail)
Otic Steroids		

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 EA daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 EA per 30 day(s) retail)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	2	QL(1 EA daily)
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	2	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl CP24</i>	1		Multiple Sclerosis Agents		
<i>memantine hcl SOLN</i>	NP	QL(10 ML daily)	AVONEX PEN AJKT	2	SP; PA
<i>memantine hcl TABS</i>	NP	QL(1 EA per 28 day(s) retail)	AVONEX PREFILLED PSKT	2	SP; PA
<i>memantine hcl TABS</i>	1	QL(2 EA daily); MP	BAFIERTAM	NP	SP
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	QL(1 EA per 28 day(s) retail)	BRIUMVI	NP	SP
<i>rivastigmine 13.3 MG/24HR</i>	NP		COPAXONE SOSY (<i>glatiramer acetate</i>)	2	SP; PA
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)	<i>dalfampridine</i>	1	SP; PA
<i>rivastigmine tartrate CAPS</i>	1	QL(2 EA daily)	<i>dimethyl fumarate CDPK</i>	1	SP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents			<i>dimethyl fumarate CPDR</i>	1	SP; PA
SKYSONA	2	SP; PA	<i> fingolimod hcl</i>	1	SP; PA
Combination Psychotherapeutics			GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA
LYBALVI	NP		GILENYA	NP	SP; PA
<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)	<i>glatiramer acetate SOSY</i>	NP	SP; PA
Fibromyalgia Agents			KESIMPTA	2	SP; PA
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
SAVELLA TABS	2	QL(2 EA daily); PA	MAYZENT TABS	NP	SP
Movement Disorder Drug Therapy			OCREVUS ZUNOVO	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA	PLEGRIDY SOSY IM	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA	PONVORY STARTER PACK TBPK	NP	SP
AUSTEDO XR TB24	2	SP; PA	PONVORY TABS	NP	SP
AUSTEDO XR TB24	2	SP; PA	TASCENSO ODT	NP	SP
AUSTEDO TABS	2	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP
INGREZZA CAPS	2	SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
INGREZZA CPSP	2	SP; PA	<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
<i>tetrabenazine</i>	NP	SP; PA	<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
XENAZINE (<i>tetrabenazine</i>)	NP	SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
			<i>ergoloid mesylates TABS</i>	1	
			Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APO-VARENICLINE TABS	2	QL(2 EA daily); AL(At least 13 yrs old)	GLASSIA SOLN	2	SP; PA
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)	PROLASTIN-C SOLR	2	SP; PA
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	ZEMAIRA SOLR 1000 MG	2	SP; PA
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	2	AL(At least 13 yrs old)	Cystic Fibrosis Agents		
CHANTIX TABS (<i>varenicline tartrate</i>)	2	QL(2 EA daily); AL(At least 13 yrs old)	KALYDECO PACK 50 MG, 75 MG	2	SP; PA
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)	KALYDECO TABS	2	SP; PA
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)	ORKAMBI PACK	2	SP; PA
NICOTINE KIT	0	AL(At least 13 yrs old)	ORKAMBI TABS	2	SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)	PULMOZYME	2	SP; PA
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA	SYMDEKO	2	SP; PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA	TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
<i>varenicline tartrate TABS</i>	NP	QL(2 EA daily); AL(At least 13 yrs old)	Pulmonary Fibrosis Agents		
<i>varenicline tartrate TBPK</i>	NP	AL(At least 13 yrs old)	OFEV	2	SP; PA
Transthyretin Amyloidosis Agents			<i>pirfenidone CAPS</i>	1	SP; PA
ONPATTRO	2	SP; PA	<i>pirfenidone TABS 534 MG</i>	1	SP
TEGSEDI	2	SP; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		
Vasomotor Symptom Agents			Tetracyclines		
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
Alpha-Proteinase Inhibitor (Human)			<i>doxycycline hyclate CAPS</i>	1	
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	<i>doxycycline hyclate TABS 100 MG</i>	1	
			<i>minocycline hcl CAPS</i>	1	
			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
			Antithyroid Agents		
			<i>methimazole TABS</i>	1	MP
			<i>propylthiouracil</i>	1	MP
			Thyroid Hormones		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP	INFANRIX	0	AL(At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	KINRIX SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1		PEDIARIX SUSY	0	AL(At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	PENTACEL	0	AL(At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	QUADRACEL SUSP	0	AL(At least 19 yrs old)
NIVA THYROID TABS	2	MP	QUADRACEL SUSY	0	AL(At least 19 yrs old)
NP THYROID TABS	2	MP	TDVAX SUSP	0	AL(At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	TENIVAC SUSP 2 LFU-5 LFU	0	AL(At least 19 yrs old)
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2	MP	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	VAXELIS SUSP	0	AL(At least 19 yrs old)
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	2		VAXELIS SUSY	0	AL(At least 19 yrs old)
TOXOIDS			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Toxoid Combinations			Antispasmodics		
ADACEL SUSP	0	AL(At least 19 yrs old)	<i>dicyclomine hcl CAPS</i>	1	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL(At least 19 yrs old)	<i>dicyclomine hcl SOLN PO</i>	1	QL(40 ML daily)
BOOSTRIX SUSP	0	AL(At least 19 yrs old)	<i>dicyclomine hcl TABS</i>	1	
BOOSTRIX SUSY	0	AL(At least 19 yrs old)	<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 EA daily)
DAPTACEL	0	AL(At least 19 yrs old)	<i>hyoscyamine sulfate ELIX</i>	1	
			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	
			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
			H-2 Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
<i>cimetidine TABS 300 MG, 400 MG</i>	1	
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
<i>famotidine TABS 10 MG</i>	1	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	QL(420 ML per fill retail)
<i>sucralfate TABS</i>	1	QL(4 EA daily); MP
Proton Pump Inhibitors		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
<i>esomeprazole magnesium PACK</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC
<i>lansoprazole TBDD</i>	1	PA; RX/OTC
<i>NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)</i>	NP	RX/OTC
<i>NEXIUM 24HR CPDR (esomeprazole magnesium)</i>	NP	RX/OTC
<i>NEXIUM CPDR 20 MG (esomeprazole magnesium)</i>	NP	RX/OTC
<i>NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium)</i>	NP	
<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	NP	
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>PROTONIX PACK (pantoprazole sodium)</i>	2	
<i>rabeprazole sodium TBEC</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>KONVOMEF SUSR</i>	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
<i>ZEGERID OTC CAPS (omeprazole-sodium bicarbonate)</i>	NP	RX/OTC
<i>ZEGERID CAPS (omeprazole-sodium bicarbonate)</i>	NP	RX/OTC
<i>ZEGERID PACK (omeprazole-sodium bicarbonate)</i>	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>DETROL LA CP24 (tolterodine tartrate)</i>	NP	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 EA daily); MP
<i>oxybutynin chloride TB24</i>	1	QL(2 EA daily); MP
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ TB24 (<i>mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENACTRA	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAX HIB SUSP	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 13	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)
VAXNEUVANCE	0	AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000	0	AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
DENG VAXIA	0	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	M-M-R II SOLR	0	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 BIVALENT	0	
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE SUSP	0	
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	0	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	0	
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
IPOL IJ	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC BIVALENT	0	
IXCHIQ	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
IXIARO	0	AL(At least 19 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
JYNNEOS	0	AL(At least 19 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
			PRIORIX SUSR	0	AL(At least 19 yrs old)
			PROQUAD SUSR	0	AL(At least 19 yrs old)
			RABAVERT	0	AL(At least 19 yrs old)
			RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	2	
ROTARIX SUSP	0	AL(At least 19 yrs old)	Vaginal Anti-infectives		
ROTATEQ SOLN	0	AL(At least 19 yrs old)	CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2	QL(40 GM per fill retail)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	NP	QL(40 GM per fill retail)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0		CLINDESSE	2	
SPIKEVAX SUSP	0		<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 GM per fill retail)
SPIKEVAX SUSY	0		<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 GM per fill retail)
STAMARIL SUSR	0	AL(At least 19 yrs old)	GYNAZOLE-1	2	
TICOVAC	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 GM per fill retail)
TWINRIX SUSY	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)	MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
VAQTA	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 GM per fill retail)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	<i>miconazole nitrate vaginal KIT</i>	1	QL(24 EA per fill retail)
YF-VAX SUSR	0	AL(At least 19 yrs old)	<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 EA per fill retail)
VAGINAL AND RELATED PRODUCTS			<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 EA per fill retail)
Spermicides			MONISTAT 3 CREA	2	QL(15 GM daily)
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)	NUVESSA	2	
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)	<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)	<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 GM per fill retail)
			<i>terconazole vaginal SUPP</i>	1	QL(3 EA per fill retail)
			<i>tioconazole vaginal 6.5 %</i>	1	QL(5 GM per fill retail)
			VANDAZOLE	NP	QL(70 GM per fill retail)
			XACIATO GEL	NP	
			Vaginal Anti-inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone vaginal</i>	1	QL(85.2 GM per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 GM per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) -		

Drug Name	Drug Tier	Requirements/ Limits
Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	1	QL(2 EA daily)
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	1	QL(0.267 EA daily)
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	1	
<i>ergocalciferol CAPS</i>	1	
KEY-E CHEW	2	QL(2 EA daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD PO 125 MCG/ML	2	
<i>vitamin e CAPS</i>	1	QL(2 EA daily)
VITAMIN E CAPS	2	QL(2 EA daily)
VITAMIN E CHEW	2	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 EA per 34 day(s) retail)
B-1 TABS	2	QL(2.94 EA daily)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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BD PEN NEEDLES72	betamethasone dipropionate (topical) CREA47	BIKTARVY 200 MG-50 MG-25 MG 35
BD SWAB SINGLE USE REGULAR 71	betamethasone dipropionate (topical) LOTN47	BILAC CAPS19
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BONJESTA TBCR24	BRILINTA 60 MG, 90 MG (ticagrelor) 60	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG8
BONSITY SOPN 560 MCG/2.24ML 54	brimonidine tartrate 0.1 %, 0.15 % 85	
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buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG8	calcipotriene CREA 46	CAPRELSA 31
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG 8	CALCIPOTRIENE FOAM 46	capsaicin CREA 0.025 %, 0.075 % 51
buprenorphine PTWK 8	calcipotriene OINT 46	capsaicin CREA 0.035 % 51
bupropion hcl (smoking deterrent) 90	calcipotriene SOLN 47	capsaicin CREA 0.1 % 51
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bupropion hcl TB12 150 MG 15	calcitonin (salmon) IJ 54	CARAC CREA (fluorouracil (topical)) 46
bupropion hcl TB12 200 MG 15	calcitonin (salmon) NA 54	CARBAGLU (carglumic acid) 55
bupropion hcl TB12 300 MG 15	calcitriol CAPS 55	carbamazepine CHEW 100 MG ... 13
bupropion hcl TB12 450 MG 15	calcium acetate (phosphate binder) CAPS 57	carbamazepine CHEW 200 MG ... 13
bupropion hcl TB24 150 MG 15	calcium acetate (phosphate binder) TABS 57	carbamazepine CP12 13
bupropion hcl TB24 300 MG 15	CALCIUM ACETATE 77	carbamazepine SUSP 13
bupropion hcl TB24 450 MG 15	calcium carbonate (antacid) CHEW 500 MG 9	carbamazepine TABS 13
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butalbital-aspirin-caffeine CAPS 6	candesartan cilexetil 26	carbidopa-levodopa TBCR 33
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CABOMETYX TABS 31	CAPEX SHAM 48	CAREONE LANCET SUPER THIN 30G 64
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 (amlodipine besylate-atorvastatin calcium) 39	CAPHOSOL SOLN 79	CAREONE LANCET THIN 23G .. 64
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CARETOUCH SAFETY LANCETS 26G64	cefixime CAPS40	chenodiol57
CARETOUCH TWIST LANCETS 28G64	cefixime SUSR40	CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)5
CARETOUCH TWIST LANCETS 30G64	cefpodoxime proxetil SUSR 40	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)5
CARETOUCH TWIST LANCETS 33G64	cefpodoxime proxetil TABS40	chlordiazepoxide hcl CAPS10
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CHOSEN SAFETY LANCETS 28G 64	CLEARDETECT COVID-19 AG HOME KIT 52	clobazam TABS 13
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ciclopirox SOLN 46	CLEOCIN CREA (clindamycin phosphate vaginal) 96	clobetasol propionate emollient base 0.05 % 48
cilostazol 60	CLEVER CHEK LANCETS 64	clobetasol propionate emulsion ... 48
cimetidine TABS 200 MG 92	CLEVER CHOICE COMFORT EZ 64	clobetasol propionate FOAM 48
cimetidine TABS 300 MG, 400 MG 92	CLEVER CHOICE HOLDING CHAMBER DEVI 73	clobetasol propionate GEL 0.05 % 48
cimetidine TABS 800 MG 92	CLEVER CHOICE LANCETS 21G 64	clobetasol propionate LIQD 48
cinacalcet hcl 55	CLEVER CHOICE LANCETS 23G 65	clobetasol propionate LOTN 48
CINQAIR 10	CLEVER CHOICE LANCETS 28G 65	clobetasol propionate OINT 0.05 % 48
CINRYZE SOLR IV 59	CLEVER CHOICE LANCETS 28G 65	clobetasol propionate SHAM 48
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citalopram hydrobromide TABS ... 15		

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CREON CPEP53	CULTURELLE PRO-WELL CAPS .19	CVS SENIOR PROBIOTIC CAPS .20
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CULTURELLE DIGESTIVE HEALTH CHEW23	CVS EVERYDAY CARE PROBIOTIC CAPS20	cyclosporine CAPS78
CULTURELLE HEALTH (INULIN) CAPS23	CVS GLUCOSE CHEW17	cyclosporine modified (for microemulsion) CAPS78
CULTURELLE IMMUNE DEFENSE CAPS19	CVS LANCETS ORIGINAL65	cyclosporine modified (for microemulsion) SOLN78
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	desmopressin acetate spray	

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dexchlorpheniramine maleate SOLN . 24		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	10	DIGESTIVE ADV+LACTOSE SUPPORT CAPS	20
dexmedetomidine hcl in sodium chloride SOLN	62	diazepam SOLN IJ 5 MG/ML	10	DIGESTIVE ADVANTAGE CAPS .	20
dexmedetomidine hcl SOLN 200 MCG/2ML	62	DIAZEPAM SOLN IJ 5 MG/ML	10	digoxin SOLN PO 0.05 MG/ML	39
dexmethylphenidate hcl CP24	2	diazepam SOLN PO 5 MG/5ML ...	10	digoxin TABS 125 MCG, 250 MCG	39
dexmethylphenidate hcl TABS	2	diazepam TABS	10	digoxin TABS 125 MCG, 250 MCG	39
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dextroamphetamine sulfate CP24 10 MG, 15 MG	1	diclofenac potassium TABS 50 MG .	5	DILANTIN INFATABS CHEW (phenytoin)	14
dextroamphetamine sulfate CP24 5 MG	1	diclofenac sodium (ophth)	86	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	38
dextroamphetamine sulfate SOLN ..	1	diclofenac sodium (topical) GEL EX 46		diltiazem hcl coated beads CP24 240 MG	38
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	diclofenac sodium TB24	5	diltiazem hcl coated beads CP24 360 MG	38
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	diclofenac sodium TBEC	5	diltiazem hcl CP12	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	dicloxacillin sodium	88	diltiazem hcl CP24 120 MG, 240 MG	38
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	44	dicyclomine hcl CAPS	91	diltiazem hcl CP24 180 MG	38
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		DIFFERIN LOTN	45	dimethyl fumarate CPDR	89
		diflorasone diacetate CREA	48		
		diflorasone diacetate OINT	48		
		diflunisal TABS	6		

diphenhydramine hcl (sleep) CAPS 61	MG/8ML, 160 MG/16ML 32	doxycycline hyclate CAPS 90
diphenhydramine hcl (sleep) LIQD 61	docetaxel SOLN 32	doxycycline hyclate TABS 100 MG 90
diphenhydramine hcl (sleep) TABS 25 MG 61	DOCIVYX SOLN 32	doxylamine succinate (sleep) 61
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diphenoxylate w/ atropine LIQD ... 23	donepezil hydrochloride TABS 5 MG, 10 MG 88	drospirenone-ethinyl estradiol-levomefolate calcium 41
diphenoxylate w/ atropine TABS .. 23	donepezil hydrochloride TBDP 88	DROXIA CAPS 60
DIPROLENE OINT (betamethasone dipropionate augmented) 48	DOPTelet 60	droxidopa 97
dipyridamole 60	dorzolamide hcl 86	DRUG MART ON-THE-GO LANCET 30G 65
disopyramide phosphate CAPS ... 10	DORZOLAMIDE HCL 86	DRUG MART UNILET LANCETS 28G 65
disulfiram 250 MG 88	DORZOLAMIDE HCL-TIMOLOL MAL 84	DRUG MART UNILET LANCETS 30G 65
divalproex sodium CSDR 14	dorzolamide hcl-timolol maleate .. 84	DRUG MART UNILET LANCETS 33G 65
divalproex sodium TB24 14	DOVATO 35	DUETACT (pioglitazone hcl-glimepiride) 16
divalproex sodium TBEC 14	doxazosin mesylate 26	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT 12
docetaxel CONC 160 MG/8ML 32	doxepin hcl (sleep) 62	DULERA 50 MCG/ACT-5 MCG/ACT . 12
DOCETAXEL CONC 160 MG/8ML 32	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG 16	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG 16
DOCETAXEL SOLN 20 MG/2ML, 80	doxepin hcl CAPS 150 MG 16	
	doxepin hcl CONC 16	
	doxycycline (monohydrate) CAPS 50 MG, 100 MG 90	
	doxycycline (monohydrate) TABS 50 MG, 100 MG 90	

duloxetine hcl CPEP 60 MG 16	EASY TOUCH LANCETS	ELEVIDYS 10.5-11.4 KG 82
DUPIXENT SOAJ 50	32G/TWIST 65	ELEVIDYS 11.5-12.4 KG 82
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML 50	EASY TOUCH LANCETS	ELEVIDYS 12.5-13.4 KG 82
dutasteride 58	33G/TWIST 65	ELEVIDYS 13.5-14.4 KG 82
dutasteride-tamsulosin hcl 58	EASY TOUCH SAFETY LANCETS	ELEVIDYS 14.5-15.4 KG 82
DYANAVAL XR TBCR 1	21G 65	ELEVIDYS 15.5-16.4 KG 82
DYMISTA SUSP (azelastine hcl- fluticasone propionate) 81	EASY TOUCH SAFETY LANCETS	ELEVIDYS 16.5-17.4 KG 82
DYSPORT 83	23G 65	ELEVIDYS 17.5-18.4 KG 82
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 63	EASY TOUCH SAFETY LANCETS	ELEVIDYS 18.5-19.4 KG 82
EASIVENT MASK LARGE MISC .. 73	26G 65	ELEVIDYS 19.5-20.4 KG 82
EASIVENT MASK MEDIUM MISC 74	28G 65	ELEVIDYS 20.5-21.4 KG 82
EASIVENT MASK SMALL MISC .. 74	EBASE CONTROLLER KIT MISC .74	ELEVIDYS 21.5-22.4 KG 82
EASIVENT MISC 74	EBGLYSS SOAJ 50	ELEVIDYS 21.5-22.4 KG 82
EASY COMFORT ALCOHOL PADS 71	EBGLYSS SOSY 50	ELEVIDYS 22.5-23.4 KG 82
EASY COMFORT LANCETS 65	econazole nitrate CREA 46	ELEVIDYS 23.5-24.4 KG 82
EASY COMFORT LANCETS TWIST TOP 65	ECOTRIN ARTHRTIS PAIN TBEC (aspirin) 6	ELEVIDYS 24.5-25.4 KG 82
EASY TOUCH ALCOHOL PREP MEDIUM 71	ECOTRIN TBEC (aspirin) 6	ELEVIDYS 25.5-26.4 KG 82
EASY TOUCH LANCETS 21G ... 65	EDURANT 35	ELEVIDYS 26.5-27.4 KG 82
EASY TOUCH LANCETS 23G ... 65	EDURANT PED PO 2.5 MG 35	ELEVIDYS 27.5-28.4 KG 82
EASY TOUCH LANCETS 26G ... 65	efavirenz CAPS 200 MG 35	ELEVIDYS 28.5-29.4 KG 82
EASY TOUCH LANCETS 28G ... 65	efavirenz CAPS 50 MG 35	ELEVIDYS 29.5-30.4 KG 82
EASY TOUCH LANCETS	efavirenz TABS 35	ELEVIDYS 30.5-31.4 KG 82
28G/TWIST 65	efavirenz-emtricitabine-tenofovir disoproxil fumarate 35	ELEVIDYS 31.5-32.4 KG 82
EASY TOUCH LANCETS 30G ... 65	efavirenz-lamivudine-tenofovir disoproxil fumarate 35	ELEVIDYS 32.5-33.4 KG 82
EASY TOUCH LANCETS	ELAPRASE 55	ELEVIDYS 33.5-34.4 KG 82
30G/TWIST 65	ELELYSO 60	ELEVIDYS 34.5-35.4 KG 82
EASY TOUCH LANCETS 32G ... 65	ELEPSIA XR TB24 13	ELEVIDYS 35.5-36.4 KG 82
	eletriptan hydrobromide 76	ELEVIDYS 36.5-37.4 KG 82
	ELEVIDYS 10.0-10.4 KG 82	ELEVIDYS 37.5-38.4 KG 82
		ELEVIDYS 38.5-39.4 KG 82
		ELEVIDYS 39.5-40.4 KG 82

ELEVIDYS 40.5-41.4 KG	82	ELIDEL (pimecrolimus)	50	EMPLICITI	29
ELEVIDYS 41.5-42.4 KG	82	ELIGARD KIT SC 7.5 MG	30	emtricitabine CAPS	35
ELEVIDYS 42.5-43.4 KG	82	ELIGARD SC 22.5 MG, 30 MG, 45		emtricitabine-rilpivirine-tenofovir	
ELEVIDYS 43.5-44.4 KG	82	MG	30	disoproxil fumarate	35
ELEVIDYS 44.5-45.4 KG	82	ELIQUIS DVT/PE STARTER PACK		emtricitabine-tenofovir disoproxil	
ELEVIDYS 45.5-46.4 KG	82	TBPK	12	fumarate	35
ELEVIDYS 46.5-47.4 KG	82	ELIQUIS TABS	12	EMTRIVA CAPS (emtricitabine) ...	35
ELEVIDYS 47.5-48.4 KG	82	ELLA	42	EMTRIVA SOLN	35
ELEVIDYS 48.5-49.4 KG	82	ELLENCE SOLN	31	EMVERM CHEW	9
ELEVIDYS 49.5-50.4 KG	82	ELLUME COVID-19 HOME TEST		enalapril maleate &	
ELEVIDYS 50.5-51.4 KG	82	KIT	52	hydrochlorothiazide	27
ELEVIDYS 51.5-52.4 KG	82	ELMIRON CAPS	58	enalapril maleate TABS	26
ELEVIDYS 52.5-53.4 KG	82	ELOCTATE	59	ENBREL MINI SOCT	5
ELEVIDYS 53.5-54.4 KG	83	eltrombopag olamine PACK 12.5 MG		ENBREL SOLN	5
ELEVIDYS 54.5-55.4 KG	83		60	ENBREL SOSY	5
ELEVIDYS 55.5-56.4 KG	83	eltrombopag olamine TABS 12.5 MG,		ENBREL SURECLICK SOAJ	5
ELEVIDYS 56.5-57.4 KG	83	25 MG, 50 MG, 75 MG	60	ENCARE SUPP 100 MG	96
ELEVIDYS 57.5-58.4 KG	83	EMBECTA AUTOSHIELD DUO ..	72	ENFAMIL POLY-VI-SOL-IRON	
ELEVIDYS 58.5-59.4 KG	83	EMBECTA PEN NEEDLE NANO ..	72	SOLN 11 MG/ML	80
ELEVIDYS 59.5-60.4 KG	83	EMBECTA PEN NEEDLE NANO 2		ENGRIX-B SUSP 20 MCG/ML ...	94
ELEVIDYS 60.5-61.4 KG	83	GEN	72	ENGRIX-B SUSY	94
ELEVIDYS 61.5-62.4 KG	83	EMBECTA PEN NEEDLE		enoxaparin sodium SOLN IJ 300	
ELEVIDYS 62.5-63.4 KG	83	ULTRAFINE	72	MG/3ML	13
ELEVIDYS 63.5-64.4 KG	83	EMBRACE LANCETS ULTRA THIN		enoxaparin sodium SOSY 100	
ELEVIDYS 64.5-65.4 KG	83	30G	65	MG/ML, 150 MG/ML	13
ELEVIDYS 65.5-66.4 KG	83	EMBRACE PRESSURE ACTIVATED		enoxaparin sodium SOSY 30	
ELEVIDYS 66.5-67.4 KG	83	21G	65	MG/0.3ML	13
ELEVIDYS 67.5-68.4 KG	83	EMBRACE PRESSURE ACTIVATED		enoxaparin sodium SOSY 40	
ELEVIDYS 68.5-69.4 KG	83	28G	65	MG/0.4ML, 60 MG/0.6ML	13
ELEVIDYS 69.5 KG PLUS	83	EMCYT	30	enoxaparin sodium SOSY 80	
		EMGALITY (300 MG DOSE) SOSY		MG/0.8ML, 120 MG/0.8ML	13
		76		ENTADFI	58
		EMGALITY SOAJ	76	ENTRESTO CPSP	39
		EMGALITY SOSY	76		

ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	39	EQ SPACE CHAMBER ANTI-STATIC DEVI	74	erythromycin ethylsuccinate SUSR 63	
ENTYVIO PEN SOAJ	57	EQ SPACE CHAMBER ANTI-STATIC L DEVI	74	erythromycin ethylsuccinate TABS 63	
ENVIVE CAPS	20	EQ SPACE CHAMBER ANTI-STATIC M DEVI	74	ERZOFRI 351 MG/2.25ML	33
EPCLUSA PACK	37	EQ SPACE CHAMBER ANTI-STATIC S DEVI	74	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	33
EPCLUSA TABS	37	EQL ALCOHOL SWABS	71	escitalopram oxalate SOLN	15
EPIFOAM FOAM	48	EQL DAILY PROBIOTIC CAPS ...	20	escitalopram oxalate TABS	15
epinastine hcl (ophth)	86	EQL DRY MOUTH ORAL RINSE SOLN	79	esomeprazole magnesium CPDR .	92
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	97	EQL PROBIOTIC COLON SUPPORT CAPS	20	esomeprazole magnesium PACK .	92
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	97	ERBITUX	30	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 59	
epinephrine (anaphylaxis) SOAJ ..	97	ergocalciferol CAPS	97	estazolam	62
epinephrine hcl (nasal)	82	ergoloid mesylates TABS	89	estradiol & norethindrone acetate TABS	56
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	97	ergotamine w/ caffeine TABS	76	estradiol PTTW	56
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	97	eribulin mesylate	32	estradiol PTWK	56
EPIVIR SOLN (lamivudine)	35	ERIVEDGE	30	estradiol TABS	56
EPIVIR TABS 150 MG (lamivudine) 35		ERLEADA 60 MG	30	estradiol vaginal CREA	97
EPIVIR TABS 300 MG (lamivudine) 35		erlotinib hcl	30	estradiol vaginal TABS	97
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	60	ertapenem sodium IJ	27	ESTROVEN SLIMBIOTICS CAPS	20
epoprostenol sodium	39	ERYPED 200 SUSR (erythromycin ethylsuccinate)	63	eszopiclone	62
EPRONTIA SOLN 25 MG/ML (topiramate)	13	erythromycin (acne aid) GEL	45	ethambutol hcl TABS	28
EPZICOM (abacavir sulfate-lamivudine)	35	erythromycin (acne aid) SOLN	45	ethosuximide CAPS	14
EQ PROBIOTIC CAPS	20	erythromycin (ophth)	85	ethosuximide SOLN	14
EQ PROBIOTIC CPDR	20	ERYTHROMYCIN	85	ethynodiol diacet & eth estrad	41
		erythromycin base CPEP	63	etodolac CAPS	5
		erythromycin base TABS	63	etodolac TABS	5
		erythromycin base TBEC	63	etodolac TB24	5
				etonogestrel-ethinyl estradiol	42

etoposide CAPS	32	EZ-LETS LANCETS 28G	66	100 MCG/HR	6
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	EZ-LETS LANCETS 30G	66	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etravirine 100 MG	35	FABRAZYME	55	FERRETTS TABS	61
etravirine 200 MG	35	famciclovir	37	FERRIPROX SOLN	23
EUFLEXXA SOSY	81	famotidine TABS 10 MG	92	ferrous fumarate TABS	61
EULEXIN	30	famotidine TABS 20 MG, 40 MG ..	92	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	61
EVENITY	54	FANAPT TITRATION PACK C	33	FERROUS GLUCONATE TABS 324 MG	61
everolimus (immunosuppressant) .	78	FARXIGA (dapagliflozin propanediol)	18	ferrous gluconate TABS	61
everolimus TABS	31	FASENRA PEN SOAJ	10	ferrous sulfate dried TBCR	61
everolimus TBSO	31	FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	61
EVOMELA IV	28	FASTEP COVID-19 ANTIGEN TEST KIT	52	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	61
EVOTAZ	35	FEIBA	59	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	61
EVRYSDI	83	felbamate SUSP	14	ferrous sulfate TBEC 325 MG	61
EVRYSDI PO 5 MG	83	felbamate TABS	14	ferrous sulfate TBEC	61
EXELON 13.3 MG/24HR (rivastigmine)	88	felodipine	39	fesoterodine fumarate	92
EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	88	FEM-DOPHILUS WOMENS CAPS 20		FEVERALL JUNIOR STRENGTH SUPP	6
exemestane	30	fenofibrate CAPS	25	fexofenadine hcl SUSP	24
exenatide SOPN 10 MCG/0.04ML .	17	fenofibrate micronized 134 MG, 200 MG	25	fexofenadine hcl TABS 180 MG ...	24
exenatide SOPN 5 MCG/0.02ML ..	17	fenofibrate micronized 43 MG, 90 MG, 130 MG	25	fexofenadine hcl TABS 60 MG	24
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	27	fenofibrate micronized 67 MG	25	FIBRICOR (fenofibric acid)	25
EXONDYS 51	83	fenofibrate TABS 40 MG, 120 MG .	25	FIBRYGA	59
EYLEA SOLN	84	fenofibrate TABS 54 MG	25	FIFTY50 ALCOHOL PREP	71
EYSUVIS SUSP	85	fenofibric acid	25	FIFTY50 SAFETY SEAL LANCETS .	66
ezetimibe	25	FENOGLIDE TABS (fenofibrate) ..	25	FIFTY50 UNILET LANCETS 33G .	66
ezetimibe-simvastatin	25	FENSOLVI (6 MONTH) SC	55	FILTER AIR PP MISC	74
EZ-LETS LANCETS 21G	65	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR,			
EZ-LETS LANCETS 26G	65				

finasteride	58	FLUAD QUADRIVALENT	94	fluocinolone acetonide SOLN	48
FINE 30	66	FLUARIX QUADRIVALENT SUSY	94	fluocinonide CREA 0.05 %	49
FINGERSTIX LANCETS	66	FLUARIX SUSY	94	fluocinonide CREA 0.1 %	49
fingolimod hcl	89	FLUBLOK QUADRIVALENT	94	fluocinonide emulsified base	49
FIRDAPSE	28	FLUBLOK SOSY	94	fluocinonide GEL	49
FIRMAGON (240 MG DOSE)	30	FLUCELVAX QUADRIVALENT		fluocinonide OINT	49
FIRMAGON 80 MG	30	SUSP	94	fluocinonide SOLN	49
FIRST-PROGESTERONE VGS		FLUCELVAX QUADRIVALENT		fluorometholone (ophth) SUSP	85
SUPP	97	SUSY	94	fluorouracil (topical) CREA 0.5 %	46
flavoxate hcl	93	FLUCELVAX SUSP	94	fluorouracil (topical) CREA 5 %	46
FLEBOGAMMA DIF SOLN	87	FLUCELVAX SUSY	94	fluorouracil (topical) SOLN	46
flecainide acetate	10	fluconazole SUSR	24	fluoxetine hcl (pmdd) TABS 10 MG	89
FLEQSUVY SUSP (baclofen)	81	fluconazole TABS 100 MG	24	fluoxetine hcl (pmdd) TABS 20 MG	89
FLEXICHAMBER DEVI	74	fluconazole TABS 150 MG	24	fluoxetine hcl CAPS	15
FLORA VANCE CAPS	20	fluconazole TABS 200 MG	24	fluoxetine hcl CPDR	15
FLORAJEN DIGESTION CAPS	20	fluconazole TABS 50 MG	24	fluoxetine hcl SOLN	15
FLORAJEN KIDS CAPS	20	fludarabine phosphate SOLN	29	FLUOXETINE HCL TABS (fluoxetine	
FLORASAVE CPDR	20	FLUDARABINE PHOSPHATE SOLN		hcl)	15
FLORASTOR ADVANCED CAPS	20		29	fluoxetine hcl TABS 10 MG	15
FLORASTOR DIGEST DE-STRESS		fludarabine phosphate SOLR	29	fluoxetine hcl TABS 20 MG	15
CAPS	20	fludrocortisone acetate TABS	44	fluoxetine hcl TABS 60 MG	15
FLORASTOR SELECT GUT BOOST		FLULAVAL QUADRIVALENT SUSY .	94	fluphenazine decanoate	34
CAPS	20	94		fluphenazine hcl TABS	34
FLORASTOR SELECT IMMUNITY		FLULAVAL SUSY	94	flurandrenolide CREA	49
BOOS CAPS	20	FLUMIST	94	flurandrenolide LOTN	49
FLORRAXIS CAPS	20	FLUMIST QUADRIVALENT	94	flurandrenolide OINT	49
FLOVENT DISKUS AEPB		flunisolide (nasal)	82	flurazepam hcl	62
(fluticasone propionate (inhalation))		fluocinolone acetonide (otic)	87	flurbiprofen sodium	86
11		fluocinolone acetonide CREA	48	flurbiprofen TABS	5
FLOWFLEX COVID-19 AG HOME		fluocinolone acetonide OIL	48		
TEST KIT	52	fluocinolone acetonide OINT	48		
FLUAD	94				

fluticasone propionate (inhalation) AEPB	11	folic acid TABS 1 MG	60	FREESTYLE LIBRE 14 DAY SENSOR	66
fluticasone propionate (nasal) SUSP .	82	folic acid TABS 400 MCG, 800 MCG .	60	FREESTYLE LIBRE 2 PLUS SENSOR	66
fluticasone propionate CREA 0.05 %	49	FOLOTYN	29	FREESTYLE LIBRE 2 READER ..	66
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	fondaparinux sodium	13	FREESTYLE LIBRE 2 SENSOR ..	66
fluticasone propionate hfa 44 MCG/ACT	11	FORA LANCETS	66	FREESTYLE LIBRE 3 PLUS SENSOR	66
fluticasone propionate LOTN	49	FORFIVO XL TB24 (bupropion hcl) 15		FREESTYLE LIBRE 3 READER ..	66
fluticasone propionate OINT	49	FORTESTA GEL TD (testosterone) .8		FREESTYLE LIBRE 3 SENSOR ..	66
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	12	FORTIFY 30 BILLION PROBIOT 50+ CPDR	20	FREESTYLE LIBRE READER	66
fluticasone-salmeterol AERO	12	FORTIFY 50 BILLION PROBIOT 50+ CPDR	20	FREESTYLE UNISTICK II LANCETS	66
fluvastatin sodium CAPS	25	FORTIFY DAILY PROBIOTIC CAPS .	20	frovatriptan succinate	76
fluvastatin sodium TB24	25	FORTIFY DAILY PROBIOTIC EX ST CPDR	20	FT ACIDOPHILUS PROBIOTIC BLEND CAPS	21
fluvoxamine maleate CP24	15	FORTIFY OPTIMA PROBIOTIC CPDR	20	FT GLUCOSE CHEW 4 GM	17
fluvoxamine maleate TABS	15	FORTIFY OPTIMA WOMENS ADV CARE CPDR	20	FT PROBIOTIC ADVANCED CAPS 21	
FLUZONE HIGH-DOSE QUADRIVALENT	94	FORTIFY PROBIOTIC WOMENS CPDR	20	FT SALINE NASAL SPRAY SOLN 81	
FLUZONE HIGH-DOSE SUSY	94	FORTIFY PROBIOTIC WOMENS EX ST CPDR	20	FULL KIT NEBULIZER SET MISC	74
FLUZONE QUADRIVALENT SUSP	95	fosamprenavir calcium TABS	35	FULPHILA	60
FLUZONE QUADRIVALENT SUSY	95	fosinopril sodium & hydrochlorothiazide	27	furosemide SOLN PO 8 MG/ML, 10 MG/ML	53
FLUZONE SUSP	95	fosinopril sodium	26	furosemide TABS	53
FLUZONE SUSY	95	FRAGMIN SOLN 10000 UNIT/4ML	13	FYLNETRA	60
FLYP HYPERSONIQ CARTRIDGE MISC	74	FREESTYLE LANCETS	66	gabapentin CAPS 100 MG	13
FOCALIN XR CP24 (dexmethylphenidate hcl)	2	FREESTYLE LIBRE 14 DAY READER	66	gabapentin CAPS 300 MG, 400 MG .	13
				gabapentin SOLN	13
				gabapentin TABS 600 MG, 800 MG	13
				GABLOFEN SOLN IT 10000	

MCG/20ML, 40000 MCG/20ML ...	81	gentamicin sulfate (ophth) SOLN ..	85	GLUCOCOM LANCETS 28G	66
GALAFOLD	55	gentamicin sulfate (topical) CREA .	45	GLUCOCOM LANCETS 30G	66
galantamine hydrobromide CP24 ..	88	gentamicin sulfate (topical) OINT ..	45	GLUCOCOM LANCETS 33G	66
galantamine hydrobromide SOLN ..	88	GENTEEL BUTTERFLY TOUCH		GLUCOSE CHEW	17
galantamine hydrobromide TABS ..	88	LANCET	66	GLUMETZA TB24 (metformin hcl) .	16
GAMASTAN IM	87	GENTLE-LET GP LANCETS	66	glyburide micronized 1.5 MG, 3 MG,	
GAMIFANT 10 MG/2ML, 50		GENTLE-LET LANCETS	66	6 MG	19
MG/10ML	78	GENVISC 850 SOSY	81	glyburide TABS	19
GAMMAGARD	87	GENVOYA	35	glyburide-metformin	16
GAMMAGARD S/D LESS IGA SOLR		GILENYA (fingolimod hcl)	89	glycerin (laxative) SUPP 2 GM	62
.....	87	GILENYA	89	glycine diluent	88
GAMMAKED 1 GM/10ML, 5		GILOTRIF	30	glycopyrrolate TABS 1 MG, 2 MG .	91
GM/50ML, 10 GM/100ML, 20		ginger (zingiber officinalis) CAPS 250		GLYXAMBI	16
GM/200ML	87	MG	2	GNP ACIDOPHILUS HIGH	
GAMMAPLEX SOLN	87	GLASSIA SOLN	90	POTENCY CAPS	21
GAMUNEX-C	87	glatiramer acetate SOSY	89	GNP ADVANCED PROBIOTIC	
GARDASIL 9 SUSP 0.5 ML	95	glimepiride 1 MG, 2 MG	19	CAPS	21
GARDASIL 9 SUSY 0.5 ML	95	glimepiride 3 MG	19	GNP ALCOHOL SWABS	71
gatifloxacin (ophth)	85	glimepiride 4 MG	19	GNP GLUCOSE CHEW	17
GATTEX	58	glipizide TABS 2.5 MG	19	GNP PROBIOTIC COLON	
GAUZE SPONGES	66	glipizide TABS 5 MG, 10 MG	19	SUPPORT CAPS	21
GAZYVA	29	glipizide TB24	19	GNP PROBIOTIC EXTRA	
gefitinib	30	glipizide-metformin hcl	16	STRENGTH CAPS	23
GEL-ONE	81	GLOBAL ALCOHOL PREP EASE	71	GNP STERILE LANCETS 28G ...	66
GELSYN-3 SOSY	81	GLOBAL INJECT EASE LANCETS		GNP STERILE LANCETS 30G ...	66
gemfibrozil TABS	25	28G	66	GNP STERILE LANCETS 33G ...	66
GEMTESA	93	GLOBAL INJECT EASE LANCETS		GOJJI STERILE LANCETS	66
GENABIO COVID-19 RAPID TEST		30G	66	GOODSENSE ALCOHOL SWABS	
KIT	52	GLUCAGON EMERGENCY SOLR IJ		71	
GENORAVANCE CAPS	21	1 MG (glucagon)	17	GOTOKNOW COVID-19 ANTIGEN	
GENOTROPIN CART SC	54	glucagon SOLR IJ 1 MG	17	RAPI KIT	52
GENOTROPIN MINIQUEL PRSY	54	GLUCO TO GO CHEW	17	granisetron hcl TABS	23

GRANIX SOLN 300 MCG/ML60	haloperidol TABS34	HULIO (2 SYRINGE) PSKT4
GRANIX SOSY60	HARVONI PACK37	HUMALOG JUNIOR KWIKPEN SOPN18
griseofulvin microsize SUSP24	HARVONI TABS37	HUMALOG KWIKPEN SOPN 100 UNIT/ML18
griseofulvin microsize TABS24	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML95	HUMALOG MIX 50/50 KWIKPEN SUPN18
griseofulvin ultramicrosize24	H-E-B INCONTROL ALCOHOL ...71	HUMALOG MIX 50/50 SUSP18
guaifenesin-codeine SOLN44	H-E-B INCONTROL LANCETS 28G . 66	HUMALOG MIX 75/25 KWIKPEN SUPN18
guaifenesin-codeine SYRP44	H-E-B INCONTROL LANCETS 30G . 66	HUMALOG MIX 75/25 SUSP18
guanfacine hcl (adhd)2	H-E-B INCONTROL LANCETS 33G . 67	HUMALOG SOLN IJ18
guanfacine hcl26	HEMATINIC PLUS VIT/MINERALS TABS61	HUMALOG TEMPO PEN SOPN ..18
GVOKE KIT SOLN17	HEMGENIX59	HUMATE-P SOLR59
GYNAZOLE-196	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML59	HUMIRA (2 PEN) AJKT 40 MG/0.8ML4
HADLIMA PUSHTOUCH SOAJ4	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT59	HUMIRA (2 PEN) AJKT4
HADLIMA SOSY4	HEPAGAM B SOLN IJ87	HUMIRA (2 SYRINGE) PSKT4
HAEMOLANCE66	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML13	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML4
HAEMOLANCE LOW FLOW LANCETS66	HEPLISAV-B SOSY95	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML4
HAEMOLANCE PLUS66	HERCEPTIN HYLECTA31	HUMIRA-PED<40KG CROHNS STARTER PSKT4
HAEMOLANCE PLUS HIGH FLOW . 66	HIBERIX SOLR IJ93	HUMIRA-PED>=40KG CROHNS START PSKT4
HAEMOLANCE PLUS LOW FLOW . 66	HIGH POTENCY PROBIOTIC CAPS 21	HUMIRA-PED>=40KG UC STARTER AJKT4
HAEMOLANCE PLUS MAX FLOW 66	HIZENTRA SOLN87	HUMIRA-PS/UV/ADOL HS STARTER AJKT4
HAEMOLANCE PLUS PEDIATRIC FLOW66	HIZENTRA SOSY 10 GM/50ML ...87	HUMIRA-PSORIASIS/UEIT STARTER AJKT4
halcinonide CREA49	HM STERILE ALCOHOL PREP ..71	HUMULIN 70/30 SUSP18
halobetasol propionate CREA49	HULIO (2 PEN) AJKT4	HUMULIN N SUSP18
halobetasol propionate OINT49		
HALOG CREA (halcinonide)49		
haloperidol decanoate34		
haloperidol lactate CONC34		
haloperidol lactate SOLN34		

HUMULIN R SOLN IJ	18	hydrocortisone (topical) LOTN 1 %	49	hydroxyprogesterone caproate (antineoplastic)	30
HUMULIN R U-500 (CONCENTRATED) SOLN SC	18	hydrocortisone (topical) LOTN 2.5 %	49	hydroxyurea	32
HUMULIN R U-500 KWIKPEN SOPN SC	18	hydrocortisone (topical) OINT 0.5 %	49	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	10
HYALGAN SOLN	81	hydrocortisone (topical) OINT 1 %	49	hydroxyzine hcl SYRP	10
HYALGAN SOSY	81	hydrocortisone (topical) OINT 2.5 %	49	hydroxyzine hcl TABS	10
HYCAMTIN CAPS	32	hydrocortisone (topical) SOLN 1 %	49	hydroxyzine pamoate CAPS 25 MG, 100 MG	10
hydralazine hcl TABS	27	hydrocortisone acetate (topical) CREA	49	hydroxyzine pamoate CAPS 50 MG 10	
hydrochlorothiazide CAPS	54	hydrocortisone acetate (topical) OINT	49	HYMOVIS	81
hydrochlorothiazide TABS 25 MG, 50 MG	54	HYDROCORTISONE ACETATE CREA	49	hyoscyamine sulfate ELIX	91
hydrocodone bitartrate CP12	6	hydrocortisone butyrate CREA	49	hyoscyamine sulfate SOLN PO 0.125 MG/ML	91
hydrocodone bitartrate-homatropine methylobromide SOLN	44	hydrocortisone butyrate hydrophilic lipo base	49	hyoscyamine sulfate SUBL 0.125 MG	91
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 TABS 0.125 MG	91
hydrocodone-acetaminophen TABS 325 MG-10 MG	7	hydrocortisone butyrate OINT	49	hyoscyamine sulfate TB12 0.375 MG 91	
hydrocodone-acetaminophen TABS 325 MG-5 MG	7	hydrocortisone butyrate SOLN	49	hyoscyamine sulfate TBDP 0.125 MG	91
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7	hydrocortisone TABS	43	HYPERHEP B SOLN IM	87
hydrocortisone (intrarectal)	8	hydrocortisone vaginal	97	HYPERHEP B SOSY	87
hydrocortisone (rectal) EX 1 %	9	hydrocortisone valerate CREA	49	HYPERRHO S/D SOSY IM 1500 UNIT	87
hydrocortisone (rectal) EX 2.5 % ...	9	hydrocortisone valerate OINT	49	HYPERRHO S/D SOSY IM 250 UNIT	87
hydrocortisone (topical) CREA 0.5 % 49		hydrocortisone w/acetic acid	87	HYQVIA	87
hydrocortisone (topical) CREA 1 % 49		HYDROMORPHONE HCL SUPP ...	6	HYRIMOZ SOAJ	4
hydrocortisone (topical) CREA 2.5 % 49		hydromorphone hcl TABS	6	HYRIMOZ SOSY	4
		hydromorphone hcl TB24	6	HYRIMOZ-CROHNS/UC STARTER SOAJ	4
		HYDROXATE GEL	49		
		HYDROXYM GEL	49		

HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	AJKT	4	INDICAID COVID-19 RAPID TEST KIT	52
HYRIMOZ-PED>=40KG CROHN START SOSY	4	IDELVION	59	indomethacin CAPS 25 MG, 50 MG 5	
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	4	IGALMI FILM	62	indomethacin CPCR	5
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	4	IHEALTH COVID-19 RAPID TEST KIT	52	INFANRIX	91
HY-VEE LANCETS	67	ILEVRO	86	INFANTS ADVIL SUSP (ibuprofen) .	5
HY-VEE THIN LANCETS	67	ILUVIEN	85	INGREZZA CAPS	89
ibandronate sodium SOLN	54	imatinib mesylate TABS	31	INGREZZA CPSP	89
ibandronate sodium TABS	54	IMBRUVICA CAPS 140 MG	31	INLYTA	29
IBRANCE CAPS	31	IMBRUVICA CAPS 70 MG	31	INNOSPIRE REPLACEMENT FILTER MISC	74
IBSRELA	57	IMBRUVICA TABS	31	INPEFA	39
ibuprofen CHEW	5	IMCIVREE SOLN SC	55	INSPIREASE MISC	74
ibuprofen SUSP	5	imipramine hcl TABS	16	INSPIREASE RESERVOIR BAGS 74	
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	5	imipramine pamoate	16	INSULIN ASP PROT & ASP FLEXPEN SUPN	18
ibuprofen-diphenhydramine citrate 61		imiquimod 5 %	50	INSULIN ASPART PROT & ASPART SUSP	18
ibuprofen-diphenhydramine hcl ...	61	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 76		INSULIN GLARGINE SOLN	18
icatibant acetate SOSY	59	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 76		INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	18
ICLUSIG 15 MG, 45 MG	31	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	76	INSULIN GLARGINE-YFGN SOLN 18	
ID NOW COVID-19	52	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	76	INSULIN LISPRO (1 UNIT DIAL) SOPN	18
ID NOW COVID-19 2.0 CONTROL 52		IMLYGIC	32	INSULIN LISPRO JUNIOR KWIKPEN SOPN	18
ID NOW COVID-19 2.0 TEST	52	IMOVAX RABIES SUSR	95	INSULIN LISPRO PROT & LISPRO SUPN	18
ID NOW COVID-19 CONTROL ...	52	IN TOUCH STERILE LANCETS 30G	67	INSULIN LISPRO SOLN IJ	18
IDACIO (2 PEN) AJKT	4	INCRELEX	55	INSULIN SYRINGES	72
IDACIO (2 SYRINGE) PSKT	4	indapamide TABS 1.25 MG, 2.5 MG . 54			
IDACIO-CROHNS/UC STARTER AJKT	4				
IDACIO-PSORIASIS STARTER					

INTELENCE (etravirine)	35	ISOSORBIDE MONONITRATE	PROBIOT CPDR	21
INTELENCE	35	TABS	JENTADUETO TABS	16
INTELENCE 200 MG (etravirine) ..	35	isosorbide mononitrate TB24	JEVTANA	32
INTELISWAB COVID-19 RAPID		isotretinoin 10 MG, 20 MG, 40 MG	JIVI 500 UNIT, 1000 UNIT, 2000	
TEST KIT	52	isradipine CAPS	UNIT, 3000 UNIT	59
INVEGA HAFYERA	33	ISTALOL SOLN (timolol maleate	JOURNAVX	6
INVEGA SUSTENNA	33	(ophth))	JUXTAPID 5 MG, 10 MG, 20 MG, 30	
INVEGA TRINZA	33	ITCH RELIEF CREA	MG	26
INVOKANA	18	itraconazole CAPS	JYNNEOS	95
IPOL IJ	95	itraconazole SOLN	KADCYLA	29
ipratropium bromide (nasal) 0.03 %		ivermectin (pediculicide)	KALBITOR	59
82		ivermectin	KALETRA SOLN	36
ipratropium bromide (nasal) 0.06 %		IXCHIQ	KALETRA TABS 25 MG-100 MG	
81		IXEMPRA KIT	(lopinavir-ritonavir)	36
ipratropium bromide SOLN 0.02 %	11	IXIARO	KALETRA TABS 50 MG-200 MG	
ipratropium-albuterol SOLN	12	IXINITY SOLR	(lopinavir-ritonavir)	36
irbesartan	26	IYUZEH SOLN	KALYDECO PACK 50 MG, 75 MG	90
irbesartan-hydrochlorothiazide	27	JAKAFI	KALYDECO TABS	90
irinotecan hcl	32	JALYN (dutasteride-tamsulosin hcl) .	KANJINTI 420 MG	29
IRON CHEWS PEDIATRIC CHEW		58	KANUMA	55
61		JANUMET TABS	KAZANO (alogliptin-metformin hcl)	
IRON TABS 28 MG	61	JANUMET XR TB24	16	
ISENTRESS CHEW 100 MG	36	JANUVIA	KCENTRA	59
ISENTRESS CHEW 25 MG	35	JARDIANCE	KEMOPLAT SOLN	28
ISENTRESS PACK	36	JARRO-DOPHILUS EPS CPDR ..	KENALOG AERS (triamcinolone	
ISENTRESS TABS	36	21	acetonide (topical))	49
isoniazid SYRP	28	JARRO-DOPHILUS EPS	KEPIVANCE 6.25 MG	32
isoniazid TABS	28	PROBIOTIC CPDR	KESIMPTA	89
ISOPTO ATROPINE SOLN	84	JARRO-DOPHILUS	ketoconazole (topical) CREA	46
isosorbide dinitrate TABS 5 MG, 10		HYPOALLERGENIC CAPS	ketoconazole (topical) SHAM 2 %	.46
MG, 20 MG, 30 MG	9	JARRO-DOPHILUS	KETONE TEST STRP	52
isosorbide mononitrate TABS	9	PROBIOT+PRE+FOS CAPS	ketoprofen CAPS 50 MG	5
		21		
		JARRO-DOPHILUS VAGINAL		

ketoprofen CP24	5	KRYSTEXXA	58	LANCETS 30G	67
ketorolac tromethamine (ophth) 0.4 %	86	KYLEENA	43	LANCETS 33G	67
ketorolac tromethamine (ophth) 0.5 %	86	KYMRIAH	30	LANCETS MICRO THIN 33G	67
ketorolac tromethamine TABS	5	KYPROLIS	31	LANCETS SUPER THIN	67
KETOSTIX STRP	53	labetalol hcl TABS 100 MG	38	LANCETS SUPER THIN 28G	67
ketotifen fumarate (ophth) 0.035 % 86		labetalol hcl TABS 200 MG	38	LANCETS THIN	67
		labetalol hcl TABS 300 MG	38	LANCETS ULTRA THIN	67
		labetalol hcl TABS 400 MG	38	LANCETS ULTRA THIN 30G	67
KEY-E CHEW	97	LACTEROL CAPS	21	lanolin (topical) CREA	51
KEYTRUDA	29	lactic acid (ammonium lactate) CREA	50	LANOLIN XX	88
KHAPZORY	32	lactic acid (ammonium lactate) LOTN 12 %	50	LANOLOR CREA	51
KINNEY LANCETS	67	LACTOVIVE CAPS	21	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	39
KINNEY THIN LANCETS	67	lactulose (encephalopathy)	57	lanreotide acetate	56
KINRIX SUSY	91	lactulose SOLN	62	LANREOTIDE ACETATE	56
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3	LAGEVRIO	37	lansoprazole CPDR	92
KLOXXADO LIQD	23	LAMICTAL ODT KIT (lamotrigine) .	13	lansoprazole TBDD	92
KOATE SOLR	59	LAMICTAL STARTER KIT 25 MG (lamotrigine)	13	lanthanum carbonate CHEW	58
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	59	lamivudine SOLN	36	lapatinib ditosylate	31
KOGENATE FS KIT	59	lamivudine TABS 150 MG	36	LEDIPASVIR-SOFOSBUVIR TABS 37	
KOMBIGLYZE XR (saxagliptin-metformin hcl)	16	lamivudine TABS 300 MG	36	leflunomide	5
KONVOMEK SUSR	92	lamivudine-zidovudine	36	lenalidomide	77
KOVALTRY	59	lamotrigine CHEW	13	LENVIMA (10 MG DAILY DOSE) .	29
KRINTAFEL	28	lamotrigine KIT 25 MG	13	LENVIMA (12 MG DAILY DOSE) .	29
KROGER HEALTHPRO LANCET 26G	67	lamotrigine TABS	13	LENVIMA (14 MG DAILY DOSE) .	29
KROGER LANCETS	67	lamotrigine TB24	13	LENVIMA (18 MG DAILY DOSE) .	29
KROGER LANCETS SUPER THIN 67		lamotrigine TBDP	13	LENVIMA (20 MG DAILY DOSE) .	29
		LANCETS	67	LENVIMA (24 MG DAILY DOSE) .	29
KROGER LANCETS THIN	67	LANCETS 28G THIN	67	LENVIMA (4 MG DAILY DOSE) ..	29
				LENVIMA (8 MG DAILY DOSE) ..	29

LEQVIO	26	levofloxacin SOLN PO	56	lidocaine hcl GEL 2 %	51
LESCOL XL TB24 (fluvastatin sodium)	25	levofloxacin TABS	56	lidocaine hcl PRSY	51
LETAIRIS (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	57
LEUKERAN	28	levonorgestrel (emergency oc) 1.5 MG	42	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 (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
levabuterol hcl	12	levothyroxine sodium TABS	91	liraglutide	17
levabuterol hcl 1.25 MG/0.5ML	12	LEVULAN KERASTICK SOLR	46	lisdexafetamine dimesylate CAPS 1	
levabuterol tartrate	12	LEXIVA SUSP	36	lisdexafetamine dimesylate CHEW 1	
levamlodipine maleate	39	LEXIVA TABS (fosamprenavir calcium)	36	lisinopril & hydrochlorothiazide	27
LEVEMIR FLEXPEN SOPN	18	LIALDA TBEC (mesalamine)	57	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	26
LEVEMIR SOLN	18	LIBERTY MEDICAL LANCETS	67	LITE TOUCH LANCETS	67
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	LIBERVANT FILM	13	LITETOUCH LANCETS	67
levetiracetam TABS	13	LIBTAYO	29	LITETOUCH MASK LARGE MISC 74	
levetiracetam TB24	13	LICEMD GEL	51	LITETOUCH MASK MEDIUM MISC 74	
levobunolol hcl 0.5 %	84	lidocaine CREA 4 %	51	LITETOUCH MASK SMALL MISC 74	
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	55	LIDOCAINE CREA	51	LITFULO	50
levocarnitine (metabolic modifiers) TABS	55	lidocaine hcl (mouth-throat) 2 %	78	lithium	33
levocetirizine dihydrochloride SOLN 24		lidocaine hcl CREA 3 %	51	lithium carbonate CAPS	33
levofloxacin (ophth) 0.5 %	85	lidocaine hcl CREA 4 %	51	lithium carbonate TABS	33
				lithium carbonate TBCR	33
				LITHOBID TBCR (lithium carbonate) 33	
				LITTLE REMEDIES SALINE SOLN	

81	lovastatin TABS 10 MG, 20 MG ... 25	LYSODREN 30
LIVE BETTER LANCET SUPER THIN 67	lovastatin TABS 40 MG 25	LYUMJEV TEMPO PEN SOPN ... 18
LO LOESTRIN FE TABS 41	loxapine succinate 34	LYVISPAH PACK 81
LOCOID LIPOCREAM 49	LUCENTIS SOSY 84	MACI 80
LOCOID LOTN (hydrocortisone butyrate) 49	LUCIRA CHECK IT COVID-19 TEST KIT 53	MAGE CPDR 21
LOKELMA 78	LUCIRA COVID-19 ALL-IN-ONE KIT 53	magnesium citrate 1.745 GM/30ML 62
LONSURF 31	luliconazole 46	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 62
loperamide hcl CAPS 23	LUMIVA CAPS 21	magnesium oxide (mg supplement) TABS 77
loperamide hcl TABS 23	LUMIZYME 55	magnesium oxide TABS 400 MG ... 9
lopinavir-ritonavir SOLN 36	LUMOXITI 29	malathion 51
lopinavir-ritonavir TABS 25 MG-100 MG 36	LUPRON DEPOT (1-MONTH) KIT IM 30	maraviroc TABS 150 MG 36
lopinavir-ritonavir TABS 50 MG-200 MG 36	LUPRON DEPOT (3-MONTH) KIT IM 30	maraviroc TABS 300 MG 36
LOPRESSOR SOLN PO 10 MG/ML . 38	LUPRON DEPOT (4-MONTH) IM . 30	MATULANE 32
loratadine CAPS 24	LUPRON DEPOT (6-MONTH) IM . 30	MAVYRET PACK 37
loratadine CHEW 25	LUPRON DEPOT-PED (1-MONTH) . 55	MAVYRET TABS 37
loratadine SOLN 25	LUPRON DEPOT-PED (3-MONTH) . 55	MAXI-TUSS PE LIQD 44
loratadine TABS 25	LUPRON DEPOT-PED (6-MONTH) IM 55	MAYZENT STARTER PACK TBPK 0.25 MG 89
loratadine TBDP 10 MG 25	lurasidone hcl 33	MAYZENT TABS 89
lorazepam CONC 10	LUTATHERA 32	meclizine hcl CHEW 24
lorazepam TABS 0.5 MG, 2 MG ... 10	LUTRATE DEPOT INJ 22.5 MG ... 30	meclizine hcl TABS 12.5 MG, 25 MG 24
lorazepam TABS 1 MG 10	LUZU (luliconazole) 46	MEDICHOICE SAFETY LANCET . 67
LORBRENA 31	LYBALVI 89	MEDICHOICE SAFETY LANCET EXTRA 67
LOREEV XR CS24 10	LYFGENIA 60	MEDICHOICE SAFETY LANCET NORM 67
losartan potassium & hydrochlorothiazide 27	LYRA DIRECT SARS-COV-2 ASSAY 53	MEDLANCE EXTRA 21G 67
losartan potassium 26	LYRA SARS-COV-2 ASSAY 53	MEDLANCE LITE 25G 67
LOTRONEX (alosetron hcl) 57		

MEDLANCE PLUS EXTRA 21G ..67	melphalan hcl IV28	metformin hcl TABS 625 MG 17
MEDLANCE PLUS LANCETS67	memantine hcl CP2489	metformin hcl TABS 750 MG 17
MEDLANCE PLUS LITE 25G67	memantine hcl SOLN 89	metformin hcl TB24 500 MG, 1000 MG 17
MEDLANCE PLUS SPECIAL 0.8MM67	memantine hcl TABS 89	metformin hcl TB24 500 MG, 750 MG17
MEDLANCE PLUS SUPERLITE 30G67	MENACTRA93	methadone hcl TABS 10 MG7
MEDLANCE PLUS UNIVERSAL 21G67	MENQUADFI 0.5 ML93	methadone hcl TABS 5 MG6
MEDLANCE UNIVERSAL 21G ... 67	MENVEO SOLN 93	methamphetamine hcl1
medroxyprogesterone acetate (contraceptive) SUSP IM43	MENVEO SOLR 93	methazolamide TABS53
medroxyprogesterone acetate (contraceptive) SUSY IM43	meperidine hcl SOLN PO 50 MG/5ML 6	methenamine mandelate28
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 88	meperidine hcl TABS 50 MG6	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 27
mefloquine hcl28	meprobamate10	methimazole TABS 90
MEGA PROBIOTIC CAPS21	mercaptopurine SUSP 2000 MG/100ML 29	methocarbamol TABS 500 MG81
megestrol acetate SUSP30	mercaptopurine TABS 29	methocarbamol TABS 750 MG, 1000 MG 81
megestrol acetate TABS30	mesalamine ENEM 57	METHOCARBAMOL TABS81
MEIJER ALCOHOL SWABS71	mesalamine SUPP57	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 29
MEIJER LANCETS67	mesalamine TBEC 1.2 GM 57	methotrexate sodium TABS 2.5 MG 29
MEIJER LANCETS UNIVERSAL 21G67	mesalamine TBEC 800 MG57	methsuximide14
MEIJER LANCETS UNIVERSAL 30G67	mesalamine w/ cleanser57	methyldopa TABS26
MEIJER LANCETS UNIVERSAL 33G67	mesna SOLN32	methylergonovine maleate TABS ..87
MEKINIST TABS31	mesna TABS32	METHYLIN SOLN (methylphenidate hcl)2
MEKTOVI31	MESNEX TABS32	methylphenidate hcl CHEW2
melatonin TABS 3 MG, 5 MG2	META BIOTIC/BIO-ACTIVE 12 CAPS21	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG 2
meloxicam TABS5	METAMUCIL CAPS62	methylphenidate hcl CP24 60 MG ...2
melphalan28	metaxalone81	
	METAXALONE 640 MG 81	
	metformin hcl SOLN 16	
	metformin hcl TABS 500 MG, 850 MG, 1000 MG17	

methylphenidate hcl CP24	2	metronidazole (topical) LOTN	51	minoxidil 2.5 MG, 10 MG	27
methylphenidate hcl CPR	2	metronidazole TABS 250 MG, 500 MG	27	mirabegron TB24	93
methylphenidate hcl SOLN	2	metronidazole vaginal	96	MIRCERA	60
methylphenidate hcl TABS	2	metyrosine	26	MIRENA (52 MG)	43
methylphenidate hcl TB24	2	MICONAZOLE 7 SUPP 100 MG ..	96	mirtazapine TABS	14
methylphenidate hcl TBCR 10 MG, 20 MG	2	miconazole nitrate (topical) CREA	46	mirtazapine TBDP	15
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	miconazole nitrate vaginal CREA 2 %	96	misoprostol	92
methylphenidate hcl TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal KIT	96	mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	31
methylprednisolone TABS 4 MG, 8 MG	43	miconazole nitrate vaginal SUPP 100 MG	96	MIUDELLA INTRAUTERINE COPPER	42
methylprednisolone TBP	43	miconazole nitrate vaginal SUPP 200 MG	96	MM TWIST LANCETS	67
methyltestosterone TABS	8	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	87	M-M-R II SOLR	95
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	57	MICROCHAMBER DEVI	74	MNEXSPIKE SUSY 10 MCG/0.2ML . 95	
metoclopramide hcl TABS 10 MG	57	MICROCHAMBER MISC	74	MOBILE LANCETS 30G	67
metoclopramide hcl TABS 5 MG	57	MICROFLOR 33 CAPS	21	MODERNA COVID-19 BIVALENT 95	
metolazone	54	MICROFLOR CAPS	21	MODERNA COVID-19 VAC 6M-11Y SUSP	95
metoprolol & hydrochlorothiazide TABS	27	MICROLET LANCETS	67	MODERNA COVID-19 VAC 6M-11Y SUSY	95
metoprolol succinate TB24 200 MG 38		MICROSPACER MISC	74	MODERNA COVID-19 VACCINE SUSP	95
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	38	midazolam hcl SOLN IJ	62	moexipril hcl	26
metoprolol tartrate TABS 100 MG	38	MIDAZOLAM HCL SOLN IJ	62	MOI-STIR SOLN	79
metoprolol tartrate TABS 25 MG, 50 MG	38	midodrine hcl	97	mometasone furoate (nasal) SUSP 82	
metoprolol tartrate TABS 37.5 MG, 75 MG	38	MIEBO	86	mometasone furoate CREA	49
metronidazole (topical) CREA	51	mifepristone (hyperglycemia)	17	mometasone furoate OINT	49
metronidazole (topical) GEL 0.75 % 51		miglitol	16	mometasone furoate SOLN	49
		miglustat	60	mometasone furoate SOLN	49
		MINIELITE FILTER REPLACEMENTS MISC	74	MOMMY'S BLISS PROBIOTIC PACK	21
		minocycline hcl CAPS	90		

MONISTAT 3 CREA	96	MPD SAFETY LANCET 23G	68	MYDAYIS CP24 (amphetamine-dextroamphetamine)	1
MONOLET LANCETS	67	MPD SAFETY LANCET 28G	68	MYFEMBREE	56
MONOLET OPD LANCETS	67	MPD SAFETY LANCET 30G	68	MYGLUCOHEALTH LANCETS 30G 68	
MONOLETTOR SAFETY LANCETS 68		MULPLETA	60	MYLERAN TABS	29
MONOVISC	81	MULTIPLE VITAMINS TABS-ASSORTED BRAND	79	MYOBLOC	83
montelukast sodium CHEW	11	MULTIPLE VITAMINS TABS-ASSORTED GENERIC	79	MYRBETRIQ TB24 (mirabegron) ..	93
montelukast sodium PACK	11	multiple vitamins w/ iron TABS	79	NABI-HB SOLN IM	87
montelukast sodium TABS	11	MULTIPLE VITAMINS W/MINERALS TABS-ASSORTED BRAND	79	nabumetone	5
morphine sulfate beads	7	MULTIPLE VITAMINS W/MINERALS TABS-ASSORTED GENERIC	79	nadolol TABS 20 MG, 40 MG, 80 MG	38
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	7	MULTIVITAMIN DROPS/IRON SOLN	80	NAGLAZYME	55
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	7	MULTIVITAMIN INFANT & TODDLER SOLN	80	naloxone hcl LIQD	23
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	7	mupirocin calcium (topical)	46	naloxone hcl SOCT	23
morphine sulfate SUPP	7	mupirocin OINT	46	naloxone hcl SOLN 0.4 MG/ML ...	23
morphine sulfate TABS	7	MVASI	29	naloxone hcl SOLN 4 MG/10ML ...	23
morphine sulfate TBCR	7	MVW COMPL FORM PROBIOTIC-KIDS CPDR	21	naloxone hcl SOSY 0.4 MG/ML ...	23
MOTPOLY XR CP24	14	MVW COMPLETE FORMULATION SOLN	79	naloxone hcl SOSY 2 MG/2ML	23
MOTRIN CHILDRENS CHEW (ibuprofen)	5	MVW COMPLETE PROBIOTIC CPDR	21	naltrexone hcl	23
MOTRIN INFANTS DROPS SUSP (ibuprofen)	5	MYALEPT	55	NAMENDA TITRATION PAK TABS (memantine hcl)	89
MOUNJARO	17	mycophenolate mofetil CAPS	78	naphazoline w/ pheniramine 0.3 %-0.025 %	85
MOUTH KOTE REMINT SOLN ...	79	mycophenolate mofetil hcl	78	naphazoline w/ pheniramine 0.315 %-0.027 %	85
MOUTH KOTE SOLN	79	mycophenolate mofetil SUSR	78	naproxen sodium TABS 220 MG ...	5
MOVANTIK	57	mycophenolate mofetil TABS	78	naproxen sodium TABS 275 MG, 550 MG	5
moxifloxacin hcl (ophth) SOLN OP	85	mycophenolate sodium	78	naproxen sodium-diphenhydramine hcl	61
moxifloxacin hcl TABS	56			naproxen SUSP	5
MPD SAFETY LANCET 21G	68			naproxen TABS	5

naproxen TBEC	5	NEULASTA ONPRO SOSY 6 MG/0.6ML	60	NICOTROL NS SOLN	90
naproxen-esomeprazole magnesium	5	NEULASTA SOSY	60	nifedipine CAPS 10 MG	39
naratriptan hcl	76	NEUPOGEN SOLN	60	nifedipine CAPS 20 MG	39
NARCAN LIQD (naloxone hcl)	23	NEUPOGEN SOSY	60	nifedipine TB24 30 MG, 90 MG ...	39
NATAZIA	41	nevirapine SUSP	36	nifedipine TB24 60 MG	39
nateglinide	18	nevirapine TABS	36	nilotinib hcl 50 MG, 150 MG, 200 MG	31
NATROBA (spinosad)	51	nevirapine TB24 400 MG	36	nimodipine CAPS	39
NATRUL PROBIOTIC CAPS	21	NEXABIOTIC CPDR	21	NINLARO	31
NATURAL FIBER LAXATIVE POWD 62		NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)	92	nisoldipine	39
NEBULIZER AIR TUBE/PLUGS MISC	74	NEXIUM 24HR CPDR (esomeprazole magnesium)	92	nitisinone CAPS	55
nefazodone hcl	15	NEXIUM CPDR 20 MG (esomeprazole magnesium)	92	NITRO-BID OINT	9
NEFFY SOLN NA	97	NEXIUM PACK 10 MG, 20 MG, 40 MG (esomeprazole magnesium) ..	92	nitrofurantoin	28
NEMLUVIO	50	NEXPLANON	42	nitrofurantoin macrocrystal 50 MG, 100 MG	28
neomycin sulfate TABS	3	NGENLA	54	nitrofurantoin monohyd macro	28
neomycin-bacitracin zn-polymyxin	85	niacin (antihyperlipidemic) TBCR ..	26	nitroglycerin CPCR	9
neomycin-bacitracin-polymyxin OINT 46		niacin CPCR 250 MG, 500 MG ...	97	nitroglycerin PT24	9
neomycin-polymy-dexameth OINT	85	NIACIN ER CPCR	97	nitroglycerin SUBL	10
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	86	NIACIN ER TBCR	97	NIVA THYROID TABS	91
neomycin-polymyxin w/ pramoxine 46		niacin TABS 500 MG	97	NIVESTYM SOLN	60
neomycin-polymyxin-gramicidin ..	85	niacin TBCR	97	NIVESTYM SOSY	60
neomycin-polymyxin-hc (ophth) ...	86	nicardipine hcl CAPS	39	NIX LICE KILLING SPRAY LIQD XX . 51	
neomycin-polymyxin-hc (otic) SOLN . 86		NICOTINE KIT	90	NIZORAL SHAM	46
neomycin-polymyxin-hc (otic) SUSP . 86		nicotine polacrilex GUM	90	NORDITROPIN FLEXPPO SOPN .	54
NESINA (alogliptin benzoate)	17	nicotine polacrilex LOZG	90	norelgestromin-ethinyl estradiol ...	42
		nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	90	norethin acet & estrad-fe CAPS ...	41
		NICOTROL INHA	90	norethin acet & estrad-fe CHEW ...	41
				norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	41

norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG41	NOVA SUREFLEX LANCETS 68	nystatin (topical) OINT46
norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...41	NOVAREL IM 54	nystatin (topical) POWD EX 46
norethindrone & eth estradiol 35 MCG-1 MG41	NOVAVAX COVID-19 VACCINE SUSP95	nystatin TABS24
norethindrone & ethinyl estradiol-fe 41	NOVAVAX COVID-19 VACCINE SUSY95	nystatin-triamcinolone CREA46
norethindrone (contraceptive)43	NOVOEIGHT59	nystatin-triamcinolone OINT46
norethindrone acet & eth estra TABS 42	NOVOLOG 70/30 FLEXPEN RELION SUPN18	NYVEPRIA 60
norethindrone acetate TABS88	NOVOLOG MIX 70/30 FLEXPEN SUPN18	OBIZUR 59
norethindrone acetate-ethinyl estradiol 56	NOVOLOG MIX 70/30 RELION SUSP18	OICALIVA56
norethindrone acetate-ethinyl estradiol-fe42	NOVOLOG MIX 70/30 SUSP18	OCREVUS ZUNOVO 89
norethindrone-eth estradiol (triphasic)42	NOVOSEVEN RT 59	OCTAGAM SOLN 87
norgestimate-ethinyl estradiol (triphasic)42	NP THYROID TABS 91	octreotide acetate KIT 56
norgestimate-ethinyl estradiol42	NPLATE 250 MCG, 500 MCG60	octreotide acetate SOLN56
norgestrel & ethinyl estradiol 30 MCG-0.3 MG42	NUCALA SOAJ 10	octreotide acetate SOSY 56
NORLIQVA SOLN 39	NUCALA SOLR 10	ODEFSEY36
NORPACE CAPS (disopyramide phosphate) 10	NUCALA SOSY10	ODOMZO30
nortriptyline hcl CAPS16	NULOJIX 78	OFEV90
nortriptyline hcl SOLN16	NUMOISYN LIQD79	ofloxacin (ophth)85
NORVIR CAPS36	NUPLAZID CAPS33	ofloxacin (otic)86
NORVIR PACK36	NUPLAZID TABS 10 MG 33	ofloxacin 300 MG, 400 MG 56
NORVIR TABS (ritonavir)36	NURTEC76	OHC COVID-19 ANTIGEN SELF TEST KIT53
NOSE CLIP MISC74	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML95	OHTUVAYRE 11
NOVA SAFETY LANCETS 23G .. 68	NUVESSA96	olanzapine SOLR34
NOVA SAFETY LANCETS 28G .. 68	NUWIQ KIT 59	olanzapine TABS 34
	NUWIQ SOLR59	olanzapine TBDP 34
	nystatin (mouth-throat)78	olmesartan medoxomil26
	nystatin (topical) CREA46	olmesartan medoxomil-amlodipine- hydrochlorothiazide 27
		olmesartan medoxomil- hydrochlorothiazide 27
		olopatadine hcl (nasal)81

olopatadine hcl	86	ondansetron TBDP 4 MG, 8 MG ...	23	ORFADIN SUSP	55
OLPRUVA (2 GM DOSE) THPK ...	55	ONETOUCH DELICA PLUS LANCET30G	68	ORIAHNN	56
OLPRUVA (3 GM DOSE) THPK ...	55	ONETOUCH DELICA PLUS LANCET33G	68	ORILISSA	54
OLPRUVA (4 GM DOSE) THPK ...	55	ONETOUCH DELICA SAFETY LANCING	68	ORKAMBI PACK	90
OLPRUVA (5 GM DOSE) THPK ...	55	ONETOUCH ULTRASOFT 2 LANCETS	68	ORKAMBI TABS	90
OLPRUVA (6 GM DOSE) THPK ...	55	ONGLYZA (saxagliptin hcl)	17	orphenadrine citrate TB12	81
OLPRUVA (6.67 GM DOSE) THPK 55		ONPATTRO	90	orphenadrine w/ aspirin & caff	81
OLUMIANT	3	ONYDA XR SUER	2	ORTHOVISC	81
omega-3-acid ethyl esters	25	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29	oseltamivir phosphate CAPS 30 MG .	37
omeprazole CPDR	92	OPIPZA FILM	35	oseltamivir phosphate CAPS 45 MG, 75 MG	37
omeprazole TBEC	92	OPSYNVI	39	oseltamivir phosphate SUSR	37
omeprazole-sodium bicarbonate CAPS	92	OPTICHAMBER DIAMOND DEVI .	74	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	16
omeprazole-sodium bicarbonate PACK	92	OPTICHAMBER DIAMOND MISC .	74	OTEZLA TABS	5
OMNITROPE SOCT	55	OPTICHAMBER DIAMOND-LG MASK DEVI	74	OTEZLA TBPk	5
OMVOH (300 MG DOSE) SOAJ ..	57	OPTICHAMBER DIAMOND-MD MASK MISC	74	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	3
OMVOH (300 MG DOSE) SOSY ..	57	OPTICHAMBER DIAMOND-SM MASK MISC	74	OTULFI SOLN IV 130 MG/26ML ..	57
OMVOH SOAJ	57	OPTIONS GYNOL II CONTRACEPTIVE GEL	96	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	47
OMVOH SOLN	57	OPVEE NA	23	oxaprozin TABS	5
OMVOH SOSY	57	OPZELURA	50	OXAYDO TABS 5 MG	7
ON/GO COVID-19 ANTIGEN TEST KIT	53	ORAL RELIEF SPRAY SOLN	79	oxazepam CAPS	10
ON/GO ONE COVID-19 HOME TEST KIT	53	ORALAIR SUBL	2	oxcarbazepine SUSP	14
ONCASPAR	31	ORENITRAM MONTH 1 TEPK	39	oxcarbazepine TABS	14
ondansetron hcl SOLN PO 4 MG/5ML	23	ORENITRAM MONTH 2 TEPK	39	OXERVATE	85
ondansetron hcl TABS 4 MG, 8 MG 23		ORENITRAM MONTH 3 TEPK	39	oxiconazole nitrate CREA	46
ondansetron TBDP 16 MG	23			OXISTAT CREA (oxiconazole nitrate).	

46		pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 54	pazopanib hcl 31
oxybutynin chloride SOLN 92		PAMIDRONATE DISODIUM SOLN 54	PC PEDIATRIC POLY-VITA/FE DROP SOLN 80
oxybutynin chloride TABS 2.5 MG .92		pantoprazole sodium PACK 92	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO 80
oxybutynin chloride TABS 5 MG ... 92		pantoprazole sodium TBEC 20 MG 92	PEARLS IC CAPS 21
oxybutynin chloride TB24 92		pantoprazole sodium TBEC 40 MG 92	ped multivitamins w/fl & iron SOLN 79
oxycodone hcl CAPS 7		PANZYGA 87	PEDIARIX SUSY 91
oxycodone hcl CONC 100 MG/5ML 7		PARAGARD INTRAUTERINE COPPER 42	PEDIATRIC MOUTHPIECE MISC .75
oxycodone hcl SOLN 7		PARI ALTERA NEBULIZER HANDSET MISC 74	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND 79
oxycodone hcl T12A 10 MG, 20 MG, 40 MG 7		PARI BABY CONVERSION KIT MISC 74	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ... 80
oxycodone hcl T12A 80 MG 7		PARI ERAPID NEBULIZER HANDSET MISC 74	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND 80
oxycodone hcl TABS 7		PARI EXPIRATORY FILTER SET DEVI 75	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC 80
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7		PARI MASK SET MISC 75	pediatric vitamins acid w/ fluoride SOLN 80
oxymorphone hcl TB12 15 MG 7		PARI SOFT PLASTIC ADULT MASK MISC 75	PEDVAX HIB SUSP 93
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7		PARI SOFT PLASTIC PED MASK MISC 75	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 62
oyster shell 77		PARI VORTEX ADULT MASK 75	peg 3350-potassium chloride-sod bicarbonate-sod chloride 62
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 17		paricalcitol SOLN 55	PEGASYS SOLN 37
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 17		paroxetine hcl TABS 15	PEGASYS SOSY 37
OZEMPIC (2 MG/DOSE) SOPN ... 17		paroxetine hcl TB24 15	pemetrexed disodium SOLR 100 MG, 500 MG 29
OZOBAX DS SOLN PO (baclofen) 81		paroxetine mesylate (vasomotor) .90	PENBRAYA 93
OZOBAX SOLN PO (baclofen) 81		PARSABIV 55	penciclovir 47
OZURDEX IMPL 86		PAXLOVID (150/100) 37	penicillamine TABS 77
PACLITAXEL PROTEIN-BOUND PART 32		PAXLOVID (300/100 & 150/100) .37	penicillin v potassium SOLR 87
paclitaxel protein-bound particles .32		PAXLOVID (300/100) 37	penicillin v potassium TABS 87
paliperidone 33			
PALYNZIQ 55			

PENTACEL	91	phenelzine sulfate	15	PILOT COVID-19 AT-HOME TEST KIT	53
pentoxifylline	59	phenobarbital ELIX	62	pimecrolimus	50
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 %	84	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	
permethrin AERO	51	phenylephrine-dm SOLN	44	PIP LANCETS 28G	68
permethrin CREA	51	phenylephrine-shark liver oil-cocoa butter	9	PIP LANCETS 30G	68
permethrin LIQD EX	51	phenylephrine-shark liver oil-mineral oil-petrolatum	9	pirfenidone CAPS	90
perphenazine TABS	34	phenytoin CHEW	14	pirfenidone TABS 534 MG	90
perphenazine-amitriptyline	89	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14	piroxicam CAPS	5
PFIZER COVID-19 VAC BIVALENT . 95		phenytoin sodium extended 200 MG, 300 MG	14	PLEGRIDY SOSY IM	89
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	95	phenytoin SUSP	14	plerixafor	61
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	95	PHILLIPS COLON HEALTH CAPS 21		PNEUMOVAX 23 SOLN	93
PFIZER-BIONT COVID-19 VAC- TRIS SUSP	95	PHOTOFRIN	32	PNEUMOVAX 23 SOSY	93
PFIZER-BIONTECH COVID-19 VACC SUSP	95	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	31	POCKET CHAMBER DEVI	75
PFLEX MISC	75	phytonadione TABS 5 MG	97	POCKET SPACER DEVI	75
PHARMACIST CHOICE ALCOHOL . 71		PIFELTRO	36	podofilox SOLN	51
PHARMACIST CHOICE LANCETS . 68		PILLOW MASK/ADULT MISC	75	POLIVY 140 MG	29
PHARMACIST CHOICE MASK WIPES MISC	75	PILLOW MASK/CHILD MISC	75	polyethylene glycol 3350 PACK ...	62
PHEBURANE PLLT	55	PILLOW MASK/PEDIATRIC MISC	75	polyethylene glycol 3350 POWD ..	62
phenazopyridine hcl TABS 100 MG, 200 MG	58	pilocarpine hcl (oral) 5 MG	79	polymyxin b-trimethoprim	85
		pilocarpine hcl SOLN 1 %, 2 %, 4 % . 84		polysaccharide iron complex CAPS 61	
				polyvinyl alcohol 1.4 %	84
				POLY-VI-SOL SOLN PO	80
				POLY-VITA SOLN PO	80
				POLY-VITA/IRON SOLN	80

POLY-VITE PEDIATRIC SOLN PO 80	33	PREMPRO	56
POLY-VITE/IRON SOLN	80	PRENATAL VITAMINS-ASSORTED BRAND	80
POMALYST	30	PRENATAL VITAMINS-ASSORTED GENERIC	80
PONVORY STARTER PACK TBPK 89		PREORBOTIC CAPS	21
PONVORY TABS	89	PREPARATION H EX 1 %	9
PORTRAZZA	30	PREPARATION H SOOTHING RELIEF EX 1 %	9
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	77	PREVNAR 13	93
potassium bicarbonate TBEF	77	PREVNAR 20	93
potassium chloride CPCR 10 MEQ	77	PREVYMIS SOLN	37
potassium chloride CPCR 8 MEQ	77	PREVYMIS TABS	37
potassium chloride microencapsulated crystals er	77	PREZCOBIX	36
potassium chloride PACK PO 20 MEQ	77	PREZISTA SUSP	36
potassium chloride SOLN PO 10 %, 20 %, 10 %	77	PREZISTA TABS (darunavir)	36
potassium chloride TBCR 8 MEQ, 10 MEQ	77	PREZISTA TABS 150 MG	36
potassium citrate (alkalinizer) TBCR	58	PREZISTA TABS 75 MG, 600 MG, 800 MG	36
potassium citrate-citric acid PACK	58	PRIALT	6
potassium iodide (expectorant) SOLN	44	PRIMADOPHILUS BIFIDUS CPDR	21
POTELIGEO	29	PRIMIDAR CAPS	21
PRADAXA CAPS (dabigatran etexilate mesylate)	13	primidone 125 MG	14
PRADAXA PACK	13	primidone 50 MG, 250 MG	14
pralatrexate	29	PRIORIX SUSR	95
PRALUENT SOAJ	26	PRIVIGEN SOLN	87
pramipexole dihydrochloride TABS		PRO COMFORT ALCOHOL	71
pramipexole dihydrochloride TB24	33	PRO COMFORT LANCETS 30G	68
pramoxine hcl (rectal) FOAM EX	9	PRO COMFORT LANCETS 31G	68
pramoxine-hc-chloroxylenol	86	PRO COMFORT SAFETY LANCETS 30G	68
prasugrel hcl	60		
pravastatin sodium	25		
prazosin hcl CAPS	26		
PRECISION THINS GP LANCETS	68		
PRED MILD	86		
prednisolone acetate (ophth)	86		
PREDNISOLONE ACETATE P-F	86		
PREDNISOLONE SODIUM PHOSPHATE	86		
prednisolone sodium phosphate SOLN 15 MG/5ML	43		
prednisolone sodium phosphate SOLN 20 MG/5ML	43		
prednisolone sodium phosphate SOLN 5 MG/5ML	43		
prednisolone SOLN	43		
PREDNISONONE INTENSOL CONC	43		
prednisone SOLN	44		
prednisone TABS	44		
prednisone TBPK	44		
pregabalin CAPS	14		
pregabalin SOLN	14		
PREGNYL IM	54		
PREHEVBRIO	95		
PREMARIN	97		
PREMARIN TABS	56		
PREMPHASE	56		

PRO COMFORT SPACER ADULT MISC	75	PROBIOTIC MATURE ADULT CAPS	21	progesterone CAPS 100 MG	88
PRO COMFORT SPACER CHILD MISC	75	PROBIOTIC PEARLS ADVANTAGE CAPS	22	progesterone CAPS 200 MG	88
PRO COMFORT SPACER INFANT DEVI	75	PROBIOTIC PEARLS CAPS	22	PROGLYCEM (diazoxide)	17
PROAIR DIGIHALER	12	PROBIOTIC PEARLS MAX POTENCY CAPS	22	PROGRAF PACK	78
probenecid	58	PROBIOTIC PEARLS WOMENS CAPS	22	PROGRAF SOLN	78
PROBINATE CAPS	21	PROBIOTIC PRODUCT CAPS	22	PROLASTIN-C SOLR	90
PROBIO DEFENSE CAPS	21	PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	22	PROLEUKIN	32
PROBIOFLEXX CAPS	21	PROBITROL CAPS	22	PROLIA SOSY	54
PROBIOMAX COMPLETE DF CAPS	21	PROBIZEN CAPS	22	PROMELLA IN PREBIOTIC CAPS	22
PROBIOMAX DAILY DF CAPS	21	PROCARE SPACER/ADULT MASK DEVI	75	PROMEROL CAPS	22
PROBIOMAX IG 26 DF CAPS	21	PROCARE SPACER/CHILD MASK DEVI	75	promethazine & phenylephrine SYRP	44
PROBIOMAX LEAN DF CAPS	21	PROCHAMBER VHC DEVI	75	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	25
PROBIOMAX SB DF CAPS	21	prochlorperazine	34	PROMETHAZINE HCL SOLN PO 6.25 MG/5ML	25
PROBIONEXX CAPS	21	prochlorperazine edisylate 10 MG/2ML	34	promethazine hcl SUPP	25
PROBIOTIC + OMEGA-3 CAPS	21	prochlorperazine maleate TABS	34	promethazine hcl TABS	25
PROBIOTIC + TURMERIC EXTRACT CAPS	21	PROCRIT	60	promethazine w/codeine SOLN	44
PROBIOTIC 10 ULTRA STRENGTH CAPS	21	PROCYSBI CPDR	58	promethazine w/codeine SYRP	44
PROBIOTIC ADVANCED FORMULA CAPS	21	PROCYSBI PACK	58	PRONEB ULTRA FILTER SET MISC	75
PROBIOTIC BLEND CAPS	21	PRODIGY LANCETS 28G	68	propafenone hcl TABS	10
PROBIOTIC COLON SUPPORT CAPS	21	PRODIGY SAFETY LANCETS 26G	68	propranolol hcl CP24	38
PROBIOTIC DAILY CAPS	21	PRODIGY TWIST TOP LANCETS 28G	68	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	38
PROBIOTIC DIGESTIVE SUPP CAPS	21	PROFILNINE	59	propranolol hcl TABS	38
PROBIOTIC DIGESTIVE SUPPORT CAPS	23	PRO-FLORA IMMUNE CAPS	22	propylthiouracil	90
				PROQUAD SUSR	95
				PRORIVA CAPS	22
				PROTONIX PACK (pantoprazole	

sodium)92	pyridostigmine bromide TABS 60 MG28	MG-10 MG27
protriptyline hcl16	pyridostigmine bromide TBCR28	quinapril-hydrochlorothiazide 12.5 MG-20 MG27
PROVENGE30	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG97	quinapril-hydrochlorothiazide 25 MG-20 MG27
PROVENTIL HFA AERS (albuterol sulfate)12	pyrimethamine28	quinidine gluconate TBCR10
pseudoephedrine hcl TABS82	PYZCHIVA 45 MG/0.5ML, 90 MG/ML47	quinidine sulfate TABS10
pseudoephedrine hcl TB1282	PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML47	QULIPTA76
pseudoephedrine-ibuprofen TABS 44	PYZCHIVA SC 45 MG/0.5ML47	QUVIVIQ62
PSS SELECT GP LANCETS68	QC ALCOHOL SWABS71	RA ALCOHOL SWABS71
PSS SELECT SAFETY LANCETS 68	QC LANCETS SUPER THIN 30G 68	RA DRY MOUTH SOLN79
psyllium CAPS 0.52 GM62	QC LANCETS ULTRA THIN68	RA PROBIOTIC COLON CARE CAPS22
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %62	QC UNILET LANCETS 28G68	RA PROBIOTIC COMPLEX CAPS 22
PULMICORT FLEXHALER AEPB .11	QC UNILET LANCETS MICRO THIN68	RA PROBIOTIC DIGESTIVE SUPPORT CAPS22
PULMOZYME90	QDOLO SOLN (tramadol hcl)7	RA PROBIOTIC MAX STRENGTH CAPS22
PURE COMFORT ALCOHOL PREP71	QELBREE2	RABAVERT95
PURE COMFORT LANCETS 30G 68	QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...1	rabeprazole sodium TBEC92
PURE COMFORT SPACER CHAMBER DEVI75	QUAD-PROBIOTIC CAPS22	RALDESY SOLN PO 10 MG/ML ..15
PX LANCETS MICROTHIN 33G ..68	QUADRACEL SUSP91	raloxifene hcl55
PX LANCETS ULTRA THIN 28G ..68	QUADRACEL SUSY91	ramelteon62
pyrantel pamoate SUSP9	quetiapine fumarate TABS34	ramipril CAPS26
pyrazinamide28	quetiapine fumarate TB2434	ranolazine TB129
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %51	QUICKVUE AT-HOME COVID-19 TEST KIT53	RAPAFLO 4 MG (silodosin)58
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %51	QUICKVUE SARS ANTIGEN TEST .53	RAPID RESPONSE COVID-19 ...53
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %51	quinapril hcl26	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/0.6ML3
	quinapril-hydrochlorothiazide 12.5	

RAVICTI	55	repaglinide	18	SOSY IM	87
READYLANCE SAFETY LANCETS . 68		REPATHA PUSHTRONEX SYSTEM SOCT	26	RHOPHYLAC SOSY IJ	87
REALITY LANCETS	68	REPATHA SOSY	26	RIASTAP	59
REALITY SWABS	71	REPATHA SURECLICK SOAJ	26	ribavirin (hepatitis c) CAPS	37
REALITY TRIGGER LANCETS ...	68	REPLACEMENT AIR FILTER MISC . 75		ribavirin (hepatitis c) TABS 200 MG 37	
REBINYN	59	REPLACEMENT FILTERS MISC ..	75	riboflavin TABS	97
RECOMBINATE SOLR	59	RESTASIS EMUL (cyclosporine (ophth))	85	rifampin CAPS	28
RECOMBIVAX HB SUSP	95	RESTASIS MULTIDOSE EMUL ..	85	RIGHTEST GL300 LANCETS	69
RECOMBIVAX HB SUSY	96	RESTORA CAPS	22	riluzole TABS	82
RELEUKO SOLN	60	RESTORIL 22.5 MG (temazepam)	62	rimantadine hydrochloride TABS ..	37
RELEUKO SOSY	60	RETACRIT	60	RINVOQ LQ SOLN	3
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	60	RINVOQ TB24	3
RELEXXII TBCR 45 MG, 63 MG (methylphenidate hcl)	2	RETIN-A GEL (tretinoin)	45	RISAQUAD CAPS	22
RELIBIOTIC CAPS	22	RETIN-A MICRO (tretinoin microsphere)	45	RISAQUAD-2 CAPS	22
RELION ALCOHOL SWABS	71	RETIN-A MICRO PUMP (tretinoin microsphere)	45	risedronate sodium TABS 150 MG	54
RELION KETONE TEST STRP ...	53	RETISERT	86	risedronate sodium TABS 35 MG .	54
RELION LANCET DEVICES 30G .	68	RETROVIR CAPS (zidovudine) ...	36	risedronate sodium TABS 5 MG, 30 MG	54
RELION LANCETS	68	RETROVIR SYRP (zidovudine) ...	36	risedronate sodium TBEC	54
RELION LANCETS MICRO-THIN 33G	68	REVCovi	55	RISPERDAL CONSTA (risperidone microspheres)	33
RELION LANCETS THIN 26G	68	REVLIMID	77	risperidone microspheres	33
RELION LANCETS ULTRA-THIN 30G	69	REXTOVY LIQD	23	risperidone SOLN	34
RELION ULTRA THIN LANCETS 30G	69	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	36	risperidone TABS	34
REMODULIN SOLN IJ	40	REYATAZ PACK	36	risperidone TBDP	34
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	91	REZVOGLAR KWIKPEN	18	RITEFLO DEVI	75
RENVELA TABS (sevelamer carbonate)	58	RHOGAM ULTRA-FILTERED PLUS		ritonavir TABS	36
				RITUXAN	29
				rivaroxaban SUSR 1 MG/ML	12
				rivaroxaban TABS 2.5 MG	12

rivastigmine 13.3 MG/24HR 89	SAFETY LANCET 30G/PRESSURE ACT 69	SB LANCETS THIN 69
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR 89	SAFETY LANCETS 69	SB LANCETS ULTRA THIN 69
rivastigmine tartrate CAPS 89	SAFETY LANCETS 21G 69	SCHOOLTIME SHAMPOO SHAM 51
RIXUBIS SOLR 59	SAFETY LANCETS 23G 69	SD PROBIOTIC-10 COMPLEX ULTRA CAPS 22
rizatriptan benzoate TABS 76	SAFETY LANCETS 28G 69	SELARSDI SOLN IV 130 MG/26ML 57
rizatriptan benzoate TBDP 76	salicylic acid GEL 6 % 51	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML 47
ROCKLATAN 85	saline SOLN 0.65 % 81	selegiline hcl CAPS 33
ROCTAVIAN 59	salsalate 6	selegiline hcl TABS 33
ROLVEDON 61	SAMI THE SEAL FILTERS MISC . 75	selenium sulfide LOTN 1 % 47
romidepsin SOLR 31	SANDIMMUNE CAPS (cyclosporine) 78	selenium sulfide LOTN 2.5 % 47
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG 33	SANDIMMUNE SOLN IV 50 MG/ML . 78	selenium sulfide SHAM 1 % 47
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG 33	sapropterin dihydrochloride PACK . 55	SELZENTRY SOLN 36
ropinirole hydrochloride TB24 33	sapropterin dihydrochloride TABS . 55	SELZENTRY TABS 25 MG, 75 MG 36
rosuvastatin calcium TABS 25	SAPS CARE ALCOHOL PREP ... 71	SEMGLEE (YFGN) SOLN 18
ROTARIX SUSP 96	SAPS HEALTH ALCOHOL PREP 71	SEMGLEE (YFGN) SOPN 18
ROTATEQ SOLN 96	SAPS HEALTH CARE ALCOHOL PREP 71	sennosides TABS 8.6 MG 63
RUBRACA 31	SAPS HEALTH PLUS LANCETS . 69	sennosides-docusate sodium TABS 62
RUCONEST 59	SAPS HEALTH TWIST TOP LANCETS 69	SEREVENT DISKUS 12
rufinamide SUSP 14	SAPS TWIST TOP LANCETS 69	SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl) 15
RUKOBIA 36	SAPSCARE TWIST TOP LANCETS 69	sertraline hcl CAPS 150 MG, 200 MG 15
RYALTRIS 81	SAVELLA TABS 89	sertraline hcl CONC 15
RYBELSUS TABS 17	SAVELLA TITRATION PACK MISC 89	sertraline hcl TABS 15
RYKINDO SRER 34	saxagliptin hcl 17	sevelamer carbonate PACK 58
SABRIL PACK (vigabatrin) 14	saxagliptin-metformin hcl 16	sevelamer carbonate TABS 58
SABRIL TABS (vigabatrin) 14	SB ALCOHOL PREP 72	sevelamer hcl 58
sacubitril-valsartan TABS 39		
SAFE-T-LANCE 69		
SAFE-T-LANCE PLUS 69		

SEVENFACT	59	SIMPLYTHICK EASYMIX LEVEL 1 ..	88	sodium chloride (gu irrigant) 0.9 %	58
SHINGRIX	96			sodium chloride (inhalant) AERS ..	44
SIDESTREAM ADULT FACE MASK		SIMPLYTHICK EASYMIX LEVEL 2 ..	88	sodium chloride (inhalant) NEBU 0.9	
MISC	75			%, 7 %	44
SIDESTREAM PEDIATRIC FACE		SIMPLYTHICK EASYMIX LEVEL 3 ..	88	sodium citrate & citric acid	58
MASK MISC	75			sodium fluoride (dental) CREA	78
SIDESTREAM PLS ADULT FACE		simvastatin TABS 5 MG, 10 MG, 20		sodium fluoride (dental) GEL	78
MASK MISC	75	MG, 40 MG	25	sodium fluoride (dental) SOLN 0.2 %	
SIGNIFOR	56	simvastatin TABS 80 MG	25	78	
SIGNIFOR LAR	56	SINGLE-LET	69	sodium fluoride CHEW	77
SIKLOS TABS	60	sirolimus SOLN	78	sodium fluoride SOLN 0.5 MG/ML ..	77
sildenafil citrate (pulmonary		sirolimus TABS	78	SODIUM OXYBATE SOLN	88
hypertension) SOLN	40	SITAGLIPTIN	17	sodium phenylbutyrate POWD	55
sildenafil citrate (pulmonary		SITAGLIPTIN BASE-METFORMIN		sodium phenylbutyrate TABS	55
hypertension) SUSR	40	HCL TABS	16	sodium phosphates ENEM	62
sildenafil citrate (pulmonary		SIVEXTRO TABS	28	sodium polystyrene sulfonate POWD	
hypertension) TABS	40	SKLICE (ivermectin (pediculicide))		78	
SILICONE MASK/ADULT MISC ...	75	51		sodium polystyrene sulfonate SUSP	
SILICONE MASK/INFANT MISC ..	75	SKYLA	43	CO 15 GM/60ML	78
SILICONE MASK/PEDIATRIC MISC .		SKYRIZI PEN SOAJ	47	SOFIA SARS ANTIGEN FIA	53
75		SKYRIZI SOCT	57	SOFIA2 SARS ANTIGEN FIA	53
silodosin	58	SKYRIZI SOLN	57	SOFOSBUVIR-VELPATASVIR TABS	
silver sulfadiazine	47	SKYRIZI SOSY	47		37
SIMBRINZA	85	SKYSONA	89	SOGROYA	55
simethicone CHEW 80 MG	56	SKYTROFA	55	SOLESTA	77
simethicone LIQD PO	56	SM ADVANCED PROBIOTIC CAPS .		solifenacin succinate TABS	92
simethicone SUSP	56	22		SOLIRIS	59
SIMLANDI (1 PEN) AJKT	4	SM ALCOHOL PREP	72	SOLUS V2 LANCETS 28G	69
SIMLANDI (1 SYRINGE) PSKT	4	SM IPECAC SYRUP	23	SOLUS V2 TWIST LANCETS 30G	
SIMLANDI (2 PEN) AJKT	4	SMARTEST LANCETS 28G	69	69	
SIMLANDI (2 SYRINGE) PSKT	4	SOAANZ TABS 20 MG	53	SOLUVITA ACD WITH FLUORIDE	
SIMPLYTHICK EASY MIX	88	sodium bicarbonate (antacid) TABS		SOLN	80
		325 MG, 650 MG	9		

SOLUVITA SOLN	77	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)	11	sucralfate SUSP	92
SOMA TABS 250 MG (carisoprodol) . 81		spironolactone & hydrochlorothiazide	53	sucralfate TABS	92
SOMATULINE DEPOT	56	spironolactone TABS	54	SUDAFED CHILDRENS LIQD	82
SOMAVERT	54	STAMARIL SUSR	96	SUDAFED PE CHILDRENS SOLN 82	
SOOTHENEB NBL 100 ADULT MASK MISC	75	stannous fluoride CONC	78	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	39
SOOTHENEB NBL 100 CHILD MASK MISC	76	STEQEYMA	47	sulfacetamide sodium (acne)	45
SOOTHENEB NBL 100 MED CUP MISC	76	STEQEYMA	57	sulfacetamide sodium (ophth) SOLN . 85	
SOOTHENEB NBL 100 MESH CAP MISC	76	STERILANCE TL	69	sulfacetamide sodium LIQD	47
sorafenib tosylate	31	STERILE DILUENT FLOLAN PH 12 . 88		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	45
SORBITOL PO 70 %	62	STIMUFEND	61	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	45
SORILUX FOAM	47	STIOLTO RESPIMAT	12	sulfacetamide sod-prednisolone SOLN	86
sotalol hcl (afib/afl)	38	STIVARGA	31	sulfamethoxazole-trimethoprim SUSP	27
sotalol hcl TABS 240 MG	38	STRENSIQ	55	sulfamethoxazole-trimethoprim TABS	27
sotalol hcl TABS 80 MG, 120 MG, 160 MG	38	STRESS FORMULA/IRON/ENERGY TABS	79	sulfasalazine TABS	57
SOTYKTU	47	STRIBILD	36	sulfasalazine TBEC	57
SOVALDI PACK	37	STROMECTOL (ivermectin)	9	sulindac TABS	5
SOVALDI TABS	37	SUBLOCADE SOSY	8	sumatriptan	77
SPEEDY SWAB COVID-19 ANTIGEN KIT	53	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 4 MG/0.5ML	77
SPEVIGO SOLN	47	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOAJ 6 MG/0.5ML	77
SPEVIGO SOSY	47	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 4 MG/0.5ML	77
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	96	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan succinate SOCT 6 MG/0.5ML	77
SPIKEVAX SUSP	96	SUCRAID	53	sumatriptan succinate SOLN 6	
SPIKEVAX SUSY	96				
spinosad	52				
SPINRAZA	83				

MG/0.5ML77	SYMDEKO90	TAKHZYRO SOLN59
sumatriptan succinate TABS77	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)36	TALTZ SOSY47
sumatriptan-naproxen sodium76	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)36	TALZENNA 0.25 MG, 1 MG31
sunitinib malate31	SYMTUZA36	tamoxifen citrate TABS30
SUNLENCA TABS PO 300 MG ...36	SYNAGIS SOLN87	tamsulosin hcl58
SUNLENCA TBPK 300 MG36	SYNALAR CREA (fluocinolone acetone)49	TASCENSO ODT89
SUPARTZ FX SOSY81	SYNALAR OINT (fluocinolone acetone)50	tasimelteon CAPS62
SUPER PROBIOTIC CAPS22	SYNALAR SOLN (fluocinolone acetone)50	TAVALISSE59
SUPER PROBIOTIC DIGESTIVE CAPS22	SYNAREL55	tazarotene CREA47
SUPER THIN LANCETS69	SYNOJOYNT SOSY81	TDVAX SUSP91
SUPERIOR PROBIOTIC CAPS ...22	SYNRIBO32	TECENTRIQ29
SUPPRELIN LA55	SYNTHROID TABS (levothyroxine sodium)91	TECHLITE AST LANCETS69
SURE COMFORT ALCOHOL PREP72	SYNVISC ONE SOSY81	TECHLITE LANCETS69
SURE COMFORT LANCETS 18G 69	SYNVISC SOSY81	TECHLITE LANCETS 26G69
SURE COMFORT LANCETS 21G 69	TAB-A-VITE/IRON/BETA CAROTENE TABS79	TECHLITE LANCETS 30G69
SURE COMFORT LANCETS 23G 69	TABLOID29	TEGLUTIK SUSP82
SURE COMFORT LANCETS 28G 69	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)50	TEGRETOL-XR TB12 (carbamazepine)14
SURE COMFORT LANCETS 30G 69	tacrolimus (topical) OINT 0.03 % ..50	TEGSEDI90
SUREBIOTIC PROBIOTIC SUPPORT CAPS22	tacrolimus (topical) OINT 0.1 % ...50	telmisartan26
SURELITE LANCETS69	tacrolimus CAPS78	telmisartan-amlodipine27
SV PROBIOTIC EXTRA STRENGTH CAPS22	tadalafil (pulmonary hypertension) TABs40	telmisartan-hydrochlorothiazide ...27
SYLVANT78	TADLIQ SUSP40	temazepam 15 MG, 30 MG62
SYMBICORT (budesonide- formoterol fumarate dihydrate)12	TAFINLAR CAPS31	temazepam 22.5 MG62
	TAGRISSO30	temazepam 7.5 MG62
		TEMODAR SOLR29
		temozolomide CAPS29
		temsirolimus31
		TENIVAC SUSP 2 LFU-5 LFU91
		tenofovir disoproxil fumarate TABS 36

terazosin hcl	26	theophylline ELIX	12	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	84
terbinafine hcl (topical) CREA	46	theophylline SOLN	12	tioconazole vaginal 6.5 %	96
terbinafine hcl TABS	24	theophylline TB12 100 MG, 200 MG, 300 MG	12	tiopronin TABS	58
terbutaline sulfate TABS	12	theophylline TB12 450 MG	12	tiotropium bromide CAPS IN 18 MCG	11
terconazole vaginal CREA 0.4 % ..	96	theophylline TB24	12	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	91
terconazole vaginal CREA 0.8 % ..	96	thiamine hcl TABS	98	TIVICAY PD TBSO	36
terconazole vaginal SUPP	96	thiamine mononitrate TABS 100 MG . 98		TIVICAY TABS	36
teriparatide SOPN	54	THINLETS GP LANCETS	69	tizanidine hcl CAPS	81
TERIPARATIDE SOPN	54	thioridazine hcl	34	tizanidine hcl TABS	81
TESTOPEL PLLT	8	thiothixene	35	TOBI NEBU (tobramycin)	3
testosterone cypionate SOLN IM 200 MG/ML	8	THRESHOLD IMT MISC	76	TOBRADEX OINT	86
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	THROMBATE III	59	tobramycin (ophth) SOLN	85
testosterone GEL TD 1 %	8	THYMOGLOBULIN	78	tobramycin NEBU	3
testosterone GEL TD 1.62 %, 10 MG/ACT, 1.62 %	8	THYROGEN 0.9 MG	52	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3
testosterone GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM	8	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	91	tobramycin sulfate SOLR	3
testosterone SOLN	8	tiagabine hcl 12 MG, 16 MG	14	tobramycin-dexamethasone SUSP 86	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	91	tiagabine hcl 2 MG, 4 MG	14	TOBREX OINT	85
tetrabenazine	89	TIBSOVO	31	TODAYS HEALTH THIN LANCETS 28G	69
tetracaine hcl (ophth)	85	ticagrelor 60 MG, 90 MG	60	TODAYS HEALTH THIN LANCETS 30G	69
tetrahydrozoline hcl (ophth) 0.05 % 85		TICOVAC	96	TOFIDENCE	5
TEZSPIRE SOAJ	10	TIGLUTIK SUSP	82	tolmetin sodium CAPS	5
TEZSPIRE SOSY	10	timolol maleate (ophth) SOLG 0.25 %	84	tolmetin sodium TABS 600 MG	5
THALOMID	77	timolol maleate (ophth) SOLN 0.5 % . 84		tolnaftate CREA	46
THEO-24 CP24 100 MG	12	timolol maleate (ophth) SOLN	84		
THEO-24 CP24 200 MG, 300 MG, 400 MG	12	timolol maleate TABS	38		
		TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 % .84			

tolterodine tartrate CP24	92	TRAMADOL HCL SOLN (tramadol hcl)	7	%	45
tolterodine tartrate TABS	92	tramadol hcl SOLN	7	tretinoin CREA 0.025 %	45
tolvaptan TABS	56	tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	45
tolvaptan TBPk	56	tramadol hcl TABS 50 MG	7	tretinoin microsphere	45
TOPAMAX SPRINKLE CPSP (topiramate)	14	tramadol hcl TB24	7	TRETEN	59
TOPICORT CREA 0.05 % (desoximetasone)	50	tramadol-acetaminophen	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29
TOPICORT CREA 0.25 % (desoximetasone)	50	trandolapril 1 MG, 2 MG	26	TREXIMET (sumatriptan-naproxen sodium)	76
TOPICORT GEL (desoximetasone) 50	50	trandolapril 4 MG	26	triamcinolone acetonide (mouth) ..	78
TOPICORT SPRAY LIQD (desoximetasone)	50	trandolapril-verapamil hcl	27	triamcinolone acetonide (topical) AERS	50
topiramate CPSP 15 MG, 25 MG ..	14	tranexamic acid TABS	61	triamcinolone acetonide (topical) CREA 0.025 %	50
topiramate CPSP 50 MG	14	tranylcypromine sulfate	15	triamcinolone acetonide (topical) CREA 0.1 %	50
topiramate SOLN 25 MG/ML	14	TRAVATAN Z SOLN (travoprost) ..	86	triamcinolone acetonide (topical) CREA 0.5 %	50
topiramate TABS 25 MG	14	TRAVEL LANCETS ADVANCED 28G	69	triamcinolone acetonide (topical) LOTN	50
topiramate TABS 50 MG, 100 MG, 200 MG	14	travoprost SOLN	86	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	50
topotecan hcl SOLN	32	trazodone hcl TABS 300 MG	15	triamcinolone acetonide (topical) OINT 0.05 %	50
TOPOTECAN HCL SOLN	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15	triamcinolone acetonide (topical) OINT 0.5 %	50
topotecan hcl SOLR	32	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	triamcinolone acetonide (topical) OINT 0.5 %	50
toremifene citrate	30	TRELSTAR MIXJECT 3.75 MG ...	30	triamcinolone acetonide-dimethicone-silicone	50
torsemide TABS 20 MG	53	TREMFYA PEN SOAJ SC 200 MG/2ML	57	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	53
torsemide TABS 5 MG, 10 MG, 100 MG	53	TREMFYA SOLN IV	57	triamterene & hydrochlorothiazide TABS	53
TOVIAZ (fesoterodine fumarate) ..	93	TREMFYA SOSY SC 200 MG/2ML 57	57	triazolam	62
TPOXX CAPS	37	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	57	trientine hcl 250 MG	77
TRACLEER TABS (bosentan)	40	treprostinil SOLN IJ	40		
TRADJENTA	17	tretinoin (chemotherapy)	32		
tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin CREA 0.025 %, 0.05 %, 0.1			

trifluoperazine hcl TABS34	TRUEPLUS LANCETS 28G 69	ULTILET SAFETY LANCETS70
trihexyphenidyl hcl SOLN32	TRUEPLUS LANCETS 30G 69	ULTILET SAFETY LANCETS 23G 70
trihexyphenidyl hcl TABS32	TRUEPLUS LANCETS 33G 69	ULTRA THIN LANCETS 31G70
TRIKAFTA TBPK 100 MG-50 MG .90	TRUEPLUS SAFETY LANCETS 28G69	ULTRA-CARE ALCOHOL PREP PADS72
TRILEPTAL SUSP (oxcarbazepine) 14	TRULICITY17	ULTRA-CARE LANCETS 30G70
TRILURON SOSY 81	TRUMENBA 0.5 ML93	ULTRAFLOA IMMUNE HEALTH CAPS22
trimethoprim TABS27	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)36	ULTRA-THIN II AUTO LANCET .. 70
trimipramine maleate CAPS 16	TUBING/WING TIP MISC76	ULTRA-THIN II LANCETS 70
TRIUMEQ PD TBSO36	TWINRIX SUSY96	UNILET COMFORTOUCH LANCET 70
TRIUMEQ TABS36	TWIST TOP LANCETS 30G69	UNILET EXCELITE70
TRIVISC SOSY81	TYBLUME CHEW42	UNILET EXCELITE II70
TRIZIVIR36	TYBOST37	UNILET G.P. LANCET70
tropicamide SOLN 0.5 %84	TYENNE SOAJ5	UNILET G.P. SUPERLITE LANCET . 70
tropicamide SOLN 1 %84	TYENNE SOLN 5	UNILET GP 28 ULTRA THIN 70
tropium chloride CP2493	TYENNE SOSY 5	UNILET LANCET70
tropium chloride TABS93	TYLENOL CHILDRENS CHEWABLES CHEW (acetaminophen) 6	UNILET MICRO-THIN 33G 70
TRUBIOTICS CAPS22	TYPHIM VI SOLN93	UNILET SUPERLITE LANCET ... 70
TRUBIOTICS DIGEST + IMM HEALTH CAPS22	TYPHIM VI SOSY93	UNILET SUPER-THIN 30G70
TRUE COMFORT ALCOHOL PREP PADS72	UBRELVY76	UNILET ULTRA-THIN 28G70
TRUE COMFORT PRO ALCOHOL PREP72	UCERIS TB24 (budesonide)44	UNISTIK 170
TRUE COMFORT SAFETY LANCETS 69	UDENYCA ONBODY SOSY61	UNISTIK 270
TRUE COMFORT TWIST TOP LANCETS 69	UDENYCA SOAJ 61	UNISTIK 2 COMFORT70
TRUEPLUS GLUCOSE CHEW17	UDENYCA SOSY61	UNISTIK 2 EXTRA70
TRUEPLUS GLUCOSE ON THE GO CHEW17	ULTICARE ALCOHOL SWABS ...72	UNISTIK 2 NEONATAL70
TRUEPLUS LANCETS 26G 69	ULTILET ALCOHOL SWABS72	UNISTIK 2 NORMAL70
	ULTILET CLASSIC LANCETS70	UNISTIK 2 SUPER70
	ULTILET LANCETS70	UNISTIK 370

UNISTIK 3 COMFORT70	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML47	VANCOMYCIN HCL SOLR IV 500 MG27
UNISTIK 3 EXTRA70	USTEKINUMAB-TTWE47	vancomycin hcl SOLR PO 25 MG/ML27
UNISTIK 3 GENTLE70	USTEKINUMAB-TTWE57	VANDAZOLE96
UNISTIK 3 NEONATAL70	UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML34	VAQTA96
UNISTIK 3 NORMAL70	UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML34	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML96
UNISTIK CZT COMFORT70	VABRINTY KIT SC 22.5 MG, 45 MG . 30	varenicline tartrate TABS90
UNISTIK CZT NORMAL70	valacyclovir hcl 1 GM37	varenicline tartrate TBPK90
UNISTIK NORMAL70	valacyclovir hcl 500 MG37	VARIVAX SUSR96
UNISTIK PRO SAFETY LANCET .70	valganciclovir hcl TABS37	VAXCHORA93
UNISTIK SAFETY LANCETS 28G 70	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML14	VAXELIS SUSP91
UNISTIK SAFETY LANCETS 30G 70	valproic acid CAPS14	VAXELIS SUSY91
UNISTIK TOUCH SAFETY LANC 21G70	valrubicin31	VAXNEUVANCE93
UNISTIK TOUCH SAFETY LANC 23G70	valsartan SOLN26	VCF VAGINAL CONTRACEPTIVE FILM96
UNISTIK TOUCH SAFETY LANC 28G70	valsartan TABS26	VCF VAGINAL CONTRACEPTIVE GEL96
UNISTIK TOUCH SAFETY LANC 30G70	valsartan-hydrochlorothiazide27	VECAMYL27
UNITUXIN29	VALTOCO 10 MG DOSE LIQD13	VECTIBIX 100 MG/5ML, 400 MG/20ML30
UP4 PROBIOTICS ADULT CAPS .22	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML13	VELSIPITY57
UP4 PROBIOTICS MENS CAPS ..22	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML13	VELTASSA78
UP4 PROBIOTICS ULTRA CAPS .22	VALTOCO 5 MG DOSE LIQD13	VENCLEXTA STARTING PACK TBPK30
UP4 PROBIOTICS WOMENS CAPS 22	vancomycin hcl CAPS 125 MG27	VENCLEXTA TABS30
urea CREA 40 %50	vancomycin hcl CAPS 250 MG27	VENLAFAXINE BESYLATE ER ...16
urea LOTN 40 %50	vancomycin hcl SOLR IV 1 GM27	venlafaxine hcl CP24 150 MG16
URETRON D/S TABS 81.6 MG ...27	VANCOMYCIN HCL SOLR IV 1 GM . 27	venlafaxine hcl CP24 37.5 MG16
ursodiol CAPS57	vancomycin hcl SOLR IV 500 MG .27	venlafaxine hcl CP24 75 MG16
ursodiol TABS 250 MG57		venlafaxine hcl TABS16

venlafaxine hcl TB24	16	VH ESSENTIALS OPTIBALANCE CAPS	22	VITRAKVI CAPS	31
VENTOLIN HFA AERS (albuterol sulfate)	12	VIActiv DIGESTIVE HEALTH CHEW	23	VITRAKVI SOLN	31
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	39	VICTOZA (liraglutide)	18	VIVAGUARD LANCETS	71
verapamil hcl CP24 300 MG	39	vigabatrin PACK	14	VIVAGUARD LANCETS 30G	71
verapamil hcl CP24 360 MG	39	vigabatrin TABS	14	VIVAGUARD SAFETY LANCETS 28G	71
VERAPAMIL HCL ER CP24 (verapamil hcl)	39	VIGAFYDE SOLN	14	VIVIMUSTA SOLN	29
verapamil hcl TABS	39	VIJOICE TBPk	78	VIVITROL	23
verapamil hcl TBCR	39	VILTEPSO	83	VIVOTIF	93
VERELAN CP24 120 MG, 180 MG, 240 MG (verapamil hcl)	39	VIMIZIM	55	VIZIMPRO	30
VERELAN CP24 360 MG (verapamil hcl)	39	VIMOVO (naproxen-esomeprazole magnesium)	5	VOGELXO PUMP GEL TD (testosterone)	8
VERELAN PM CP24 100 MG, 200 MG (verapamil hcl)	39	vincristine sulfate	32	VONVENDI	59
VERELAN PM CP24 300 MG (verapamil hcl)	39	VIRACEPT TABS 250 MG	37	VORAXAZE	32
VERIFINE SAFE LANCET MINI 21G	70	VIRACEPT TABS 625 MG	37	VORTEX HOLD CHMBR/MASK/CHILD DEVI	76
VERIFINE SAFE LANCET MINI 23G	70	VIREAD POWD	37	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	76
VERIFINE SAFE LANCET MINI 28G	70	VIREAD TABS (tenofovir disoproxil fumarate)	37	VORTEX VALVE CHAMBER-PEDI MASK DEVI	76
VERIFINE SAFE LANCET MINI 30G	71	VIREAD TABS	37	VORTEX VALVED HOLDING CHAMBER DEVI	76
VERIFINE UNIVERSAL LANCETS 28G	71	VISBIOME GI CARE CAPS	22	VOSEVI	37
VERIFINE UNIVERSAL LANCETS 30G	71	VISCO-3 SOSY	81	VOTRIENT	31
VERIFINE UNIVERSAL LANCETS 33G	71	VISTOGARD	23	VPRIV	60
VESICARE LS SUSP	93	VISUDYNE	85	VRAYLAR CAPS	33
VEVYE SOLN	85	VITAMIN D3 LIQD PO 125 MCG/ML . 97		VRAYLAR CPPK	33
		vitamin e CAPS	97	VSL#3 CAPS	22
		VITAMIN E CAPS	97	VTAMA	47
		VITAMIN E CHEW	97	VYNDAMAX	40
		VITAMINS ACD-FLUORIDE SOLN 80		VYNDAQEL	40
		vitamins w/ lipotropics CAPS	80	VYONDYS 53	83

VYVANSE CAPS	1	XGEVA SOLN	54	YUSIMRY	4
VYVANSE CHEW	1	XIAFLEX	77	YUTIQ	86
WALGREENS GLUCOSE CHEW ..	17	XIIDRA	85	zafirlukast	11
warfarin sodium TABS	12	XOFLUZA (40 MG DOSE) 40 MG ..	37	zaleplon	62
WEBCOL ALCOHOL PREP LARGE 72		XOFLUZA (80 MG DOSE) 80 MG ..	37	ZALTRAP	29
WEBCOL ALCOHOL PREP MEDIUM	72	XOLAIR SOAJ	10	ZARXIO	61
WEGOVY	1	XOLAIR SOLR	10	ZAVZPRET	76
WELLPRO 31 CAPS	22	XOLAIR SOSY	10	ZEGALOGUE SOAJ	17
white petrolatum-mineral oil	84	XOPENEX HFA (levalbuterol tartrate)	12	ZEGALOGUE SOSY	17
WILATE KIT	59	XOSPATA	31	ZEGERID CAPS (omeprazole- sodium bicarbonate)	92
WINDMILL TRAINER MISC	76	XPERT XPRESS SARS-COV-2 ..	53	ZEGERID OTC CAPS (omeprazole- sodium bicarbonate)	92
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	87	XPHOZAH	55	ZEGERID PACK (omeprazole- sodium bicarbonate)	92
XACIATO GEL	96	XTANDI CAPS	30	ZELAC CAPS	22
XALKORI CAPS	31	XYBIOTIC CAPS	22	ZELBORAF	31
XARELTO STARTER PACK TBPk 12		XYNTHA	59	ZEMAIRA SOLR 1000 MG	90
XARELTO SUSR 1 MG/ML (rivaroxaban)	12	XYNTHA SOLOFUSE	59	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
XARELTO TABS 10 MG, 20 MG ..	12	XYREM SOLN	88	ZEPATIER	37
XARELTO TABS 15 MG	12	YERVOY	29	ZEPBOUND SOAJ	1
XARELTO TABS 2.5 MG (rivaroxaban)	12	YESCARTA	30	ZEPBOUND SOLN	1
XCOPRI (250 MG DAILY DOSE) TBPk	14	YESINTEK SOLN 45 MG/0.5ML ..	47	ZEPOSIA STARTER KIT CPPK ...	89
XCOPRI TABS	14	YESINTEK SOSY	47	ZEVALIN Y-90	29
XELJANZ SOLN	3	YEZTUGO TABS PO 300 MG	37	ZEVXRX STERILE ALCOHOL PREP	
XELSTRYM	1	YF-VAX SUSR	96		
XENAZINE (tetrabenazine)	89	YONDELIS	29		
XEOMIN	83	YOSPRALA 81 MG-40 MG	60		
		YUFLYMA (1 PEN) AJKT	4		
		YUFLYMA (2 PEN) AJKT	4		
		YUFLYMA (2 SYRINGE) PSKT	4		
		YUFLYMA-CD/UC/HS STARTER AJKT	4		

PAD	72	ZOLGENSMA 12.6-13.0 KG	83	ZOLGENSMA 9.6-10.0 KG	84
ZEVRX TWIST TOP LANCETS 30G 71		ZOLGENSMA 13.1-13.5 KG	83	ZOLINZA	31
ZIAGEN SOLN (abacavir sulfate) ..	37	ZOLGENSMA 13.6-14.0 KG	83	zolmitriptan SOLN 2.5 MG	77
ZIAGEN TABS (abacavir sulfate) ..	37	ZOLGENSMA 14.1-14.5 KG	83	zolmitriptan TABS	77
zidovudine CAPS	37	ZOLGENSMA 14.6-15.0 KG	83	zolmitriptan TBDP	77
zidovudine SYRP	37	ZOLGENSMA 15.1-15.5 KG	83	ZOLOFT CONC (sertraline hcl)	15
zidovudine TABS	37	ZOLGENSMA 15.6-16.0 KG	83	ZOLPIDEM TARTRATE CAPS	62
ZIEXTENZO	61	ZOLGENSMA 16.1-16.5 KG	83	zolpidem tartrate SUBL	62
zileuton TB12	11	ZOLGENSMA 16.6-17.0 KG	83	zolpidem tartrate TABS	62
ZILRETTA SRER	44	ZOLGENSMA 17.1-17.5 KG	83	zolpidem tartrate TBCR	62
ZIMHI SOSY	23	ZOLGENSMA 17.6-18.0 KG	83	ZOMIG SOLN 2.5 MG (zolmitriptan) .	77
zinc oxide (topical) OINT 20 %	51	ZOLGENSMA 18.1-18.5 KG	83	ZONISADE SUSP	14
zinc sulfate CAPS	77	ZOLGENSMA 18.6-19.0 KG	83	zonisamide CAPS	14
ZINPLAVA	87	ZOLGENSMA 19.1-19.5 KG	83	ZORYVE CREA EX	51
ziprasidone hcl	33	ZOLGENSMA 19.6-20.0 KG	83	ZOVIRAX CREA (acyclovir topical)	47
ziprasidone mesylate	33	ZOLGENSMA 2.6-3.0 KG	83	ZOVIRAX OINT (acyclovir topical) .	47
ZITUVIMET TABS	16	ZOLGENSMA 20.1-20.5 KG	83	ZTALMY	14
ZITUVIO	17	ZOLGENSMA 3.1-3.5 KG	83	ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
ZOLADEX 10.8 MG	30	ZOLGENSMA 3.6-4.0 KG	83	ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
ZOLADEX 3.6 MG	30	ZOLGENSMA 4.1-4.5 KG	83	ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
zoledronic acid CONC	54	ZOLGENSMA 4.6-5.0 KG	83	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
zoledronic acid SOLN 5 MG/100ML 54		ZOLGENSMA 5.1-5.5 KG	84	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZOLEDRONIC ACID SOLN	54	ZOLGENSMA 5.6-6.0 KG	84	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 20.6-21.0 KG	83	ZOLGENSMA 6.1-6.5 KG	84	ZULRESSO	15
ZOLGENSMA 10.1-10.5 KG	83	ZOLGENSMA 6.6-7.0 KG	84	ZURZUVAE	15
ZOLGENSMA 10.6-11.0 KG	83	ZOLGENSMA 7.1-7.5 KG	84	ZYDELIG	31
ZOLGENSMA 11.1-11.5 KG	83	ZOLGENSMA 7.6-8.0 KG	84	ZYKADIA TABS	31
ZOLGENSMA 11.6-12.0 KG	83	ZOLGENSMA 8.1-8.5 KG	84	ZYMAXID (gatifloxacin (ophth)) ...	85
ZOLGENSMA 12.1-12.5 KG	83	ZOLGENSMA 8.6-9.0 KG	84	ZYMFENTRA (1 PEN) AJKT	57
		ZOLGENSMA 9.1-9.5 KG	84		

ZYMFENTRA (2 PEN) AJKT	57
ZYMFENTRA (2 SYRINGE) PSKT	57
ZYNTEGLO	60
ZYPREXA RELPREVV	34