

Pharmacy Program

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

Preferred Drug List

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

Pharmacy Benefit Manager

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

Specialty Drugs

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

Prior Authorizations

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

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

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

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

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

Quantity Limits

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

Age Limits

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

Non-Preferred

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

Medical Necessity Requests

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

For a MN request NH Healthy Families requires:

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

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

72-Hour Emergency Supply Policy

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

Newly Approved Products

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

Over-the-Counter Medications

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

CMS Labeler Requirements

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

Drug Efficacy Study and Implementation (DESI) Drugs

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

Filling a Prescription

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

Step Therapy

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

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

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

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

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

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

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

Abbreviations

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

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

Tier Definitions

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

Brand/Generic Drug Designation

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

Contact Information

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

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

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP
DYANAVEL XR TBCR	5	
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS	2	QL(1 EA daily); MP; PA
VYVANSE CHEW	5	MP; PA
XELSTRYM	5	
Analeptics		
caffeine citrate SOLN PO	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anti-Obesity Agents		
IMCIVREE	5	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
ZEPBOUND SOAJ	2	PA
ZEPBOUND SOLN	2	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	1	Generic for Strattera; AL(At least 6 yrs old); MP
clonidine hcl (adhd) TB12	1	Generic for Kapvay; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP	<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
ONYDA XR SUER	5		<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
QELBREE	5	MP	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1	AL(At least 6 yrs old)
Stimulants - Misc.			<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
AZSTARYS	5	MP	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP	RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	2	AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	5	Generic for Focalin XR; MP; PA	Allergenic Extracts		
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	5	Generic for Methylin; MP; PA	ORALAIR SUBL	2	PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA	Alternative Medicine - G's		
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA	<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 EA daily)
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA	Alternative Medicine - M's		
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP	<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		
			BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA
			KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	2	SP; PA
			<i>neomycin sulfate TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBI NEBU (<i>Use tobramycin</i>)	5	SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	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(PS/UV STARTER) AJKT	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA
<i>tobramycin NEBU</i>	1	SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	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	2	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADAZ SOAJ	2	SP; PA
OLUMIANT	5	SP; PA	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	5	SP; PA
RINVOQ LQ SOLN	2	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP; PA
XELJANZ SOLN	5	SP; PA	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (1 PEN) AJKT	5	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA (2 PEN) AJKT	5	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	SP; PA
ABRILADA (2 SYRINGE) PSKT	5	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	5	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	5	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	5	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA SOAJ	5	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	5	SP; PA
AMJEVITA SOSY	5	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	5	SP; PA
CYLTEZO (2 PEN) AJKT	5	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	5	SP; PA
CYLTEZO (2 SYRINGE) PSKT	5	SP; PA	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	5	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	5	SP; PA	HYRIMOZ SOAJ	5	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	5	SP; PA	HYRIMOZ SOSY	5	SP; PA
HADLIMA PUSH TOUCH SOAJ	5	SP; PA	IDACIO (2 PEN) AJKT	5	SP; PA
HADLIMA SOSY	5	SP; PA	IDACIO (2 SYRINGE) PSKT	5	SP; PA
HULIO (2 PEN) AJKT	5	SP; PA	IDACIO-CROHNS/UC STARTER AJKT	5	SP; PA
HULIO (2 SYRINGE) PSKT	5	SP; PA	IDACIO-PSORIASIS STARTER AJKT	5	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA	SIMLANDI (1 PEN) AJKT	5	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (1 SYRINGE) PSKT	5	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA	SIMLANDI (2 PEN) AJKT	5	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA	SIMLANDI (2 SYRINGE) PSKT	5	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA	YUFLYMA (1 PEN) AJKT	5	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA	YUFLYMA (2 PEN) AJKT	5	SP; PA
HUMIRA-PED>=40KG CROHNS START PSKT	2	SP; PA	YUFLYMA (2 SYRINGE) PSKT	5	SP; PA
HUMIRA-PED>=40KG UC STARTER AJKT	2	SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	5	SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA	YUSIMRY	5	SP; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	2	SP; PA	Interleukin-6 Receptor Inhibitors		
HYRIMOZ-CROHNS/UC STARTER SOAJ	5	SP; PA	TOFIDENCE	5	SP; PA
			TYENNE SOAJ	5	SP; PA
			TYENNE SOLN	5	SP; PA
			TYENNE SOSY	5	SP; PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			ADVIL TABS (Use ibuprofen)	3	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>celecoxib</i>	1	QL(2 EA daily); PA
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	3	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	3	MP; RX/OTC
<i>diclofenac potassium TABS 50 MG</i>	1	MP
<i>diclofenac sodium TB24</i>	1	MP
<i>diclofenac sodium TBEC</i>	1	MP
<i>etodolac CAPS</i>	1	MP
<i>etodolac TABS</i>	1	MP
<i>etodolac TB24</i>	1	MP
<i>flurbiprofen TABS</i>	1	MP
<i>ibuprofen CHEW</i>	3	MP
<i>ibuprofen SUSP</i>	3	MP; RX/OTC
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	3	MP
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
<i>indomethacin CPCR</i>	1	MP
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	3	MP
<i>ketoprofen CAPS 50 MG</i>	1	MP
<i>ketoprofen CP24</i>	1	MP
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS</i>	1	MP
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	3	MP
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	3	MP
<i>nabumetone</i>	1	MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 EA daily); MP
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	MP
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 EA daily); MP
<i>oxaprozin TABS</i>	1	MP
<i>piroxicam CAPS</i>	1	MP
<i>sulindac TABS</i>	1	MP
<i>tolmetin sodium CAPS</i>	1	MP
<i>tolmetin sodium TABS 600 MG</i>	1	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	SP; PA
OTEZLA TBPK	2	SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics - Sodium Channel Pain Signal Inhibitors			ECOTRIN ARTHRTIS PAIN TBEC (<i>Use aspirin</i>)	3	
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)	ECOTRIN TBEC (<i>Use aspirin</i>)	3	
Analgesics Other			<i>salsalate</i>	1	
			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen CHEW</i>	3		Opioid Agonists		
<i>acetaminophen ELIX</i>	3		<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
<i>acetaminophen LIQD 160 MG/5ML</i>	3		CODEINE SULFATE TABS	2	QL(2 EA daily)
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	3		CONZIP CP24 (<i>Use tramadol hcl</i>)	5	PA
<i>acetaminophen SUPP 120 MG, 650 MG</i>	3	QL(12 EA per fill retail)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<i>hydrocodone bitartrate CP12</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	3	QL(12 EA per fill retail)	HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	3		<i>hydromorphone hcl TABS</i>	1	QL(8 EA daily)
Analgesics-Peptide Channel Blockers			<i>hydromorphone hcl TB24</i>	1	PA
PRIALT	2	SP; PA	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	QL(500 ML per fill retail)
Salicylates			<i>meperidine hcl TABS 50 MG</i>	1	QL(6 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>methadone hcl TABS 5 MG</i>	1	QL(4 EA daily); PA
<i>aspirin CHEW</i>	3		<i>methadone hcl TABS 10 MG</i>	1	QL(10 EA daily); PA
ASPIRIN SUPP 300 MG	3	QL(12 EA per fill retail)	<i>morphine sulfate beads</i>	1	PA
<i>aspirin TABS 325 MG</i>	3		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	3				
<i>diflunisal TABS</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ML per fill retail)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ML daily)	<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	1	QL(24 EA per fill retail)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ML daily)
<i>morphine sulfate TABS</i>	1	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 EA daily)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 EA daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ML daily)	<i>tramadol-acetaminophen</i>	1	QL(4 EA daily)
<i>oxycodone hcl SOLN</i>	1		Opioid Partial Agonists		
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(2 EA daily); PA	<i>BRIXADI (WEEKLY) SOSY</i>	2	SP
<i>oxycodone hcl T12A 80 MG</i>	1	PA	<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	2	SP
<i>oxycodone hcl TABS</i>	1	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 EA daily)
<i>oxymorphone hcl TB12 15 MG</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA			
<i>tramadol hcl SOLN</i>	1				
<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	2				
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)			
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	1				
<i>tramadol hcl TB24</i>	1	PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ML daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 1 MG-4 MG	1	QL(6 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG	1	QL(12 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 2 MG-8 MG	1	QL(3 EA daily)
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine</i> PTWK	1	PA
BUTRANS PTWK (Use <i>buprenorphine</i>)	2	PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP
SUBOXONE FILM SL 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	5	QL(3 EA daily)
SUBOXONE FILM SL 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	5	QL(6 EA daily)
SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	5	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	5	QL(12 EA daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
AVEED SOLN	2	SP; PA
<i>methyltestosterone</i> TABS	1	
TESTOPEL PLLT	2	SP; PA
<i>testosterone cypionate</i> SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
<i>testosterone</i> GEL TD 1 %	2	
<i>testosterone</i> GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
<i>testosterone</i> GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
<i>testosterone</i> SOLN	1	PA
VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	5	
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		
<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)</i> FOAM EX	1	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	2	QL(30 GM per fill retail)
<i>hydrocortisone (rectal)</i> EX 1 %	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 GM per fill retail)
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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
STROMEKTOL (<i>Use ivermectin</i>)	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZY SPRINKLE PACK	5	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 EA daily); MP
ISOSORBIDE MONONITRATE TABS	2	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPCR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP	Antiarrhythmics Type I-C		
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1		<i>flecainide acetate</i>	1	MP
<i>meprobamate</i>	1		<i>propafenone hcl TABS</i>	1	MP
Benzodiazepines			Antiarrhythmics Type III		
ALPRAZOLAM INTENSOL CONC	2		<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>alprazolam TABS</i>	1	QL(4 EA daily)	<i>dofetilide</i>	1	MP; PA
<i>alprazolam TB24</i>	1		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>alprazolam TBDP</i>	1		Antiasthmatic - Monoclonal Antibodies		
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 EA daily)	CINQAIR	5	SP; PA
<i>clorazepate dipotassium TABS</i>	1	QL(3 EA daily)	FASENRA PEN SOAJ	2	SP; PA
<i>diazepam CONC</i>	1		FASENRA SOSY 10 MG/0.5ML	2	SP; PA
DIAZEPAM SOAJ	2		NUCALA SOAJ	2	SP; PA
<i>diazepam SOLN PO 5 MG/5ML</i>	1	QL(500 ML per fill retail)	NUCALA SOLR	2	SP; PA
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1		NUCALA SOSY	2	SP; PA
DIAZEPAM SOLN IJ 5 MG/ML	2		TEZSPIRE SOAJ	5	SP; PA
<i>diazepam TABS</i>	1	QL(4 EA daily)	TEZSPIRE SOSY	5	SP; PA
<i>lorazepam CONC</i>	1		XOLAIR SOAJ	2	SP; PA
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 EA daily)	XOLAIR SOLR	2	SP; PA
<i>lorazepam TABS 1 MG</i>	1	QL(4 EA daily)	XOLAIR SOSY	2	SP; PA
LOREEV XR CS24	5		Anti-Inflammatory Agents		
<i>oxazepam CAPS</i>	1	QL(4 EA daily)	<i>cromolyn sodium NEBU</i>	1	QL(8 ML daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			Bronchodilators - Anticholinergics		
Antiarrhythmics Type I-A			ATROVENT HFA	2	QL(0.867 GM daily)
<i>disopyramide phosphate CAPS</i>	1	MP	<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	2	MP	SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	2	
<i>quinidine gluconate TBCR</i>	1	MP	<i>tiotropium bromide monohydrate CAPS</i>	1	
<i>quinidine sulfate TABS</i>	1	MP	Leukotriene Modulators		
			<i>montelukast sodium CHEW</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	AIRDUO DIGIHALER	5	
<i>montelukast sodium TABS</i>	1	QL(1 EA daily); MP	AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	2	
<i>zafirlukast</i>	1		AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	2	
<i>zileuton TB12</i>	1		AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	2	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			AIRSUPRA	5	
OHTUVAYRE	5	SP	<i>albuterol sulfate AERS</i>	3	Limit 2 inhalers per month; QL(0.45 GM daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	3	Limit 2 inhalers per month; QL(1.2 GM daily)
ARMONAIR DIGIHALER	5		<i>albuterol sulfate AERS</i>	3	Limit 2 inhalers per month; QL(0.57 GM daily)
ASMANEX (120 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU</i>	1	QL(2 EA daily)
ASMANEX (14 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 (30 METERED DOSES) AEPB	2		<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ML per 25 day(s) retail)
ASMANEX (60 METERED DOSES) AEPB	2		ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate SYRP</i>	1	MP
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	2	QL(2 EA daily)	<i>albuterol sulfate TABS</i>	1	
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 EA daily)	BEVESPI AEROSPHERE	5	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 GM per 30 day(s) retail)	BREO ELLIPTA	2	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 GM per 30 day(s) retail)	BREZTRI AEROSPHERE	5	
PULMICORT FLEXHALER AEPB	5	QL(1 EA per 25 day(s) retail)	<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 GM per 30 day(s) retail)
Sympathomimetics			COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	2	QL(2 EA daily)	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULERA 50 MCG/ACT-5 MCG/ACT	2		<i>theophylline</i> TB12 450 MG	1	
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>theophylline</i> TB12 100 MG, 200 MG, 300 MG	1	
<i>fluticasone-salmeterol</i> AERO	1		<i>theophylline</i> TB24	1	MP
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ML daily)	ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol hcl</i>	1		Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	1		<i>warfarin sodium</i> TABS	1	MP
PROAIR DIGIHALER	5		Direct Factor Xa Inhibitors		
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	3	Limit 2 inhalers per month; QL(0.45 GM daily)	ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)	ELIQUIS TABS	2	QL(4 EA daily)
STIOLTO RESPIMAT	2		<i>rivaroxaban</i> SUSR 1 MG/ML	1	
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 GM per 30 day(s) retail)	<i>rivaroxaban</i> TABS 2.5 MG	1	
<i>terbutaline sulfate</i> TABS	1	MP	XARELTO STARTER PACK TBPK	2	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	3	Limit 2 inhalers per month; QL(0.54 GM daily)	XARELTO TABS 2.5 MG (Use <i>rivaroxaban</i>)	2	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	3	Limit 2 inhalers per month; QL(1.2 GM daily)	XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	2		XARELTO TABS 15 MG	2	QL(2 EA daily)
Xanthines			Heparins And Heparinoid-Like Agents		
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
THEO-24 CP24 100 MG	2	MP	<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
<i>theophylline</i> ELIX	1		<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
<i>theophylline</i> SOLN	1	QL(475 ML per fill retail); MP	<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
			<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
			<i>fondaparinux sodium</i>	1	PA
			FRAGMIN SOLN 10000 UNIT/4ML	5	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		CARBATROL CP12 (Use carbamazepine)	2	MP
Thrombin Inhibitors			ELEPSIA XR TB24	5	
<i>dabigatran etexilate mesylate CAPS</i>	1		EPRONTIA SOLN 25 MG/ML (Use topiramate)	5	
PRADAXA CAPS (Use dabigatran etexilate mesylate)	2		<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
PRADAXA PACK	5	SP	<i>gabapentin CAPS 100 MG</i>	1	QL(9 EA daily); MP
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin SOLN</i>	1	MP
Anticonvulsants - Benzodiazepines			<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>clobazam SUSP</i>	1		<i>lamotrigine CHEW</i>	1	MP
<i>clobazam TABS</i>	1		<i>lamotrigine KIT 25 MG</i>	1	
<i>clonazepam TABS</i>	1	QL(4 EA daily)	<i>lamotrigine TABS</i>	1	MP
<i>clonazepam TBDP</i>	1		<i>lamotrigine TB24</i>	1	
LIBERVANT FILM	5		<i>lamotrigine TBDP</i>	1	
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ML daily); MP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TABS</i>	1	MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)	<i>levetiracetam TB24</i>	1	MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)	MOTPOLY XR CP24	5	
Anticonvulsants - Misc.			<i>oxcarbazepine SUSP</i>	1	MP
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	<i>oxcarbazepine TABS</i>	1	MP
<i>carbamazepine CHEW 100 MG</i>	1	MP	<i>pregabalin CAPS</i>	1	PA
<i>carbamazepine CHEW 200 MG</i>	1		<i>pregabalin SOLN</i>	1	PA
<i>carbamazepine CP12</i>	1	MP	<i>primidone 125 MG</i>	1	
<i>carbamazepine SUSP</i>	1	MP	<i>primidone 50 MG, 250 MG</i>	1	MP
<i>carbamazepine TABS</i>	1	MP	<i>rufinamide SUSP</i>	1	SP
<i>carbamazepine TB12</i>	1	MP	TEGRETOL-XR TB12 (Use carbamazepine)	2	MP
			TOPAMAX SPRINKLE CPSP (Use topiramate)	5	MP
			<i>topiramate CPSP 15 MG, 25 MG</i>	1	MP
			<i>topiramate CPSP 50 MG</i>	1	
			<i>topiramate SOLN 25 MG/ML</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 EA daily); MP
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	2	MP
ZONISADE SUSP	5	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	5	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI (250 MG DAILY DOSE) TBPk	5	
XCOPRI TABS	5	
GABA Modulators		
SABRIL PACK (<i>Use vigabatrin</i>)	2	SP; PA
SABRIL TABS (<i>Use vigabatrin</i>)	2	SP; PA
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
VIGAFYDE SOLN	5	SP
Hydantoins		
DILANTIN (<i>Use phenytoin sodium extended</i>)	5	MP
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	5	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
CELONTIN (<i>Use methsuximide</i>)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	2	MP
<i>divalproex sodium CSDR</i>	1	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	5	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 EA daily); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 EA daily); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 EA daily); MP
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 EA daily); MP
<i>bupropion hcl TB24 450 MG</i>	2	
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	5	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
ZURZUVAE	5	SP
Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	2	
<i>citalopram hydrobromide SOLN</i>	1	
<i>citalopram hydrobromide TABS</i>	1	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>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 60 MG</i>	1	
FLUOXETINE HCL TABS (<i>Use fluoxetine hcl</i>)	2	
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	
<i>paroxetine hcl TABS</i>	1	MP
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	1	PA
<i>sertraline hcl CONC</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl TABS</i>	1	MP
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS 300 MG</i>	1	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 60 MG (<i>Use duloxetine hcl</i>)	5	QL(2 EA daily); AL(At least 7 yrs old); MP
CYMBALTA CPEP 20 MG, 30 MG (<i>Use duloxetine hcl</i>)	5	QL(1 EA daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 EA daily); MP
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 EA daily); MP
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 EA daily); AL(At least 7 yrs old); MP
<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 EA daily); AL(At least 7 yrs old); MP
VENLAFAXINE BESYLATE ER	5	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 EA daily); MP
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 EA daily); MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily); MP
<i>venlafaxine hcl TABS</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	MP
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl CAPS 150 MG</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	2	QL(2 EA daily); MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	2	QL(1 EA daily); MP
<i>glipizide-metformin hcl</i>	1	MP
<i>glyburide-metformin</i>	1	MP
GLYXAMBI	2	
JANUMET XR TB24	2	
JANUMET TABS	2	
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
KAZANO (Use <i>alogliptin-metformin hcl</i>)	5	QL(2 EA daily); MP
KOMBIGLYZE XR (Use <i>saxagliptin-metformin hcl</i>)	5	

Drug Name	Drug Tier	Requirements/ Limits
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use <i>alogliptin-pioglitazone</i>)	5	QL(1 EA daily); MP
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 EA daily); MP
<i>saxagliptin-metformin hcl</i>	1	
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	
ZITUVIMET TABS	5	
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>metformin hcl TABS 625 MG, 750 MG</i>	1	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP
<i>diazoxide</i>	1	
FT GLUCOSE CHEW 4 GM	2	QL(1.67 EA daily); MP
GLUCAGEN HYPOKIT	2	MP
<i>glucagon (rdna)</i>	1	QL(1 EA per fill retail); MP
GLUCAGON EMERGENCY (Use <i>glucagon (rdna)</i>)	2	QL(1 EA per fill retail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCO TO GO CHEW	2	QL(1.67 EA daily); 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
GLUCOSE CHEW	2	QL(1.67 EA daily); MP	<i>liraglutide</i>	1	QL(0.3 ML daily); PA
GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP	MOUNJARO	5	PA
GVOKE KIT SOLN	5		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>Use 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	5	PA
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	TRULICITY	2	PA
WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP	VICTOZA (<i>Use liraglutide</i>)	2	QL(0.3 ML daily); PA
ZEGALOGUE SOAJ	2		Insulin		
ZEGALOGUE SOSY	2		HUMALOG JUNIOR KWIKPEN SOPN	5	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG KWIKPEN SOPN 100 UNIT/ML	5	QL(30 ML per 30 day(s) retail)
<i>alogliptin benzoate</i>	2	QL(1 EA daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	5	QL(30 ML per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
NESINA (<i>Use alogliptin benzoate</i>)	5	QL(1 EA daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	5	QL(30 ML per 30 day(s) retail)
ONGLYZA (<i>Use saxagliptin hcl</i>)	5		HUMALOG MIX 75/25 SUSP	5	QL(40 ML per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMALOG TEMPO PEN SOPN	5	
SITAGLIPTIN	2		HUMALOG SOLN IJ	5	QL(40 ML per 30 day(s) retail)
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
ZITUVIO	5		HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
Incretin Mimetic Agents			HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
<i>exenatide SOPN 10 MCG/0.04ML</i>	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN SOPN SC	2		Insulin Sensitizing Agents		
HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)	<i>pioglitazone hcl</i>	1	QL(1 EA daily); MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)	Meglitinide Analogues		
INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)	<i>nateglinide</i>	1	QL(3 EA daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)	<i>repaglinide</i>	1	
INSULIN GLARGINE SOLN	2		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee	<i>dapagliflozin propanediol</i>	1	
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee	INVOKANA	5	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)	JARDIANCE	2	QL(1 EA daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2		Sulfonylureas		
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)	<i>glimepiride 3 MG</i>	1	
INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)	<i>glimepiride 4 MG</i>	1	QL(2 EA daily); MP
LEVEMIR FLEXPEN SOPN	5		<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 EA daily); MP
LEVEMIR SOLN	5		<i>glipizide TABS 2.5 MG</i>	1	
LYUMJEV TEMPO PEN SOPN	5		<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	5	QL(30 ML per 30 day(s) retail)	<i>glipizide TB24</i>	1	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	5	QL(30 ML per 30 day(s) retail)	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
NOVOLOG MIX 70/30 RELION SUSP	5	QL(40 ML per 30 day(s) retail)	<i>glyburide TABS</i>	1	MP
NOVOLOG MIX 70/30 SUSP	5	QL(40 ML per 30 day(s) retail)	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
REZVOGLAR KWIKPEN	5		Antidiarrheal/Probiotic Agents - Misc.		
SEMGLEE (YFGN) SOLN	5		ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
SEMGLEE (YFGN) SOPN	5		ACIDOPHILUS PEARLS CAPS	2	RX/OTC
SEMGLEE SOPN	5	QL(30 ML per 30 day(s) retail)	ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
			ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
			ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIPHLOA CAPS	2	RX/OTC	CULTURELLE KIDS PACK	2	
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC	CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	2	
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ALIGN CAPS 10 MG	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CHILDRENS PACK	2	
BACID CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC	CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC	CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
BIOZEN CAPS	2	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
<i>bismuth subsalicylate CHEW 262 MG</i>	1		CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	1		CVS PROBIOTIC CAPS	2	RX/OTC
COMPLETE PROBIOTIC PEARLS CAPS	2	RX/OTC	CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC	DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC	DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	2		DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC
CULTURELLE KIDS PURELY CHEW	2		DERMACINRX PROBISOL CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PACK	2		DERMACINRX PROBITRAN CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOT 50+ CPDR	2	
DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EX ST CPDR	2	
DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY OPTIMA WOMENS ADV CARE CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS EX ST CPDR	2	
ENVIVE CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQ PROBIOTIC CAPS	2	RX/OTC	FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
EQ PROBIOTIC CPDR	2		FT PROBIOTIC ADVANCED CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC	JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
FLORAJEN KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS EPS CPDR	2	
FLORASAVE CPDR	2		JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
FLORASTOR ADVANCED CAPS	2	RX/OTC	JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
FLORASTOR DIGEST DE-STRESS CAPS	2	RX/OTC			
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC			
FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC			
FLORRAXIS CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2		PROBIONEXX CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC
LACTOVIVE CAPS	2	RX/OTC	PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
MAGE CPDR	2		PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC ADVANCED FORMULA CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC BLEND CAPS	2	RX/OTC
MICROFLOR CAPS	2	RX/OTC	PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MOMMY'S BLISS PROBIOTIC PACK	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2		PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC CPDR	2		PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PRODUCT CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIZEN CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC	PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROMEROL CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC	QUAD-PROBIOTIC CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC			
PROBIOMAX LEAN DF CAPS	2	RX/OTC			
PROBIOMAX SB DF CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC	VISBIOME GI CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
RELIBIOTIC CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
RISAQUAD-2 CAPS	2	RX/OTC	CULTURELLE ADULT ULT BALANCE CAPS	2	
RISAQUAD CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY CAPS	2	
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE HEALTH (INULIN) CAPS	2	
SUPERIOR PROBIOTIC CAPS	2	RX/OTC	CULTURELLE ULTIMATE STRENGTH CAPS	2	
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC	GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC	VIActiv DIGESTIVE HEALTH CHEW	2	
TRUBIOTICS CAPS	2	RX/OTC	Antiperistaltic Agents		
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine LIQD</i>	1	
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC	<i>diphenoxylate w/ atropine TABS</i>	1	
UP4 PROBIOTICS MENS CAPS	2	RX/OTC	<i>loperamide hcl CAPS</i>	1	QL(8 EA daily); RX/OTC
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC	<i>loperamide hcl TABS</i>	1	QL(8 EA daily)
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC	ANTIDOTES AND SPECIFIC ANTAGONISTS		
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC	Antidotes - Chelating Agents		

Drug Name	Drug Tier	Requirements/ Limits
CHEMET	2	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP; PA
FERRIPROX SOLN	2	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP; PA
BRIDION SOLN	2	PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	3	QL(18 EA per 90 day(s) retail); MP
<i>naloxone hcl LIQD</i>	3	QL(18 EA per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	3	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	3	QL(180 ML per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	3	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 2 MG/2ML</i>	3	QL(18 ML per 90 day(s) retail); MP
<i>naloxone hcl SOSY 0.4 MG/ML</i>	1	
<i>naltrexone hcl</i>	3	MP
NARCAN LIQD (<i>Use naloxone hcl</i>)	3	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	3	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	

Drug Name	Drug Tier	Requirements/ Limits
VIVITROL	3	SP; MP
ZIMHI SOSY	3	QL(9 ML per 90 day(s) retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	QL(50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 EA daily)
<i>ondansetron TBDP 16 MG</i>	1	
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 EA daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	5	
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1	QL(70 ML per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 EA daily)
<i>fluconazole TABS 200 MG</i>	1	
<i>fluconazole TABS 50 MG</i>	1	QL(7 EA per fill retail)
<i>fluconazole TABS 100 MG</i>	1	QL(1 EA daily)
<i>itraconazole CAPS</i>	1	QL(1 EA daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)
<i>clemastine fumarate TABS 1.34 MG</i>	1	QL(2 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	1	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl SYRP PO</i>	1	QL(240 ML per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 EA daily)
<i>desloratadine TBDP</i>	1	
<i>fexofenadine hcl SUSP</i>	1	
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ML per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
PROMETHAZINE HCL SYRP 6.25 MG/5ML	2	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Combinations			<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); MP
<i>ezetimibe-simvastatin</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
Antihyperlipidemics - Misc.			<i>pravastatin sodium</i>	1	QL(1 EA daily); MP
<i>omega-3-acid ethyl esters</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily); MP
Bile Acid Sequestrants			<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 EA daily); MP
<i>cholestyramine light PACK</i>	1	MP	<i>simvastatin TABS 80 MG</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP	Intestinal Cholesterol Absorption Inhibitors		
<i>cholestyramine PACK</i>	1	MP	<i>ezetimibe</i>	1	
<i>cholestyramine POWD</i>	1	MP	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>colestipol hcl GRAN</i>	1	MP	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
<i>colestipol hcl TABS</i>	1	MP	Nicotinic Acid Derivatives		
Fibric Acid Derivatives			<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 EA daily); MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	1		LEQVIO	5	SP; PA
<i>fenofibrate micronized 67 MG</i>	1	QL(2 EA daily); MP	PRALUENT SOAJ	2	SP; PA
<i>fenofibrate CAPS</i>	2	MP	REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA
<i>fenofibrate TABS 40 MG, 120 MG</i>	1		REPATHA SURECLICK SOAJ	2	SP; PA
<i>fenofibrate TABS 54 MG</i>	1	QL(3 EA daily); MP	REPATHA SOSY	2	SP; PA
<i>fenofibric acid</i>	1		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
FIBRICOR (Use <i>fenofibric acid</i>)	5		ACE Inhibitors		
<i>gemfibrozil TABS</i>	1	QL(2 EA daily); MP	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 EA daily); MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	5	MP	<i>benazepril hcl 40 MG</i>	1	QL(2 EA daily); MP
HMG CoA Reductase Inhibitors			<i>captopril</i>	1	QL(3 EA daily); MP
ATORVALIQ SUSP	5				
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); MP			
<i>fluvastatin sodium CAPS</i>	1				
<i>fluvastatin sodium TB24</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate TABS</i>	1	QL(2 EA daily); MP	<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 EA daily); MP
<i>fosinopril sodium</i>	1	QL(1 EA daily); MP	<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	<i>amlodipine besylate-valsartan</i>	1	
<i>moexipril hcl</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1		<i>atenolol & chlorthalidone</i>	1	QL(1 EA daily); MP
<i>quinapril hcl</i>	1	QL(1 EA daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>ramipril CAPS</i>	1	QL(2 EA daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>trandolapril 4 MG</i>	1	QL(2 EA daily); MP	<i>captopril & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
Agents for Pheochromocytoma			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 EA daily); MP
<i>metirosine</i>	1	SP; PA	EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	5	
Angiotensin II Receptor Antagonists			<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>candesartan cilexetil</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>irbesartan</i>	1	QL(1 EA daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium</i>	1	QL(1 EA daily); MP	<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 EA daily); MP
<i>olmesartan medoxomil</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 EA daily); MP
<i>telmisartan</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan SOLN</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1	QL(1 EA daily); MP	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
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 (Use <i>quinapril-hydrochlorothiazide</i>)	5	QL(3 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 EA daily)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	1	QL(300 ML per fill retail)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	5	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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate TABS 500 MG</i>	3	QL(8 EA per 56 day(s) retail)	<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
<i>chloroquine phosphate TABS 250 MG</i>	3	QL(2 EA daily); MP	CISPLATIN SOLR	2	SP; PA
DARAPRIM (Use pyrimethamine)	5	SP; PA	<i>cyclophosphamide CAPS 50 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)	CYCLOPHOSPHAMIDE TABS	2	
<i>mefloquine hcl</i>	1		EVOMELA IV	2	SP; PA
<i>pyrimethamine</i>	1	SP; PA	KEMOPLAT SOLN	2	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS			LEUKERAN	2	
Antimyasthenic/Cholinergic Agents			<i>melphalan</i>	1	
FIRDAPSE	2	SP; PA	<i>melphalan hcl IV</i>	1	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1		MYLERAN TABS	2	
<i>pyridostigmine bromide TBCR</i>	1		TEMODAR SOLR	2	SP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>temozolomide CAPS</i>	1	SP; PA
Antimycobacterial Agents			VIVIMUSTA SOLN	2	SP; PA
<i>ethambutol hcl TABS</i>	1	MP	YONDELIS	2	SP; PA
<i>isoniazid SYRP</i>	1	MP	Antimetabolites		
<i>isoniazid TABS</i>	1	MP	<i>azacitidine SUSR</i>	1	SP; PA
<i>pyrazinamide</i>	1		<i>capecitabine</i>	1	SP; PA
<i>rifampin CAPS</i>	1		<i>cladribine 10 MG/10ML</i>	1	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>cytarabine SOLN</i>	1	SP; PA
Alkylating Agents			<i>decitabine</i>	1	SP; PA
BELRAPZO SOLN	2	SP; PA	<i>fludarabine phosphate SOLN</i>	1	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA	FLUDARABINE PHOSPHATE SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA	<i>fludarabine phosphate SOLR</i>	1	SP; PA
BENDEKA SOLN	2	SP; PA	FOLOTYN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA	<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	
			<i>mercaptopurine TABS</i>	1	
			<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium</i> TABS 2.5 MG	1	MP	LIBTAYO	2	SP; PA
<i>pemetrexed disodium</i> SOLR 100 MG, 500 MG	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
LENVIMA (12 MG DAILY DOSE)	2	SP; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA (14 MG DAILY DOSE)	2	SP; PA	KANJINTI 420 MG	2	SP; PA
LENVIMA (18 MG DAILY DOSE)	2	SP; PA	PERJETA	2	SP; PA
LENVIMA (20 MG DAILY DOSE)	2	SP; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (24 MG DAILY DOSE)	2	SP; PA	VENCLEXTA STARTING PACK TBPK	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA	VENCLEXTA TABS	2	SP; PA
LENVIMA (8 MG DAILY DOSE)	2	SP; PA	Antineoplastic - Cellular Immunotherapy		
MVASI	2	SP; PA	KYMRIAH	2	SP; PA
ZALTRAP	2	SP; PA	PROVENGE	2	SP; PA
Antineoplastic - Antibodies			YESCARTA	2	SP; PA
ADCETRIS	2	SP; PA	Antineoplastic - EGFR Inhibitors		
ARZERRA	2	SP; PA	ERBITUX	2	SP; PA
BLINCYTO	2	SP; PA	<i>erlotinib hcl</i>	1	SP; PA
DARZALEX	2	SP; PA	<i>gefitinib</i>	1	SP; PA
EMPLICITI	2	SP; PA	GILOTRIF	2	SP; PA
GAZYVA	2	SP; PA	PORTRAZZA	2	SP; PA
KADCYLA	2	SP; PA	TAGRISSE	2	SP; PA
KEYTRUDA	2	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
			VIZIMPRO	2	SP; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	2	SP; PA
			ERIVEDGE	2	SP; PA
			ODOMZO	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hormonal and Related Agents			<i>tamoxifen citrate TABS</i>	1	MP
<i>abiraterone acetate</i>	1	SP; PA	<i>toremifene citrate</i>	1	PA
<i>anastrozole</i>	1	MP	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
<i>bicalutamide</i>	1	QL(1 EA daily)	TRELSTAR MIXJECT 3.75 MG	2	SP; PA
CAMCEVI	2	SP	VABRINTY KIT SC 22.5 MG, 45 MG	2	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	XTANDI CAPS	2	SP; PA
ELIGARD KIT SC 7.5 MG	2	SP; PA	ZOLADEX 3.6 MG	2	SP; PA
EMCYT	2	SP; PA	ZOLADEX 10.8 MG	2	SP; PA
ERLEADA 60 MG	2	SP; PA	Antineoplastic - Immunomodulators		
EULEXIN	2		POMALYST	2	SP; PA
<i>exemestane</i>	1		Antineoplastic Antibiotics		
FIRMAGON 80 MG	2	SP; PA	<i>daunorubicin hcl SOLN 50 MG/10ML</i>	1	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA	ELLECE SOLN	2	SP; PA
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA	<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	1	SP; PA
<i>letrozole</i>	1	QL(1 EA daily); MP	<i>valrubicin</i>	1	SP; PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	1		Antineoplastic Combinations		
LEUPROLIDE ACETATE-BUIVACAINE	2	SP; PA	HERCEPTIN HYLECTA	2	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	LONSURF	2	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	Antineoplastic Enzyme Inhibitors		
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	ALECENSA	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA	BELEODAQ	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUTRATE DEPOT INJ 22.5 MG	2		BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA
LYSODREN	2	SP; PA	BOSULIF TABS 100 MG, 500 MG	2	SP; PA
<i>megestrol acetate SUSP</i>	1		BRAFTOVI 75 MG	2	SP; PA
<i>megestrol acetate TABS</i>	1		CABOMETYX TABS	2	SP; PA
			CAPRELSA	2	SP; PA
			COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
COTELLIC	2	SP; PA
<i>dasatinib</i>	1	SP; PA
<i>everolimus TABS</i>	1	SP; PA
<i>everolimus TBSO</i>	1	SP; PA
IBRANCE CAPS	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA
<i>imatinib mesylate TABS</i>	1	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
JAKAFI	2	SP; PA
KYPROLIS	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA
LORBRENA	2	SP; PA
MEKINIST TABS	2	SP; PA
MEKTOVI	2	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; PA
NINLARO	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA
RUBRACA	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA
STIVARGA	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
<i>temsirolimus</i>	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
<i>mesna TABS</i>	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 EA daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 EA daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
to Treat Mood Disorders			RISPERDAL CONSTA (Use risperidone microspheres)	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
Antimanic Agents			risperidone microspheres	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
<i>lithium</i>	1		risperidone SOLN	1	
<i>lithium carbonate CAPS</i>	1		risperidone TABS	1	
<i>lithium carbonate TABS</i>	1		risperidone TBDP	1	
<i>lithium carbonate TBCR</i>	1		RYKINDO SRER	5	AL(At least 18 yrs old); SP
LITHOBID TBCR (Use <i>lithium carbonate</i>)	2		UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Antipsychotics - Misc.			UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
CAPLYTA	5		Butyrophenones		
<i>lurasidone hcl</i>	1		<i>haloperidol decanoate</i>	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA	<i>haloperidol lactate CONC</i>	1	
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA	<i>haloperidol lactate SOLN</i>	1	
VRAYLAR CAPS	2		<i>haloperidol TABS</i>	1	
VRAYLAR CPPK	2		Dibenzapines		
<i>ziprasidone hcl</i>	1		<i>clozapine TABS</i>	3	
<i>ziprasidone mesylate</i>	1		<i>clozapine TBDP</i>	3	
Benzisoxazoles			<i>loxapine succinate</i>	1	
ERZOFRI 351 MG/2.25ML	5	SP	<i>olanzapine SOLR</i>	1	
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	5	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP	<i>olanzapine TBDP</i>	1	
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS</i>	1	
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	
<i>paliperidone</i>	1		ZYPREXA RELPREVV	5	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Muscarinic Agents			<i>aripiprazole TABS</i>	1	QL(1 EA daily)
COBENFY STARTER PACK CPPK	5		<i>aripiprazole TBDP</i>	1	QL(2 EA daily)
COBENFY CAPS	5		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
Phenothiazines			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
<i>chlorpromazine hcl TABS</i>	1		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
<i>fluphenazine decanoate</i>	1		OPIPZA FILM	5	
<i>fluphenazine hcl TABS</i>	1		Thioxanthenes		
<i>perphenazine TABS</i>	1		<i>thiothixene</i>	1	
<i>prochlorperazine</i>	1		ANTIVIRALS - Drugs to Treat Viral Infections		
<i>prochlorperazine edisylate 10 MG/2ML</i>	1		Antiretrovirals		
<i>prochlorperazine maleate TABS</i>	1		<i>abacavir sulfate-lamivudine</i>	3	QL(1 EA daily)
<i>thioridazine hcl</i>	1		<i>abacavir sulfate SOLN</i>	3	QL(30 ML daily)
<i>trifluoperazine hcl TABS</i>	1		<i>abacavir sulfate TABS</i>	3	QL(2 EA daily)
Quinolinone Derivatives			APTIVUS CAPS	3	QL(4 EA daily)
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	<i>atazanavir sulfate CAPS</i>	3	QL(2 EA daily)
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	BIKTARVY 200 MG-50 MG-25 MG	3	QL(1 EA daily)
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	BIKTARVY 120 MG-30 MG-15 MG	2	
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	COMBIVIR (Use lamivudine-zidovudine)	3	QL(2 EA daily)
ABILIFY MYCITE MAINTENANCE KIT	5	SP	<i>darunavir TABS</i>	3	QL(2 EA daily)
ABILIFY MYCITE STARTER KIT	5	SP	DELSTRIGO	3	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1	QL(30 ML daily)	DESCOVY 200 MG-25 MG	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DESCOVY 120 MG-15 MG	2		INTELENCE 200 MG (Use <i>etravirine</i>)	3	QL(2 EA daily)
DOVATO	3		INTELENCE	3	QL(4 EA daily)
EDURANT	3	QL(1 EA daily)	ISENTRESS CHEW 100 MG	3	QL(6 EA daily)
EDURANT PED PO 2.5 MG	2		ISENTRESS CHEW 25 MG	3	QL(12 EA daily)
<i>efavirenz CAPS 200 MG</i>	3	QL(1 EA daily)	ISENTRESS PACK	3	QL(2 EA daily)
<i>efavirenz CAPS 50 MG</i>	3	QL(2 EA daily)	ISENTRESS TABS	3	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	3	QL(1 EA daily)	KALETRA SOLN	3	QL(160 ML per fill retail)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	3	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	3	QL(4 EA daily)
<i>efavirenz TABS</i>	3	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	3	QL(6 EA daily)
<i>emtricitabine CAPS</i>	3	QL(1 EA daily)	<i>lamivudine SOLN</i>	3	QL(30 ML daily)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	3	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	3	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	3	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	3	QL(2 EA daily)
EMTRIVA CAPS (Use <i>emtricitabine</i>)	3	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	3	QL(2 EA daily)
EMTRIVA SOLN	3	QL(24 ML daily)	LEXIVA SUSP	3	QL(56 ML daily)
EPIVIR SOLN (Use <i>lamivudine</i>)	3	QL(30 ML daily)	LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	3	QL(4 EA daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	3	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	3	QL(160 ML per fill retail)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	3	QL(2 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	3	QL(4 EA daily)
EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	3	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	3	QL(6 EA daily)
<i>etravirine 100 MG</i>	3	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	3	QL(2 EA daily)
<i>etravirine 200 MG</i>	3	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	3	QL(4 EA daily)
EVOTAZ	3	QL(1 EA daily)	<i>nevirapine SUSP</i>	3	QL(40 ML daily)
<i>fosamprenavir calcium TABS</i>	3	QL(4 EA daily)	<i>nevirapine TABS</i>	3	QL(2 EA daily)
GENVOYA	3	QL(1 EA daily)	<i>nevirapine TB24 400 MG</i>	3	QL(1 EA daily)
INTELENCE (Use <i>etravirine</i>)	3	QL(4 EA daily)	<i>nevirapine TB24 100 MG</i>	3	QL(3 EA daily)
			NORVIR CAPS	3	QL(12 EA daily)
			NORVIR PACK	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NORVIR TABS (<i>Use ritonavir</i>)	3	QL(12 EA daily)	TIVICAY PD TBSO	3	
ODEFSEY	3		TIVICAY TABS	3	
PIFELTRO	3	QL(1 EA daily)	TRIUMEQ PD TBSO	3	
PREZCOBIX	3	QL(1 EA daily)	TRIUMEQ TABS	3	
PREZISTA SUSP	3	QL(12 ML daily)	TRIZIVIR	3	QL(2 EA daily)
PREZISTA TABS (<i>Use darunavir</i>)	3	QL(2 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	3	QL(2 EA daily)	TYBOST	3	QL(1 EA daily)
PREZISTA TABS 150 MG	3	QL(3 EA daily)	VIRACEPT TABS 250 MG	3	QL(9 EA daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	3	QL(6 EA daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	3	QL(60 ML daily)	VIREAD POWD	3	
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	3	QL(2 EA daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)
REYATAZ PACK	3	QL(6 EA daily)	VIREAD TABS	3	QL(1 EA daily)
<i>ritonavir</i> TABS	3	QL(12 EA daily)	YEZTUGO TABS PO 300 MG	2	SP
RUKOBIA	3		ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	3	QL(30 ML daily)
SELZENTRY SOLN	3	QL(35 ML daily)	ZIAGEN TABS (<i>Use abacavir sulfate</i>)	3	QL(2 EA daily)
SELZENTRY TABS 25 MG, 75 MG	5		<i>zidovudine</i> CAPS	3	QL(6 EA daily)
STRIBILD	3		<i>zidovudine</i> SYRP	3	QL(60 ML daily)
SUNLENCA TABS PO 300 MG	2	SP	<i>zidovudine</i> TABS	3	QL(2 EA daily)
SUNLENCA TBPk 300 MG	2	SP	Antiviral Combinations		
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)	PAXLOVID (150/100)	3	
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)	PAXLOVID (300/100 & 150/100)	3	
SYMTUZA	3	QL(1 EA daily)	PAXLOVID (300/100)	3	
<i>tenofovir disoproxil fumarate</i> TABS	3	QL(1 EA daily)	CMV Agents		
			PREVYMIS SOLN	2	SP; PA
			PREVYMIS TABS	2	SP; PA
			<i>valganciclovir hcl</i> TABS	1	QL(2 EA daily)
			Hepatitis Agents		
			EPCLUSA PACK	5	SP; PA
			EPCLUSA TABS	5	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HARVONI PACK	5	SP; PA	XOFLUZA (40 MG DOSE) 40 MG	5	
HARVONI TABS	5	SP; PA	XOFLUZA (80 MG DOSE) 80 MG	5	
LEDIPASVIR-SOFOSBUVIR TABS	2	SP	Misc. Antivirals		
MAVYRET PACK	2	SP	LAGEVRIO	3	
MAVYRET TABS	2	SP	TPOXX CAPS	2	
PEGASYS SOLN	2	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
PEGASYS SOSY	2	SP; PA	Alpha-Beta Blockers		
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA	<i>carvedilol 25 MG</i>	1	QL(4 EA daily); MP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	SP; PA	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 EA daily); MP
SOFOSBUVIR-VELPATASVIR TABS	2	SP	<i>carvedilol phosphate</i>	1	QL(1 EA daily); MP
SOVALDI PACK	5	SP; PA	<i>labetalol hcl TABS 100 MG</i>	1	QL(3 EA daily); MP
SOVALDI TABS	5	SP; PA	<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily); MP
VOSEVI	5	SP; PA	<i>labetalol hcl TABS 200 MG</i>	1	QL(6 EA daily); MP
ZEPATIER	5	SP; PA	<i>labetalol hcl TABS 400 MG</i>	1	
Herpes Agents			Beta Blockers Cardio-Selective		
<i>acyclovir CAPS</i>	1	QL(50 EA per 30 day(s) retail)	<i>acebutolol hcl CAPS</i>	1	MP
<i>acyclovir SUSP</i>	1	QL(400 ML per 30 day(s) retail)	<i>atenolol TABS</i>	1	QL(2 EA daily); MP
<i>acyclovir TABS PO 400 MG</i>	1	QL(3 EA daily)	<i>betaxolol hcl</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(50 EA per 30 day(s) retail)	<i>bisoprolol fumarate</i>	1	QL(1 EA daily); MP
<i>famciclovir</i>	1		<i>bisoprolol fumarate 2.5 MG</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(2 EA daily)	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily); MP
<i>valacyclovir hcl 1 GM</i>	1	QL(42 EA per 21 day(s) retail)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 EA daily); MP
Influenza Agents			<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 EA per fill retail)			
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 EA per fill retail)			
<i>oseltamivir phosphate SUSR</i>	1	QL(120 ML per fill retail)			
<i>rimantadine hydrochloride TABS</i>	1	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 EA daily); MP	<i>diltiazem hcl TABS</i>	1	QL(3 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 EA daily); MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	1	MP
Beta Blockers Non-Selective			<i>felodipine</i>	1	QL(1 EA daily); MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP	<i>isradipine CAPS</i>	1	
<i>pindolol TABS</i>	1	MP	<i>levamlodipine maleate</i>	1	
<i>propranolol hcl CP24</i>	1	QL(2 EA daily); MP	<i>nicardipine hcl CAPS</i>	1	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine CAPS</i>	1	QL(4 EA daily); MP
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine TB24 60 MG</i>	1	QL(2 EA daily); MP
<i>sotalol hcl (afib/af)</i>	1	QL(2 EA daily); MP	<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 EA daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 EA daily); MP	<i>nimodipine CAPS</i>	1	
<i>sotalol hcl TABS 240 MG</i>	1	MP	<i>nisoldipine</i>	1	
<i>timolol maleate TABS</i>	1	MP	NORLIQVA SOLN	5	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			VERAPAMIL HCL ER CP24 (Use verapamil hcl)	2	QL(2 EA daily); MP
Calcium Channel Blockers			<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily); MP
<i>amlodipine besylate TABS</i>	1	QL(1 EA daily); MP	<i>verapamil hcl CP24 300 MG</i>	1	MP
CONJUPRI (Use levamlodipine maleate)	2		<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 EA daily); MP	<i>verapamil hcl TABS</i>	1	QL(3 EA daily); MP
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP	<i>verapamil hcl TBCR</i>	1	QL(2 EA daily); MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 EA daily); MP	VERELAN PM CP24 300 MG (Use verapamil hcl)	5	MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 EA daily); MP	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	5	QL(2 EA daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 EA daily); MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl CP24 180 MG</i>	1	MP	Cardiac Glycosides		
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 EA daily); MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin TABS 125 MCG, 250 MCG</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO CPSP	5	
OPSYNVI	5	SP; PA
<i>sacubitril-valsartan TABS</i>	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	5	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM MONTH 1 TEPK	5	SP
ORENITRAM MONTH 2 TEPK	5	SP
ORENITRAM MONTH 3 TEPK	5	SP
REMODULIN SOLN IJ	5	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>Use ambrisentan</i>)	5	SP
TRACLEER TABS (<i>Use bosentan</i>)	5	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	5	SP

Drug Name	Drug Tier	Requirements/ Limits
<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	5	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	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		

Drug Name	Drug Tier	Requirements/ Limits
<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>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacet & eth estrad</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
FALESSA	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel & eth estradiol TABS</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	3	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>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe CAPS</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol</i>	3	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>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	3	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>	3		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	3		TYBLUME CHEW	3	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>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Transdermal		
<i>norethindrone & ethinyl estradiol-fe</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norelgestromin-ethinyl estradiol</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone acet & eth estra TABS</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Combination Contraceptives - Vaginal		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>etonogestrel-ethinyl estradiol</i>	3	PV
			Copper Contraceptives - IUD		
			MIUDELLA INTRAUTERINE COPPER	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV

Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives		
ELLA	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - Implants		
NEXPLANON	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	3	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
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV
Progestin Contraceptives - IUD		
KYLEENA	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
LILETTA (52 MG)	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
MIRENA (52 MG)	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
SKYLA	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	3	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide TB24</i>	1	
CORTISONE ACETATE TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>deflazacort SUSP</i>	1	SP; PA
<i>deflazacort TABS</i>	1	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ML per 30 day(s) retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ML per 30 day(s) retail)
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<i>hydrocortisone TABS</i>	1	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
<i>methylprednisolone TBPK</i>	1	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	1	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ML per fill retail)
<i>prednisolone SOLN</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
ZILRETTA SRER	2	SP; PA
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/ Limits
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<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>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ML per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ML per fill retail)
<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>guaifenesin-codeine SOLN</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
MAXI-TUSS PE LIQD	2	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Topical			COSENTYX SOLN	5	SP; PA
<i>bexarotene (topical)</i>	1	SP; PA	COSENTYX SOSY	5	SP; PA
CARAC CREA	2	QL(30 GM per fill retail)	SKYRIZI PEN SOAJ	5	SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 GM per fill retail)	SKYRIZI SOSY	5	SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)	SORILUX FOAM	5	
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ML per fill retail)	SOTYKTU	5	SP; PA
FLUOROURACIL CREA 0.5 %	2	QL(30 GM per fill retail)	SPEVIGO SOLN	5	SP; PA
LEVULAN KERASTICK SOLR	2	SP; PA	SPEVIGO SOSY	5	SP; PA
Antipruritics - Topical			TALTZ SOSY	2	SP; PA
<i>camphor & menthol LOTN</i>	1	QL(59 ML per fill retail)	<i>tazarotene CREA</i>	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
Antipsoriatics			VTAMA	5	
BIMZELX SOAJ 160 MG/ML	5	SP; PA	Antiseborrheic Products		
BIMZELX SOAJ 320 MG/2ML	5	SP; PA	<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ML per fill retail)
BIMZELX SOSY 160 MG/ML	5	SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ML per fill retail)
BIMZELX SOSY 320 MG/2ML	5	SP; PA	<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ML per fill retail)
<i>calcipotriene CREA</i>	1	QL(60 GM per fill retail)	<i>sulfacetamide sodium LIQD</i>	1	QL(480 ML per fill retail)
CALCIPOTRIENE FOAM	2		Antivirals - Topical		
<i>calcipotriene OINT</i>	1		<i>acyclovir topical CREA</i>	1	QL(1 GM daily)
<i>calcipotriene SOLN</i>	1	QL(60 ML per fill retail)	<i>acyclovir topical OINT</i>	1	
COSENTYX (300 MG DOSE) SOSY	5	SP; PA	DENAVIR (Use penciclovir)	2	
COSENTYX SENSOREADY (300 MG) SOAJ	5	SP; PA	<i>penciclovir</i>	1	
COSENTYX SENSOREADY PEN SOAJ	5	SP; PA	ZOVIRAX CREA (Use acyclovir topical)	5	QL(1 GM daily)
COSENTYX UNOREADY SOAJ	5	SP; PA	ZOVIRAX OINT (Use acyclovir topical)	2	
			Burn Products		
			<i>silver sulfadiazine</i>	1	QL(85 GM per fill retail)
			Corticosteroids - Topical		
			<i>alclometasone dipropionate CREA</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 GM per fill retail)
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail	<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	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>	1		<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>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate CREA</i>	1	QL(45 GM per fill retail)	CLODAN	5	
<i>betamethasone valerate FOAM</i>	1		CLODERM (Use <i>clocortolone pivalate</i>)	5	
<i>betamethasone valerate LOTN</i>	1	QL(60 ML per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate OINT</i>	1	QL(45 GM per fill retail)	<i>desonide LOTN</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1		<i>desoximetasone CREA 0.05 %</i>	1	QL(60 GM per fill retail)
CAPEX SHAM	5		<i>desoximetasone CREA 0.25 %</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 GM per fill retail)	<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	1	
			<i>desoximetasone OINT</i>	1	
			<i>diflorasone diacetate CREA</i>	1	QL(60 GM per fill retail)
			<i>diflorasone diacetate OINT</i>	1	QL(60 GM per fill retail)
			EPIFOAM FOAM	2	
			<i>fluocinolone acetonide CREA</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone (topical) LOTN 1 %</i>	1	QL(99 GM per fill retail)
<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone (topical) OINT 0.5 %</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	QL(454 GM per fill retail)
<i>fluocinonide emulsified base</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone (topical) OINT 1 %</i>	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
<i>fluocinonide CREA 0.05 %</i>	1	QL(60 GM per fill retail)	<i>hydrocortisone (topical) SOLN</i>	1	
<i>fluocinonide CREA 0.1 %</i>	1		<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>	1	
<i>flurandrenolide CREA</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>flurandrenolide LOTN</i>	1		<i>hydrocortisone butyrate LOTN</i>	1	
<i>flurandrenolide OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<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>	1		<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>	1		HYDROXATE GEL	5	
<i>halobetasol propionate CREA</i>	1		HYDROXYM GEL	5	
<i>halobetasol propionate FOAM</i>	1		IMPEKLO LOTN	5	
<i>halobetasol propionate OINT</i>	1		LOCOID LIPOCREAM	5	
<i>hydrocortisone (topical) CREA 0.5 %</i>	1	QL(30 GM per fill retail)	MICORT HC CREA 2.5 %	2	
<i>hydrocortisone (topical) CREA 1 %</i>	1	QL(85.2 GM per fill retail); RX/OTC	<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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	5		<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	1		Hair Growth Agents		
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 GM per fill retail)	LITFULO	5	SP; PA
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 GM per fill retail)	Immunomodulating Agents - Topical		
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 GM per fill retail)	<i>imiquimod 5 %</i>	1	QL(48 EA per 180 day(s) retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ML per fill retail)	Immunosuppressive Agents - Topical		
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 GM per fill retail)	ELIDEL (<i>Use pimecrolimus</i>)	2	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1		<i>pimecrolimus</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 GM per fill retail)	<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
<i>triamcinolone acetonide-dimethicone-silicone</i>	1		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 GM daily); AL(At least 2 yrs old); PA
Eczema Agents			Keratolytic/Antimitotic/Vesicant Agents		
ADBRY SOAJ	2	SP; PA	<i>podofilox SOLN</i>	1	QL(4 ML per fill retail)
ADBRY SOSY	2	SP; PA	<i>salicylic acid GEL 6 %</i>	1	QL(40 GM per fill retail)
CIBINQO	5	SP; PA	Local Anesthetics - Topical		
DUPIXENT SOAJ	2	SP; PA	<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 GM per fill retail)
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA	<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 GM per fill retail)
OPZELURA	5	PA	<i>capsaicin CREA 0.035 %</i>	1	QL(42.5 GM per fill retail)
Emollient/Keratolytic Agents			CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
<i>urea CREA 40 %</i>	1	QL(85.05 GM per fill retail); RX/OTC	<i>dibucaine</i>	1	QL(56.7 GM per fill retail)
<i>urea LOTN 40 %</i>	1	QL(325 GM per fill retail)	<i>lidocaine hcl CREA 3 %</i>	1	QL(85 GM per fill retail)
Emollients					
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 GM per fill retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl CREA 4 %</i>	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail	NATROBA (Use <i>spinosad</i>)	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 GM per fill retail); RX/OTC	NIX LICE KILLING SPRAY LIQD XX	2	
<i>lidocaine hcl PRSY</i>	1	QL(85 ML per fill retail)	<i>permethrin AERO</i>	1	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 GM per fill retail)	<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
LIDOCAINE CREA	2	QL(85 GM per fill retail)	<i>permethrin LIQD EX</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 GM per fill retail)	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>	1	
Misc. Topical			<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
CVS LANOLIN CREA	2		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	
<i>lanolin (topical) CREA</i>	1		SCHOOLTIME SHAMPOO SHAM	2	
LANOLOR CREA	2		SKLICE (Use <i>ivermectin (pediculicide)</i>)	5	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 GM per fill retail)	<i>spinosad</i>	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			Tar Products		
ZORYVE CREA EX 0.3 %	5		<i>coal tar extract SHAM 0.5 %</i>	1	
Rosacea Agents			Wound Care Products		
<i>metronidazole (topical) CREA</i>	1	QL(45 GM per fill retail)	APLIGRAF DISK	2	PA
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)	DIAGNOSTIC PRODUCTS		
<i>metronidazole (topical) LOTN</i>	1		Diagnostic Drugs		
Scabicides & Pediculicides			<i>cosyntropin SOLR</i>	1	SP; PA
<i>ivermectin (pediculicide)</i>	5		THYROGEN 0.9 MG	2	SP; PA
LICEMD GEL	2		Diagnostic Tests		
<i>lindane SHAM</i>	1				
<i>malathion</i>	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ELLUME COVID-19 HOME TEST KIT	3	
			FASTEP COVID-19 ANTIGEN TEST KIT	3	
			FLOWFLEX COVID-19 AG HOME TEST KIT	3	
			GENABIO COVID-19 RAPID TEST KIT	3	
			GOTOKNOW COVID-19 ANTIGEN RAPI KIT	3	
ACCUA SARS-COV-2	3		ID NOW COVID-19	3	
ADVIN COVID-19 ANTIGEN TEST KIT	3		ID NOW COVID-19 2.0 CONTROL	3	RX/OTC
BD VERITOR SYSTEM SARS-COV-2	3		ID NOW COVID-19 2.0 TEST	3	
BINAXNOW COVID-19 AG CARD	3		ID NOW COVID-19 CONTROL	3	RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	3		IHEALTH COVID-19 RAPID TEST KIT	3	
CARESTART COVID-19 HOME TEST KIT	3		INDICAID COVID-19 RAPID TEST KIT	3	
CHEMSTRIP K STRP	2		INTELISWAB COVID-19 RAPID TEST KIT	3	
CLEARDETECT COVID-19 AG HOME KIT	3		KETONE TEST STRP	2	
CLINITEST RAPID COVID-19 TEST KIT	3		KETOSTIX STRP	2	
COBAS LIAT SARS-COV-2 ASSAY	3		LUCIRA CHECK IT COVID-19 TEST KIT	3	RX/OTC
COBAS LIAT SARS-COV-2 CONTROL	3	RX/OTC	LUCIRA COVID-19 ALL-IN-ONE KIT	3	RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	3		LYRA DIRECT SARS-COV-2 ASSAY	3	
COVID-19 AT-HOME TEST KIT	3		LYRA SARS-COV-2 ASSAY	3	
COVID-19 OTC ANTIGEN 1-PACK KIT	3		OHC COVID-19 ANTIGEN SELF TEST KIT	3	
COVID-19 OTC ANTIGEN 2-PACK KIT	3		ON/GO COVID-19 ANTIGEN TEST KIT	3	
CVS COVID-19 AT HOME TEST KIT KIT	3		ON/GO ONE COVID-19 HOME TEST KIT	3	
DIATRUST COVID-19 HOME TEST KIT	3		PILOT COVID-19 AT-HOME TEST KIT	3	

Drug Name	Drug Tier	Requirements/ Limits
QUICKVUE AT-HOME COVID-19 TEST KIT	3	
QUICKVUE SARS ANTIGEN TEST	3	
RAPID RESPONSE COVID-19	3	
RELION KETONE TEST STRP	2	
SOFIA SARS ANTIGEN FIA	3	
SOFIA2 SARS ANTIGEN FIA	3	
SPEEDY SWAB COVID-19 ANTIGEN KIT	3	
XPRT XPRESS SARS-COV-2	3	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torsemide TABS 20 MG</i>	1	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 EA daily); MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	QL(4 EA daily)
<i>spironolactone TABS</i>	1	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily); MP
BONSITY SOPN 560 MCG/2.24ML	2	PA
<i>calcitonin (salmon) NA</i>	1	QL(4 ML per 30 day(s) retail)
<i>calcitonin (salmon) IJ</i>	1	QL(2 ML per 30 day(s) retail)
EVENITY	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS</i>	1	PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
<i>risedronate sodium TABS 150 MG</i>	1	
<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TBEC</i>	1	
<i>teriparatide SOPN</i>	1	PA
TERIPARATIDE SOPN	2	PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR GEL	2	SP; PA
CORTROPHIN GEL	2	SP; PA
Fertility Regulators		

Drug Name	Drug Tier	Requirements/ Limits
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM	2	PA
PREGNYL IM	2	PA
GnRH/LHRH Antagonists		
ORILISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	5	SP; PA
NORDITROPIN FLEXPROM SOPN	2	SP; PA
OMNITROPE SOCT	5	SP; PA
SKYTROFA	5	SP; PA
SOGROYA	2	SP; PA
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
SUPPRELIN LA	5	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betaine</i>	1	SP; PA	PARSABIV	2	SP; PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	PHEBURANE PLLT	2	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	RAVICTI	2	SP; PA
<i>calcitriol CAPS</i>	1		REVCovi	2	SP; PA
CARBAGLU (<i>Use carglumic acid</i>)	2	SP; PA	<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>carglumic acid</i>	1	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>cinacalcet hcl</i>	1	SP; PA	<i>sodium phenylbutyrate POWD</i>	1	SP; PA
CRYSVITA	2	SP; PA	<i>sodium phenylbutyrate TABS</i>	1	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	5	SP
KANUMA	2	SP; PA	Posterior Pituitary Hormones		
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	QL(30 ML daily)	<i>desmopressin acetate spray</i>	1	QL(5 ML per fill retail)
<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 EA daily)	<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	QL(5 ML per fill retail)
LUMIZYME	2	SP; PA	<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
MYALEPT	2	SP; PA	DESMOPRESSIN ACETATE SOLN NA	2	SP; PA
NAGLAZYME	2	SP; PA	<i>desmopressin acetate TABS</i>	1	QL(6 EA daily)
<i>nitisinone CAPS</i>	1	SP; PA	Somatostatic Agents		
OLPRUVA (2 GM DOSE) THPK	5	SP	<i>lanreotide acetate</i>	1	SP; PA
OLPRUVA (3 GM DOSE) THPK	5	SP	LANREOTIDE ACETATE	2	SP; PA
OLPRUVA (4 GM DOSE) THPK	5	SP	<i>octreotide acetate KIT</i>	1	SP; PA
OLPRUVA (5 GM DOSE) THPK	5	SP	<i>octreotide acetate SOLN</i>	1	SP; PA
OLPRUVA (6 GM DOSE) THPK	5	SP	<i>octreotide acetate SOSY</i>	1	SP; PA
OLPRUVA (6.67 GM DOSE) THPK	5	SP	SIGNIFOR	2	SP; PA
ORFADIN SUSP	2	SP; PA	SIGNIFOR LAR	2	SP; PA
PALYNZIQ	2	SP; PA	SOMATULINE DEPOT	2	SP; PA
<i>paricalcitol SOLN</i>	1	SP; PA	Vasopressin Receptor Antagonists		
			<i>tolvaptan TABS</i>	1	SP; PA
			<i>tolvaptan TBPk</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 EA daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 EA daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 EA per fill retail)
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 EA daily; 14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. -		

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD PO</i>	1	QL(30 ML per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 EA daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OICALIVA	2	SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	1	SP; PA
CTEXLI 250 MG	2	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 EA daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 EA daily); MP
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily)
CANASA SUPP (<i>Use mesalamine</i>)	2	
ENTYVIO PEN SOAJ	5	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	5	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	5	SP; PA
OMVOH (300 MG DOSE) SOSY	5	SP; PA
OMVOH SOAJ	5	SP; PA
OMVOH SOLN	5	SP; PA
OMVOH SOSY	5	SP; PA
SKYRIZI SOCT	5	SP; PA
SKYRIZI SOLN	5	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	5	SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	5	SP; PA
TREMFYA SOLN IV	5	SP; PA
TREMFYA SOSY SC 200 MG/2ML	5	SP; PA
VELSIPITY	5	SP; PA
ZYMFENTRA (1 PEN) AJKT	5	SP
ZYMFENTRA (2 PEN) AJKT	5	SP
ZYMFENTRA (2 SYRINGE) PSKT	5	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	PA
IBSRELA	5	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	5	
<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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alfuzosin hcl</i>	1		AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA
<i>dutasteride</i>	1		ALPHANATE SOLR	2	SP; PA
<i>dutasteride-tamsulosin hcl</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ENTADFI	5		ALPROLIX	2	SP; PA
<i>finasteride</i>	1	QL(1 EA daily); MP	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
RAPAFLO 4 MG (<i>Use silodosin</i>)	5		BENEFIX KIT	2	SP; PA
<i>silodosin</i>	1		COAGADEX	2	SP; PA
<i>tamsulosin hcl</i>	1	QL(2 EA daily); MP	CORIFACT	2	SP; PA
Urinary Analgesics			ELOCTATE	2	SP; PA
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1		ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
Urinary Stone Agents			FEIBA	2	SP; PA
<i>tiopronin TABS</i>	1	SP; PA	FIBRYGA	2	SP; PA
Vesicoureteral Reflux (VUR) Agents			HEMGENIX	2	SP; PA
DEFLUX	2	SP; PA	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
Gout Agent Combinations			HUMATE-P SOLR	2	SP; PA
<i>colchicine w/ probenecid</i>	1	MP	IDELVION	2	SP; PA
Gout Agents			IXINITY SOLR	2	SP; PA
<i>allopurinol 100 MG, 300 MG</i>	1	MP	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
<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	KCENTRA	2	SP; PA
KRYSTEXXA	2	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
Uricosurics			KOATE SOLR	2	SP; PA
<i>probenecid</i>	1	MP	KOGENATE FS KIT	2	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOVALTRY	2	SP; PA
Antihemophilic Products			NOVOEIGHT	2	SP; PA
ADVATE	2	SP; PA			
ADYNOVATE	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
NOVOSEVEN RT	2	SP; PA
NUWIQ KIT	2	SP; PA
NUWIQ SOLR	2	SP; PA
OBIZUR	2	SP; PA
PROFILNINE	2	SP; PA
REBINYN	2	SP; PA
RECOMBINATE SOLR	2	SP; PA
RIASTAP	2	SP; PA
RIXUBIS SOLR	2	SP; PA
ROCTAVIAN	2	SP; PA
SEVENFACT	2	SP; PA
TRETTEN	2	SP; PA
VONVENDI	2	SP; PA
WILATE KIT	2	SP; PA
XYNTHA	2	SP; PA
XYNTHA SOLOFUSE	2	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	1	
BRILINTA 60 MG, 90 MG (Use ticagrelor)	2	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	5	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTelet	2	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	1	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	5	SP; PA
FULPHILA	2	SP; PA
FYLNETRA	5	SP
GRANIX SOLN 300 MCG/ML	5	SP; PA
GRANIX SOSY	5	SP; PA
LEUKINE SOLR IJ	5	SP; PA
MIRCERA	5	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO PSKT	5	SP; PA
NEULASTA SOSY	5	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	5	SP; PA
NIVESTYM SOSY	5	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	5	SP; PA
PROCRIT	5	SP; PA
PROCRIT	5	SP; PA
RELEUKO SOLN	5	SP
RELEUKO SOSY	5	SP
RETACRIT	2	SP; PA
ROLVEDON	5	SP

Drug Name	Drug Tier	Requirements/ Limits
STIMUFEND	5	SP
UDENYCA ONBODY SOSY	5	SP
UDENYCA SOAJ	5	SP
UDENYCA SOSY	5	SP; PA
ZARXIO	5	SP; PA
ZIEXTENZO	5	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 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	1	QL(3.4 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
<i>ferrous sulfate TBEC</i>	1	
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS</i>	1	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 EA daily)
IGALMI FILM	5	
<i>midazolam hcl SOLN IJ</i>	1	
MIDAZOLAM HCL SOLN IJ	2	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	2	
<i>zolpidem tartrate SUBL</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
QUVIVIQ	5	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 EA daily)
METAMUCIL CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATURAL FIBER LAXATIVE POWD	2		<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 EA daily)
<i>psyllium CAPS 0.52 GM</i>	1		<i>docusate sodium CAPS 50 MG</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>	1		<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
Laxative Combinations			DOCUSATE SODIUM SYRP	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ML per fill retail)	<i>docusate sodium TABS</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ML per fill retail)	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>sennosides-docusate sodium TABS</i>	1	QL(4 EA daily)	Azithromycin		
Laxatives - Miscellaneous			<i>azithromycin SUSR 100 MG/5ML</i>	3	QL(15 ML per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	1		<i>azithromycin SUSR 200 MG/5ML</i>	3	QL(30 ML per fill retail)
<i>lactulose SOLN</i>	1		<i>azithromycin TABS 600 MG</i>	3	QL(8 EA per 28 day(s) retail)
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 EA daily)	<i>azithromycin TABS 500 MG</i>	3	QL(4 EA daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 GM daily)	<i>azithromycin TABS 250 MG</i>	3	QL(6 EA per fill retail)
SORBITOL PO 70 %	2		Clarithromycin		
Saline Laxatives			<i>clarithromycin SUSR</i>	1	QL(200 ML per fill retail)
<i>magnesium citrate 1.745 GM/30ML</i>	1		<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ML daily)	<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
<i>sodium phosphates ENEM</i>	1		Erythromycins		
Stimulant Laxatives			E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2	
<i>bisacodyl SUPP</i>	1	QL(12 EA per fill retail)	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2	
<i>bisacodyl TBEC</i>	1	QL(1 EA daily)	<i>erythromycin base CPEP</i>	1	
<i>sennosides TABS 8.6 MG</i>	1		<i>erythromycin base TABS</i>	1	
Surfactant Laxatives			<i>erythromycin base TBEC</i>	1	
			<i>erythromycin ethylsuccinate SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate TABS</i>	1		ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDICAL DEVICES AND SUPPLIES			ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
Bandages-Dressings-Tape			ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS-MISC	2	OTC	ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
Contraceptives			ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
CONDOMS-MISC	2	QL(36 ea per fill retail)	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
Diabetic Supplies			ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	AGAMATRIX ULTRA-THIN 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)	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
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	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); 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	AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2		ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
			ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
			ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC	COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC	COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC	HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	2	QL(6.67 EA daily); RX/OTC	HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LANCETS	2	QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
			LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
			LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC	ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC	ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC
THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET LANCET	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC	UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
			UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	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
AEROCHAMBER PLUS FLO-VU MEDIUM 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
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER 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	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	2	SP; PA
SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	2	SP; PA
SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	5	SP; PA
SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	2	SP; PA
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	2	SP; PA
			NURTEC	2	PA
			QULIPTA	2	PA
			UBRELVY	2	PA
			ZAVZPRET	5	PA
			Migraine Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ergotamine w/ caffeine TABS</i>	1		ZOMIG SOLN 2.5 MG (Use zolmitriptan)	5	
<i>sumatriptan-naproxen sodium</i>	1		MINERALS & ELECTROLYTES		
Migraine Products			Calcium		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1		CALCIUM ACETATE	2	
Serotonin Agonists			<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>almotriptan malate</i>	1		<i>oyster shell</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily)	Fluoride		
<i>frovatriptan succinate</i>	1		<i>sodium fluoride CHEW</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 EA daily); AL(At least 18 yrs old)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
<i>rizatriptan benzoate TABS</i>	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	SOLUVITA SOLN	2	RX/OTC
<i>rizatriptan benzoate TBDP</i>	1		Magnesium		
<i>sumatriptan</i>	1	QL(6 EA per 30 day(s) retail)	<i>magnesium oxide (mg supplement) TABS</i>	1	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ML daily)	Phosphate		
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 EA daily)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ML daily)	Potassium		
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1		<i>potassium bicarbonate TBEF</i>	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)	<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>sumatriptan succinate TABS</i>	1	QL(9 EA per 30 day(s) retail)	<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>zolmitriptan SOLN 2.5 MG</i>	2		<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 EA daily); MP
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)	<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>zolmitriptan TBDP</i>	1	QL(6 EA per 30 day(s) retail)	<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	MP
			<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 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

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS (Use cyclosporine)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
LOKELMA	5	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
VELTASSA	5	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiseptics - Mouth/Throat			NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1		ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
Dental Products			<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
<i>sodium fluoride (dental) CREA</i>	1	QL(57 GM per fill retail)	RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
<i>sodium fluoride (dental) GEL</i>	1	QL(60 GM per fill retail)	MULTIVITAMINS		
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1		B-Complex Vitamins		
<i>stannous fluoride CONC</i>	1	RX/OTC	<i>b-complex vitamins CAPS</i>	1	QL(1 EA daily)
Periodontal Products			<i>b-complex vitamins TABS</i>	1	QL(1 EA daily)
ARESTIN	2	SP; PA	B-Complex w/ C		
Steroids - Mouth/Throat/Dental			<i>b complex w/ c CAPS</i>	1	QL(1 EA daily)
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 GM per fill retail)	B-Complex w/ Folic Acid		
Throat Products - Misc.			<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 EA daily); RX/OTC
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC	<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 EA daily); RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Iron		
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC	DESTRESS-IRON TABS	2	QL(1 EA daily)
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	1	QL(1 EA daily)
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC	TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC	Multiple Vitamins w/ Minerals		
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
			Multivitamins		
			MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
Ped Multi Vitamins w/FI & FE			MULTIVITAMIN DROPS/IRON SOLN	2	
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN	2	
Ped Multiple Vitamins w/ Minerals			PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
MVW COMPLETE FORMULATION SOLN	2		POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
Ped MV w/ Fluoride			POLY-VITE/IRON SOLN	2	
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)	Pediatric Multiple Vitamins		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)	BPROTECTED PEDIA POLY-VITE SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN PO	2	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITA SOLN PO	2	
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	2	
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	Prenatal Vitamins		
Ped MV w/ Iron			PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
BPROTECTED PEDIA POLY-VITE/FE SOLN	2		PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
			Vitamins w/ Lipotropics		
			<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 EA daily)
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Articular Cartilage Repair Therapy		
			MACI	2	SP; PA
			Central Muscle Relaxants		
			<i>baclofen SOLN PO 5 MG/5ML</i>	1	
			<i>baclofen SOLN PO 10 MG/5ML</i>	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen SOLN PO 10 MG/5ML</i>	2		<i>orphenadrine citrate TB12</i>	1	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	OZOBAX DS SOLN PO (Use <i>baclofen</i>)	5	
<i>baclofen SUSP</i>	1		OZOBAX SOLN PO (Use <i>baclofen</i>)	2	
<i>baclofen TABS 5 MG</i>	1	PA	<i>tizanidine hcl CAPS</i>	1	
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP	<i>tizanidine hcl TABS</i>	1	
<i>baclofen TABS 15 MG</i>	1		Direct Muscle Relaxants		
<i>carisoprodol TABS 350 MG</i>	1	MP; PA	<i>dantrolene sodium CAPS</i>	1	
<i>carisoprodol TABS 250 MG</i>	1	PA	Muscle Relaxant Combinations		
<i>chlorzoxazone TABS 500 MG</i>	1	MP	<i>orphenadrine w/ aspirin & caff</i>	1	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1		<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	5	
<i>cyclobenzaprine hcl CP24</i>	1		Viscosupplements		
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1		EUFLEXXA SOSY	2	SP; PA
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 EA daily)	GEL-ONE	2	SP; PA
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily)	GELSYN-3 SOSY	2	SP; PA
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	5	QL(4 EA daily)	GENVISC 850 SOSY	2	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA	HYALGAN SOLN	2	SP; PA
LIORESAL SOLN IT	2	SP; PA	HYALGAN SOSY	2	SP; PA
LYVISPAH PACK	5		HYMOVIS	2	SP; PA
<i>metaxalone</i>	1		MONOVISC	2	SP; PA
METAXALONE 640 MG	2		ORTHOVISC	2	SP; PA
<i>methocarbamol TABS 500 MG</i>	1	MP	SUPARTZ FX SOSY	2	SP; PA
<i>methocarbamol TABS 750 MG, 1000 MG</i>	1		SYNOJOYNT SOSY	2	SP; PA
METHOCARBAMOL TABS	5		SYNVISC ONE SOSY	2	SP; PA
			SYNVISC SOSY	2	SP; PA
			TRILURON SOSY	2	SP; PA
			TRIVISC SOSY	2	SP; PA
			VISCO-3 SOSY	2	SP; PA
			NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
			Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	1		SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
RYALTRIS	5		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Nasal Agents - Misc.			ALS Agents		
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)	<i>riluzole TABS</i>	1	PA
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)	TEGLUTIK SUSP	2	SP; PA
<i>saline SOLN 0.65 %</i>	1	QL(90 ML per fill retail)	TIGLUTIK SUSP	2	SP; PA
Nasal Antiallergy			Muscular Dystrophy Agents		
<i>azelastine hcl</i>	1	QL(30 ML per fill retail)	AMONDYS 45	2	SP; PA
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ML per fill retail)	ELEVIDYS 10.0-10.4 KG	2	SP; PA
<i>olopatadine hcl (nasal)</i>	1		ELEVIDYS 10.5-11.4 KG	2	SP; PA
Nasal Anticholinergics			ELEVIDYS 11.5-12.4 KG	2	SP; PA
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ML per 30 day(s) retail)	ELEVIDYS 12.5-13.4 KG	2	SP; PA
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ML per 30 day(s) retail)	ELEVIDYS 13.5-14.4 KG	2	SP; PA
Nasal Steroids			ELEVIDYS 14.5-15.4 KG	2	SP; PA
<i>flunisolide (nasal)</i>	1	QL(25 ML per fill retail)	ELEVIDYS 15.5-16.4 KG	2	SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ML per fill retail); RX/OTC	ELEVIDYS 16.5-17.4 KG	2	SP; PA
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 17.5-18.4 KG	2	SP; PA
Sympathomimetic Decongestants			ELEVIDYS 18.5-19.4 KG	2	SP; PA
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 19.5-20.4 KG	2	SP; PA
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 EA per fill retail)	ELEVIDYS 20.5-21.4 KG	2	SP; PA
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 21.5-22.4 KG	2	SP; PA
<i>pseudoephedrine hcl TB12</i>	1	QL(2 EA daily)	ELEVIDYS 22.5-23.4 KG	2	SP; PA
SUDAFED CHILDRENS LIQD	2		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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 35.5-36.4 KG	2	SP; PA	VYONDYS 53	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 37.5-38.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA	DYSPORE	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 42.5-43.4 KG	2	SP; PA	EVRYSDI PO 5 MG	2	SP
ELEVIDYS 43.5-44.4 KG	2	SP; PA	EVRYSDI	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA	ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA	ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA	ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA	ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA	ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA	ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA	ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ELEVIDYS 53.5-54.4 KG	2	SP; PA	ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA	ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA	ZOLGENSMA 14.6-15.0 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA	ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA	ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA	ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA	ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA			
ELEVIDYS 61.5-62.4 KG	2	SP; PA			
ELEVIDYS 62.5-63.4 KG	2	SP; PA			
ELEVIDYS 63.5-64.4 KG	2	SP; PA			
ELEVIDYS 64.5-65.4 KG	2	SP; PA			
ELEVIDYS 65.5-66.4 KG	2	SP; PA			
ELEVIDYS 66.5-67.4 KG	2	SP; PA			
ELEVIDYS 67.5-68.4 KG	2	SP; PA			
ELEVIDYS 68.5-69.4 KG	2	SP; PA			
ELEVIDYS 69.5 KG PLUS	2	SP; PA			
EXONDYS 51	2	SP; PA			
VILTEPSO	2	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	<i>brimonidine tartrate-timolol maleate</i>	1	
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ML per fill retail)
ZOLGENSMA 19.6-20.0 KG	2	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
ZOLGENSMA 2.6-3.0 KG	2	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
ZOLGENSMA 20.1-20.5 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLG 0.25 %	1	
ZOLGENSMA 3.1-3.5 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLN	1	QL(5 ML per fill retail)
ZOLGENSMA 3.6-4.0 KG	2	SP; PA	<i>timolol maleate (ophth)</i> SOLN 0.5 %	1	
ZOLGENSMA 4.1-4.5 KG	2	SP; PA	TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
ZOLGENSMA 4.6-5.0 KG	2	SP; PA	TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	5	QL(60 EA per fill retail)
ZOLGENSMA 5.1-5.5 KG	2	SP; PA	Cycloplegic Mydriatics		
ZOLGENSMA 5.6-6.0 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 GM per fill retail)
ZOLGENSMA 6.1-6.5 KG	2	SP; PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 6.6-7.0 KG	2	SP; PA	ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
ZOLGENSMA 7.1-7.5 KG	2	SP; PA	CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
ZOLGENSMA 7.6-8.0 KG	2	SP; PA	<i>cyclopentolate hcl 1 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 8.1-8.5 KG	2	SP; PA	ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
ZOLGENSMA 8.6-9.0 KG	2	SP; PA	<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ML per fill retail)
ZOLGENSMA 9.1-9.5 KG	2	SP; PA	<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ML per fill retail)
ZOLGENSMA 9.6-10.0 KG	2	SP; PA			
OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Artificial Tears and Lubricants					
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ML per fill retail)			
<i>white petrolatum-mineral oil</i>	1	QL(5 GM per fill retail)			
Beta-blockers - Ophthalmic					
<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>tropicamide SOLN 1 %</i>	1	QL(3 ML per fill retail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use brimonidine tartrate)	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ML per fill retail)
SIMBRINZA	2	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 GM per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ML per fill retail)
ERYTHROMYCIN	2	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 GM per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ML per fill retail)
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ML per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ML daily)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ML per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	5	
<i>cyclosporine (ophth) EMUL</i>	1	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (Use cyclosporine (ophth))	2	
VEVYE SOLN	5	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISUDYNE	2	SP; PA	<i>diclofenac sodium (ophth)</i>	1	QL(5 ML per fill retail)
Ophthalmic Steroids			<i>dorzolamide hcl</i>	1	QL(10 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ML per fill retail)	DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
DEXTENZA INST	2	SP; PA	<i>epinastine hcl (ophth)</i>	1	
EYSUVIS SUSP	5		<i>flurbiprofen sodium</i>	1	QL(3 ML per fill retail)
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ML per fill retail)	ILEVRO	5	
ILUVIEN	2	SP; PA	<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyx-dexameth OINT</i>	1	QL(4 GM per fill retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 max fill(s) per 30 day(s) retail
<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>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ML per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ML per fill retail)	MIEBO	5	
OZURDEX IMPL	2	SP; PA	<i>olopatadine hcl</i>	1	RX/OTC
PRED MILD	2	QL(10 ML per fill retail)	Prostaglandins - Ophthalmic		
<i>prednisolone acetate (ophth)</i>	1	QL(5 ML per fill retail)	<i>bimatoprost SOLN</i>	1	
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)	IYUZEH SOLN	5	
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)	TRAVATAN Z SOLN (Use travoprost)	2	
RETISERT	2	SP; PA	<i>travoprost SOLN</i>	1	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ML per fill retail)	OTIC AGENTS - Drugs to Treat the Ear		
TOBRADEX OINT	2	QL(4 GM per fill retail)	Otic Agents - Miscellaneous		
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	<i>acetic acid (otic)</i>	1	QL(15 ML per fill retail)
YUTIQ	2	SP	<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ML daily)
Ophthalmics - Misc.			Otic Anti-infectives		
<i>azelastine hcl (ophth)</i>	1	QL(6 ML per fill retail)	CETRAXAL (Use ciprofloxacin hcl (otic))	2	
<i>bromfenac sodium (ophth)</i>	1		<i>ciprofloxacin hcl (otic)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ML per fill retail)	<i>ofloxacin (otic)</i>	1	QL(5 ML per fill retail)
CYSTARAN	2	SP; PA	Otic Combinations		
			CIPRODEX (Use ciprofloxacin-dexamethasone)	2	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail	HIZENTRA SOLN	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ML per fill retail)	HIZENTRA SOSY 10 GM/50ML	2	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ML per fill retail)	HYPERHEP B SOLN IM	2	SP; PA
<i>pramoxine-hc-chloroxylonol</i>	1	QL(15 ML per fill retail)	HYPERHEP B SOSY	2	SP; PA
Otic Steroids			HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ML per fill retail)	HYPERRHO S/D SOSY IM 250 UNIT	2	SP; PA
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail)	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			NABI-HB SOLN IM	2	SP; PA
Oxytocics			OCTAGAM SOLN	2	SP; PA
<i>methylergonovine maleate TABS</i>	1		PANZYGA	2	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			PRIVIGEN SOLN	2	SP; PA
Immune Serums			RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
BIVIGAM SOLN	2	SP; PA	RHOPHYLAC SOSY IJ	2	SP; PA
CUVITRU SOLN	2	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
CYTOGAM SOLN	2	SP; PA	Monoclonal Antibodies		
FLEBOGAMMA DIF SOLN	2	SP; PA	BEYFORTUS	3	AL(At least 19 yrs old); SP
GAMASTAN	2	SP; PA	SYNAGIS SOLN	2	SP; PA
GAMMAGARD	2	SP; PA	ZINPLAVA	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA	Passive Immunizing Agents - Combinations		
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA	HYQVIA	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA	PENICILLINS - Drugs to Treat Bacterial Infections		
GAMUNEX-C	2	SP; PA	Aminopenicillins		
HEPAGAM B SOLN IJ	2	SP; PA	<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 EA daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
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

Drug Name	Drug Tier	Requirements/ Limits
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 200 MG</i>	1	QL(20 EA per 30 day(s) retail)
<i>progesterone CAPS 100 MG</i>	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	5	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 EA daily); AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	3	QL(2 EA daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	3	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPk (Use varenicline tartrate)	3	AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	3	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	3	AL(At least 13 yrs old)
NICOTINE KIT	3	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	3	AL(At least 13 yrs old)
NICOTROL NS SOLN	5	AL(At least 13 yrs old); PA
NICOTROL INHA	5	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	3	QL(2 EA daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPk</i>	3	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methimazole TABS</i>	1	MP	INFANRIX	3	AL (At least 19 yrs old)
<i>propylthiouracil</i>	1	MP	KINRIX SUSY	3	AL (At least 19 yrs old)
Thyroid Hormones			PEDIARIX SUSY	3	AL (At least 19 yrs old)
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP	PENTACEL	3	AL (At least 19 yrs old)
ARMOUR THYROID TABS	2	MP	QUADRACEL SUSP	3	AL (At least 19 yrs old)
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1		QUADRACEL SUSY	3	AL (At least 19 yrs old)
<i>levothyroxine sodium TABS</i>	1	MP	TDVAX SUSP	3	AL (At least 19 yrs old)
<i>liothyronine sodium TABS</i>	1	MP	TENIVAC INJ	3	AL (At least 19 yrs old)
NIVA THYROID TABS	2	MP	TETANUS-DIPHThERIA TOXOIDS TD SUSP	3	AL (At least 19 yrs old)
NP THYROID TABS	2	MP	VAXELIS SUSP	3	AL (At least 19 yrs old)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	VAXELIS SUSY	3	AL (At least 19 yrs old)
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	2	MP	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP	Antispasmodics		
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i>)	2		<i>dicyclomine hcl CAPS</i>	1	
TOXOIDS			<i>dicyclomine hcl SOLN PO</i>	1	QL (40 ML daily)
Toxoid Combinations			<i>dicyclomine hcl TABS</i>	1	
ADACEL SUSP	3	AL (At least 19 yrs old)	<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL (4 EA daily)
BOOSTRIX SUSP	3	AL (At least 19 yrs old)	<i>hyoscyamine sulfate ELIX</i>	1	
BOOSTRIX SUSY	3	AL (At least 19 yrs old)	<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	
DAPTACEL	3	AL (At least 19 yrs old)	<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 200 MG</i>	1	MP; RX/OTC
<i>cimetidine TABS 800 MG</i>	1	QL(500 EA per fill retail)
<i>cimetidine TABS 300 MG, 400 MG</i>	1	
<i>famotidine TABS 10 MG</i>	1	
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
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
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	5	RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	5	RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	5	RX/OTC
NEXIUM PACK 10 MG, 20 MG, 40 MG (Use <i>esomeprazole magnesium</i>)	5	
<i>omeprazole CPDR</i>	1	QL(2 EA daily)
<i>omeprazole TBEC</i>	1	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	1	
<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	3	AL(At least 19 yrs old)
BCG VACCINE	3	AL(At least 19 yrs old)
BEXSERO 0.5 ML	3	AL(At least 19 yrs old)
BIOTHRAX	3	AL(At least 19 yrs old)
HIBERIX SOLR IJ	3	AL(At least 19 yrs old)
MENACTRA	3	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	3	AL(At least 19 yrs old)
MENVEO SOLN	3	AL(At least 19 yrs old)
MENVEO SOLR	3	AL(At least 19 yrs old)
PEDVAX HIB SUSP	3	AL(At least 19 yrs old)
PENBRAYA	3	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	3	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	3	AL(At least 19 yrs old)
PREVNAR 13	3	AL(At least 19 yrs old)
PREVNAR 20	3	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	3	AL(At least 19 yrs old)
TYPHIM VI SOLN	3	AL(At least 19 yrs old)
TYPHIM VI SOSY	3	AL(At least 19 yrs old)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	5	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
AUVI-Q SOAJ 0.3 MG/0.3ML	5	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</i>	1	QL(6 EA per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	
<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)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) - 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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>thiamine hcl TABS</i>	1	QL(2.94 EA daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 EA daily)

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ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	34	acebutolol hcl CAPS	37	ACTI-LANCE LITE LANCETS 28G 62	
ABILIFY MAINTENA PRSY	34	acetaminophen CHEW	6	ACTI-LANCE SPECIAL LANCETS 17G	62
ABILIFY MAINTENA SRER	34	acetaminophen ELIX	6	ACTI-LANCE UNIVERSAL 23G ..	62
ABILIFY MYCITE MAINTENANCE KIT	34	acetaminophen LIQD 160 MG/5ML .6		ACTIMMUNE 100 MCG/0.5ML	31
ABILIFY MYCITE STARTER KIT .34		acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	6	ACTIPHLOA CAPS	19
abiraterone acetate	30	acetaminophen SUPP 120 MG, 650 MG	6	ACTIVITY POUCH MISC	71
ABRILADA (1 PEN) AJKT	3	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	6	acyclovir CAPS	37
ABRILADA (2 PEN) AJKT	3	acetaminophen TABS 325 MG, 500 MG	6	acyclovir SUSP	37
ABRILADA (2 SYRINGE) PSKT	3	acetaminophen w/ codeine SOLN ..	7	acyclovir TABS PO 400 MG	37
ABRYSVO	91	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	7	acyclovir TABS PO 800 MG	37
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	44	acetazolamide CP12	52	acyclovir topical CREA	46
ACAM2000	91	acetazolamide TABS	52	acyclovir topical OINT	46
acamprosate calcium	86	acetic acid (otic)	84	ADACEL SUSP	89
acarbose	16	acetylcysteine SOLN	44	ADALIMUMAB-AACF (2 PEN) AJKT . 3	
ACCU-CHEK FASTCLIX LANCETS . 62		ACIDOPHILUS HIGH-POTENCY CAPS	18	ADALIMUMAB-AACF (2 SYRINGE) PSKT	3
ACCU-CHEK GUIDE CONTROL LIQD	62	ACIDOPHILUS PEARLS CAPS ...	18	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	3
ACCU-CHEK GUIDE KIT	62	ACIDOPHILUS PROBIOTIC BLEND CAPS	18	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	3
ACCU-CHEK GUIDE ME KIT	62	ACIDOPHILUS SUPER PROBIOTIC CAPS	18	ADALIMUMAB-AATY (1 PEN) AJKT . 3	
ACCU-CHEK GUIDE TEST STRP 51				ADALIMUMAB-AATY (2 PEN) AJKT . 3	
ACCU-CHEK SAFE-T PRO LANCETS	62			ADALIMUMAB-AATY (2 SYRINGE)	
ACCU-CHEK SOFTCLIX LANCETS 62					

PSKT	3	ADLARITY PTWK	86	AEROCHAMBER MINI CHAMBER DEVI	71
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	3	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	89	AEROCHAMBER MV MISC	71
ADALIMUMAB-ADAZ SOAJ	3	ADULT AEROSOL MASK MISC ..	71	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	71
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	3	ADULT MASK LARGE MISC	71	AEROCHAMBER PLUS FLO-VU INTERM DEVI	71
ADALIMUMAB-ADAZ SOSY	3	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	AEROCHAMBER PLUS FLO-VU LARGE DEVI	71
ADALIMUMAB-ADBM (2 PEN) AJKT 3		ADVAIR HFA AERO (Use fluticasone-salmeterol)	11	AEROCHAMBER PLUS FLO-VU LARGE MISC	71
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	3	ADVANCED MOBILE LANCET ..	62	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	71
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	3	ADVANCED PROBIOTIC CAPS ..	19	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	71
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	3	ADVANCED PROBIOTIC-14 CAPS 19		AEROCHAMBER PLUS FLO-VU MISC	71
ADALIMUMAB-FKJP (2 PEN) AJKT . 3		ADVATE	57	AEROCHAMBER PLUS FLO-VU SMALL DEVI	71
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	3	ADVIL TABS (Use ibuprofen)	4	AEROCHAMBER PLUS FLO-VU SMALL MISC	71
ADALIMUMAB-RYVK (2 PEN) AJKT . 3		ADVIN COVID-19 ANTIGEN TEST KIT	51	AEROCHAMBER PLUS FLO-VU W/MASK MISC	71
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	3	ADVOCATE ALCOHOL PREP PADS	69	AEROCHAMBER PLUS FLO-VU W/MASK MISC	71
adapalene CREA	44	ADVOCATE LANCETS	62	AEROCHAMBER PLUS FLOW VU MISC	71
adapalene GEL	44	ADVOCATE LANCETS 30G	62	AEROCHAMBER PLUS FLOW VU MISC	71
ADAPALENE SOLN	44	ADVOCATE SAFETY LANCETS .	62	AEROCHAMBER W/FLOWSIGNAL MISC	71
adapalene-benzoyl peroxide GEL .	44	ADVOCATE SAFETY LANCETS 21G	62	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	71
ADBRY SOAJ	49	ADVOCATE SAFETY LANCETS 23G	62	AEROCHAMBER Z-STAT PLUS MISC	71
ADBRY SOSY	49	ADVOCATE SAFETY LANCETS 26G	62	AEROCHAMBER Z-STAT PLUS/LARGE MISC	71
ADCETRIS	29	ADVOCATE SAFETY LANCETS 28G	62	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	71
ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1	ADYNOVATE	57	AEROCHAMBER Z-STAT	
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER HOLDING CHAMBER DEVI	71	AEROCHAMBER Z-STAT	

PLUS/SMALL MISC71	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML11	ALOE 10000 & PROBIOTICS CAPS . 19
AEROCHAMBER2GO ANTI-STATIC DEVI71	albuterol sulfate NEBU11	alogliptin benzoate 17
AEROTRACH PLUS MISC 71	ALBUTEROL SULFATE NEBU11	alogliptin-metformin hcl16
AEROVENT PLUS DEVI71	albuterol sulfate SYRP11	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 16
AFLURIA PRESERVATIVE FREE SUSY91	albuterol sulfate TABS 11	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 55
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AFLURIA QUADRIVALENT SUSY 0.5 ML91	alclometasone dipropionate OINT .47	ALPHAGAN P (Use brimonidine tartrate)83
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AIMSCO TWIST LANCETS 32G .62	ALCOHOL PREP PADS 69	alprazolam TABS 10
AIMSCO TWIST LANCETS 33G .62	ALCOHOL PREP PADS-MISC ... 62	alprazolam TB2410
AIRDUO DIGIHALER 11	ALCOHOL SWABS69	alprazolam TBDP 10
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 11	ALCOHOL SWABSTICK69	ALPROLIX57
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 11	ALDURAZYME53	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT57
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 11	ALECENSA30	alum & mag hydrox-simethicone LIQD9
AIRS PEDIATRIC AEROSOL MASK MISC71	alendronate sodium SOLN52	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML9
AIRSUPRA 11	alendronate sodium TABS 35 MG, 70 MG 53	ALUMINUM HYDROXIDE GEL SUSP9
AJOVY SOAJ74	alendronate sodium TABS 5 MG, 10 MG52	amantadine hcl CAPS 32
AJOVY SOSY74	ALFERON N31	amantadine hcl SOLN 32
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albuterol sulfate AERS11	ALIGN CAPS 10 MG19	
albuterol sulfate NEBU 0.083 % ... 11	ALIGN EXTRA STRENGTH CAPS 19	
	ALL FLOW 1000 PFT FILTER MISC . 71	
	allopurinol 100 MG, 300 MG57	
	almotriptan malate75	

amantadine hcl TABS	32	86	aprepitant CAPS	23	
ambrisentan	39	amoxicillin & pot clavulanate SUSR	aprepitant MISC	23	
amcinonide CREA	47	86	APTIVUS CAPS	34	
amcinonide LOTN	47	amoxicillin & pot clavulanate TABS	AQUALANCE LANCETS 30G	62	
amcinonide OINT	47	125 MG-250 MG	86	AQUORAL SOLN	77
amiloride & hydrochlorothiazide ..	52	amoxicillin & pot clavulanate TABS	ARALAST NP SOLR 500 MG, 1000		
amiloride hcl TABS	52	125 MG-500 MG, 125 MG-875 MG	MG	88	
aminocaproic acid SOLN PO 0.25		86	ARESTIN	77	
GM/ML	60	amoxicillin & pot clavulanate TB12	AREXVY	91	
aminocaproic acid TABS 1000 MG		86	aripiprazole SOLN PO	34	
60		amoxicillin CAPS	aripiprazole TABS	34	
aminocaproic acid TABS 500 MG .	60	85	aripiprazole TBDP	34	
amiodarone hcl TABS 200 MG	10	amoxicillin SUSR	ARISTADA 441 MG/1.6ML	34	
amitriptyline hcl TABS	15	85	ARISTADA 662 MG/2.4ML	34	
AMJEVITA SOAJ	4	amoxicillin TABS 875 MG	ARISTADA 882 MG/3.2ML	34	
AMJEVITA SOSY	4	85	ARMONAIR DIGIHALER	11	
AMJEVITA-PED 10KG TO <15KG		amphetaminesulfate TABS	ARMOUR THYROID TABS	89	
SOSY	3	1	arsenic trioxide 12 MG/6ML	31	
AMJEVITA-PED 15KG TO <30KG		amphetamine-dextroamphetamine	ARZERRA	29	
SOSY	3	CP24 12.5 MG, 25 MG, 37.5 MG, 50	ascorbic acid TABS	95	
amlodipine besylate TABS	38	MG	ASMANEX (120 METERED DOSES)		
amlodipine besylate-atorvastatin		1	AEPB	11	
calcium	39	amphetamine-dextroamphetamine	ASMANEX (14 METERED DOSES)		
amlodipine besylate-benazepril hcl		CP24 5 MG, 10 MG, 15 MG, 20 MG,	AEPB	11	
26		25 MG, 30 MG	ASMANEX (30 METERED DOSES)		
amlodipine besylate-olmesartan		1	AEPB	11	
medoxomil	26	amphetamine-dextroamphetamine	ASMANEX (60 METERED DOSES)		
amlodipine besylate-valsartan	26	TABS	AEPB	11	
amlodipine-valsartan-		1	aspirin buffered (cal carb-mag carb-		
hydrochlorothiazide	26	ampicillin CAPS 500 MG	mag oxide)	6	
AMONDYS 45	80	86	aspirin CHEW	6	
amoxapine	15	anastrozole	ASPIRIN SUPP 300 MG	6	
amoxicillin & pot clavulanate CHEW .		30			
		ANDEXXA 200 MG			
		23			
		ANUSOL-HC EX (Use			
		hydrocortisone (rectal))			
		8			
		APLIGRAF DISK			
		50			
		APOKYN SOCT			
		32			
		apomorphine hydrochloride SOCT			
		32			
		APONVIE EMUL			
		23			
		APO-VARENICLINE TABS			
		88			
		apraclonidine hcl			
		83			

aspirin TABS 325 MG6	atropine sulfate (ophthalmic) OINT 82	azithromycin SUSR 200 MG/5ML . 61
aspirin TBEC 81 MG, 325 MG 6	atropine sulfate (ophthalmic) SOLN 82	azithromycin TABS 250 MG 61
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ASSURE COMFORT LANCETS 28G62	AUM ALCOHOL PREP PADS 69	AZSTARYS2
ASSURE HAEMOLANCE PLUS HIGH62	AURORA LANCET SUPER THIN 30G63	b complex w/ c CAPS77
ASSURE HAEMOLANCE PLUS LOW62	AURORA LANCET THIN 23G 63	B-1 TABS 95
ASSURE HAEMOLANCE PLUS MICRO62	AUSTEDO TABS87	BACICAP CAPS 19
ASSURE HAEMOLANCE PLUS NORMAL62	AUSTEDO XR PATIENT TITRATION TEPK87	BACID CAPS19
ASSURE HAEMOLANCE PLUS PED62	AUSTEDO XR TB2487	bacitracin (topical) OINT45
ASSURE LANCE LANCETS62	AUVELITY14	bacitracin zinc OINT 45
ASSURE LANCE LANCETS 21G .62	AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML95	bacitracin-polymyxin b (ophth)83
ASSURE LANCE PLUS SAFETY 25G62	AUVI-Q SOAJ 0.3 MG/0.3ML95	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML79
ASSURE LANCE PLUS SAFETY 30G62	AVASTIN29	baclofen SOLN PO 10 MG/5ML ... 78
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atazanavir sulfate CAPS34	azathioprine TABS 75 MG, 100 MG 76	baclofen TABS 5 MG 79
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		b-complex w/ c & folic acid CAPS .77
		b-complex w/ c & folic acid TABS .77

BD AUTOSHIELD DUO70	BENZNIDAZOLE9	bethanechol chloride91
BD GLUCOSE CHEW16	benzonatate 100 MG43	BETHKIS NEBU (Use tobramycin) .2
BD MICROTAINER LANCETS63	benzonatate 200 MG43	BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML83
BD PEN NEEDLE MICRO ULTRAFINE70	benzoyl peroxide GEL 2.5 %, 5 %, 10 %44	BEVACIZUMAB IZ 2.75 MG/0.11ML . 83
BD PEN NEEDLE MINI ULTRAFINE70	BENZOYL PEROXIDE GEL44	BEVESPI AEROSPHERE11
BD PEN NEEDLE NANO 2ND GEN . 70	benzoyl peroxide LIQD 5 %, 10 % .44	bexarotene (topical)46
BD PEN NEEDLE NANO ULTRAFINE70	benzoyl peroxide LOTN 5 %, 10 % 44	bexarotene31
BD PEN NEEDLE ORIG ULTRAFINE70	BENZOYL PEROXIDE LOTN 5 % .44	BEXSERO 0.5 ML91
BD PEN NEEDLE SHORT ULTRAFINE70	benztropine mesylate TABS32	BEYFORTUS85
BD PEN NEEDLES70	BERINERT KIT58	bicalutamide30
BD SWAB SINGLE USE REGULAR 69	betaine54	BIKTARVY 120 MG-30 MG-15 MG 34
BD VERITOR SYSTEM SARS-COV- 251	betamethasone dipropionate (topical) CREA47	BIKTARVY 200 MG-50 MG-25 MG 34
BELEODAQ30	betamethasone dipropionate (topical) LOTN47	BILAC CAPS19
BELRAPZO SOLN28	betamethasone dipropionate (topical) OINT47	bimatoprost SOLN84
BENADRYL ALLERGY EXTRA STR TABS24	betamethasone dipropionate augmented CREA47	BIMZELX SOAJ 160 MG/ML46
benazepril & hydrochlorothiazide .26	betamethasone dipropionate augmented GEL 0.05 %47	BIMZELX SOAJ 320 MG/2ML46
benazepril hcl 40 MG25	betamethasone dipropionate augmented LOTN47	BIMZELX SOSY 160 MG/ML46
benazepril hcl 5 MG, 10 MG, 20 MG . 25	betamethasone dipropionate augmented OINT47	BIMZELX SOSY 320 MG/2ML46
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BENDEKA SOLN28	betamethasone valerate LOTN ...47	BIOHM PROBIOTIC SUPPLEMENT CAPS19
BENEFIX KIT57	betamethasone valerate OINT47	BIOHM PROBIOTIC/VITAMIN C CAPS19
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BIOTHRAX	91	CHAMBER/CHILD DEVI	72	15 MG/5ML-1 MG/5ML	43
BIOZEN CAPS	19	BREATHE EASE LARGE DEVI ...	72	BUBBLES THE FISH II PEDI MASK	
bisacodyl SUPP	61	BREATHE EASE MEDIUM DEVI ..	72	MISC	72
bisacodyl TBEC	61	BREATHE EASE NEB MASK/CHILD		budesonide (inhalation) SUSP	11
bismuth subsalicylate CHEW 262 MG		MISC	72	budesonide TB24	42
.....	19	BREATHE EASE NEB		budesonide-formoterol fumarate	
bismuth subsalicylate SUSP 262		MASK/INFANT MISC	72	dihydrate	11
MG/15ML, 525 MG/15ML, 525		BREATHE EASE SMALL DEVI	72	bumetanide TABS	52
MG/30ML, 527 MG/30ML, 1050		BREATHERITE VALVED MDI		BUPHENYL POWD (Use sodium	
MG/30ML	19	CHAMBER DEVI	72	phenylbutyrate)	54
bisoprolol & hydrochlorothiazide ..	26	BREO ELLIPTA	11	BUPHENYL TABS (Use sodium	
bisoprolol fumarate	37	BREZTRI AEROSPHERE	11	phenylbutyrate)	54
bisoprolol fumarate 2.5 MG	37	BRIDION SOLN	23	buprenorphine hcl SUBL	8
BIVIGAM SOLN	85	BRILINTA 60 MG, 90 MG (Use		buprenorphine hcl-naloxone hcl	
BLINCYTO	29	ticagrelor)	58	dihydrate FILM SL 0.5 MG-2 MG ...	7
BONJESTA TBCR	23	brimonidine tartrate 0.1 %, 0.15 %	83	buprenorphine hcl-naloxone hcl	
BONSITY SOPN 560 MCG/2.24ML		brimonidine tartrate 0.2 %	83	dihydrate FILM SL 1 MG-4 MG	8
53		brimonidine tartrate-timolol maleate .		buprenorphine hcl-naloxone hcl	
BOOSTRIX SUSP	89	82		dihydrate FILM SL 2 MG-8 MG	7
BOOSTRIX SUSY	89	BRIUMVI	87	buprenorphine hcl-naloxone hcl	
bortezomib SOLR IJ	30	BRIVIACT SOLN IV 50 MG/5ML ..	13	dihydrate FILM SL 3 MG-12 MG	7
BORTEZOMIB SOLR IV 3.5 MG ..	30	BRIXADI (WEEKLY) SOSY	7	buprenorphine hcl-naloxone hcl	
bosentan TABS	39	BRIXADI SOSY 64 MG/0.18ML, 96		dihydrate SUBL 0.5 MG-2 MG	8
BOSULIF TABS 100 MG, 500 MG	30	MG/0.27ML, 128 MG/0.36ML	7	buprenorphine hcl-naloxone hcl	
BOTOX IJ	81	bromfenac sodium (ophth)	84	dihydrate SUBL 2 MG-8 MG	8
BPROTECTED PEDIA POLY-VITE		bromocriptine mesylate CAPS	32	buprenorphine PTWK	8
SOLN PO	78	bromocriptine mesylate TABS 2.5		bupropion hcl (smoking deterrent)	88
BPROTECTED PEDIA POLY-		MG	32	bupropion hcl TABS	14
VITE/FE SOLN	78	brompheniramine & phenyleph ELIX .		bupropion hcl TB12 100 MG	14
BRAFTOVI 75 MG	30	43		bupropion hcl TB12 150 MG	14
BREATHE COMFORT		brompheniramine & pseudoeph ELIX		bupropion hcl TB12 200 MG	14
CHAMBER/ADULT DEVI	71	43		bupropion hcl TB24 150 MG	14
BREATHE COMFORT		brompheniramine & pseudoeph LIQD		bupropion hcl TB24 300 MG	14

bupropion hcl TB24 450 MG14	calcium carbonate (antacid) CHEW 500 MG9	carbamazepine TB1213
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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG5	CAMCEVI30	carbidopa32
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG5	camphor & menthol LOTN46	carbidopa-levodopa TABS32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG7	CANASA SUPP (Use mesalamine) 55	carbidopa-levodopa TBCR32
butalbital-aspirin-caffeine CAPS5	candesartan cilexetil26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML28
butalbital-aspirin-caffeine w/cod7	candesartan cilexetil-hydrochlorothiazide26	CAREONE LANCET SUPER THIN 30G63
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calcium acetate (phosphate binder) TABS56	carbamazepine CHEW 200 MG ...13	carisoprodol TABS 350 MG79
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	carbamazepine SUSP13	
	carbamazepine TABS13	

carvedilol 25 MG	37	CEQUA SOLN	83	CHOLBAM	55
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	37	CERDELGA	58	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	95
carvedilol phosphate	37	CEREZYME 400 UNIT	58	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	95
CASGEVY	58	cetirizine hcl CAPS	24	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	95
CASTIVA WARMING LOTN	49	cetirizine hcl CHEW	24	cholestyramine light PACK	25
CAYSTON	27	cetirizine hcl SOLN PO	24	cholestyramine light POWD	25
cefaclor CAPS	39	cetirizine hcl SYRP PO	24	cholestyramine PACK	25
CEFACLOR ER TB12	39	cetirizine hcl TABS	24	cholestyramine POWD	25
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	39	CETRAXAL (Use ciprofloxacin hcl (otic))	84	CHORIONIC GONADOTROPIN IM 53	
cefadroxil CAPS	39	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...	88	CHOSEN LANCETS 30G	63
cefadroxil SUSR	39	CHEMET	23	CHOSEN SAFETY LANCETS 28G 63	
cefadroxil TABS	39	CHEMSTRIP K STRP	51	CIBINQO	49
cefdinir CAPS	40	chenodiol	55	ciclopirox SOLN	45
cefdinir SUSR	40	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	5	cilostazol	58
cefixime CAPS	40	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	5	cimetidine TABS 200 MG	90
cefixime SUSR	40	chlordiazepoxide hcl CAPS	10	cimetidine TABS 300 MG, 400 MG 90	
cefpodoxime proxetil SUSR	40	chlorhexidine gluconate (mouth-throat)	77	cimetidine TABS 800 MG	90
cefpodoxime proxetil TABS	40	chloroquine phosphate TABS 250 MG	28	cinacalcet hcl	54
cefprozil SUSR	39	chloroquine phosphate TABS 500 MG	28	CINQAIR	10
cefprozil TABS	39	chlorpheniramine maleate SYRP ..	24	CINRYZE SOLR IV	58
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	40	chlorpheniramine maleate TABS ..	24	CIPRO SUSR	55
cefuroxime axetil TABS	39	chlorpromazine hcl TABS	34	CIPRODEX (Use ciprofloxacin-dexamethasone)	84
celecoxib	5	chlorthalidone 25 MG, 50 MG	52	ciprofloxacin hcl (ophth) SOLN	83
CELONTIN (Use methsuximide) ..	14	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	79	ciprofloxacin hcl (otic)	84
cephalexin CAPS 250 MG, 500 MG 39		chlorzoxazone TABS 500 MG	79	ciprofloxacin hcl TABS 100 MG ...	55
cephalexin SUSR	39				
CEPROTIN	58				

ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	55	clindamycin phosphate (topical) LOTN	44	CLODERM (Use clocortolone pivalate)	47
ciprofloxacin-dexamethasone	85	clindamycin phosphate (topical) SOLN	44	clomipramine hcl	15
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	28	clindamycin phosphate vaginal CREA	94	clonazepam TABS	13
CISPLATIN SOLR	28	clindamycin phosphate-benzoyl peroxide (refrigerate)	44	clonazepam TBDP	13
CITALOPRAM HYDROBROMIDE CAPS	15	clindamycin phosphate-benzoyl peroxide GEL	44	clonidine hcl (adhd) TB12	1
citalopram hydrobromide SOLN ...	15	clindamycin phosphate-tretinoin ..	44	clonidine hcl TABS	26
citalopram hydrobromide TABS ...	15	CLINDESSE	94	clopidogrel bisulfate 300 MG	58
cladribine 10 MG/10ML	28	CLINITEST RAPID COVID-19 TEST KIT	51	clopidogrel bisulfate 75 MG	58
clarithromycin SUSR	61	clobazam SUSP	13	clorazepate dipotassium TABS	10
clarithromycin TABS	61	clobazam TABS	13	clotrimazole (topical) CREA	45
clarithromycin TB24	61	clobetasol propionate CREA 0.05 % .	47	clotrimazole (topical) SOLN	45
CLEANLET LANCETS 28G	63	clobetasol propionate emollient base 0.05 %	47	clotrimazole vaginal CREA 1 % ...	94
CLEARDETECT COVID-19 AG HOME KIT	51	clobetasol propionate emulsion ...	47	clotrimazole vaginal CREA 2 % ...	94
clemastine fumarate TABS 1.34 MG .	24	clobetasol propionate FOAM	47	clotrimazole w/ betamethasone CREA	45
CLEVER CHEK LANCETS	63	clobetasol propionate GEL 0.05 %	47	clotrimazole w/ betamethasone LOTN	45
CLEVER CHOICE COMFORT EZ	63	clobetasol propionate LIQD	47	clozapine TABS	33
CLEVER CHOICE HOLDING CHAMBER DEVI	72	clobetasol propionate LOTN	47	clozapine TBDP	33
CLEVER CHOICE LANCETS 21G	63	clobetasol propionate OINT 0.05 %	47	CO MONITOR REPLACEMENT PIECES MISC	72
CLEVER CHOICE LANCETS 23G	63	clobetasol propionate SHAM	47	COAGADDEX	57
CLEVER CHOICE LANCETS 28G	63	clobetasol propionate SOLN 0.05 % .	47	COAGUCHEK LANCETS	63
clindamycin hcl 150 MG, 300 MG .	27	CLODAN	47	coal tar extract SHAM 0.5 %	50
clindamycin palmitate hydrochloride .	27			COARTEM	27
clindamycin phosphate (topical) GEL				COBAS LIAT SARS-COV-2 ASSAY .	51
				COBAS LIAT SARS-COV-2 CONTROL	51
				COBENFY CAPS	34
				COBENFY STARTER PACK CPPK	

34	COMIRNATY SUSY	91	TEST KIT	51
codeine sulfate TABS 30 MG	6	COMPACT SPACE CHAMBER DEVI	COVID-19 AT-HOME TEST KIT	51
CODEINE SULFATE TABS	6			72
colchicine TABS	57	COMPACT SPACE CHAMBER/LG MASK DEVI	COVID-19 OTC ANTIGEN 1-PACK KIT	51
colchicine w/ probenecid	57			72
colestipol hcl GRAN	25	COMPACT SPACE CHAMBER/MED MASK DEVI	COVID-19 OTC ANTIGEN 2-PACK KIT	51
colestipol hcl TABS	25			72
COMBIGAN (Use brimonidine tartrate-timolol maleate)	82	COMPACT SPACE CHAMBER/SM MASK DEVI	CREON CPEP	52
COMBIPATCH PTTW	55			72
COMBIVENT RESPIMAT AERS	11	COMPLETE PROBIOTIC PEARLS CAPS	CRINONE GEL	94
COMBIVIR (Use lamivudine-zidovudine)	34			72
COMETRIQ (100 MG DAILY DOSE) KIT	30	CONCERTA TBCR (Use methylphenidate hcl)	cromolyn sodium (nasal) 5.2 MG/ACT	80
COMETRIQ (140 MG DAILY DOSE) KIT	31			19
COMETRIQ (60 MG DAILY DOSE) KIT	31	CONDOMS-MISC	cromolyn sodium (ophth)	84
COMFORT ASSURED LANCETS 28G	63	CONJUPRI (Use levamlodipine maleate)	cromolyn sodium NEBU	10
COMFORT ASSURED LANCETS 33G	63			54
COMFORT TOUCH ALCOHOL PREP	69	CONZIP CP24 (Use tramadol hcl)	CTEXLI 250 MG	55
COMFORT TOUCH LANCETS 31G	63			55
COMFORT TOUCH PLUS LANCETS 28G	63	COPAXONE SOSY (Use glatiramer acetate)	CULTURELLE ADULT ULT BALANCE CAPS	22
COMFORT TOUCH PLUS LANCETS 30G	63			6
COMFORT TOUCH TWIST LANCET 30G	63	CORIFACT	CULTURELLE BLOATING & GAS DEF CAPS	19
COMIRNATY SUSP	91	CORTISONE ACETATE TABS	CULTURELLE DIGESTIVE DAILY CAPS	22
		CORTROPHIN GEL	CULTURELLE DIGESTIVE DAILY PRO CAPS	22
		COSENTYX (300 MG DOSE) SOSY	CULTURELLE DIGESTIVE HEALTH CAPS	22
				46
		COSENTYX SENSOREADY (300 MG) SOAJ	CULTURELLE DIGESTIVE HEALTH CHEW	22
				46
		COSENTYX SENSOREADY PEN SOAJ	CULTURELLE HEALTH (INULIN) CAPS	22
				46
		COSENTYX SOLN	CULTURELLE IMMUNE DEFENSE CAPS	19
		COSENTYX SOSY	CULTURELLE KID PROBIOTIC+FIBER PACK	19
		COSENTYX UNOREADY SOAJ	CULTURELLE KIDS CHEW	19
		cosyntropin SOLR	CULTURELLE KIDS PACK	19
		COTELLIC		31
		COVID-19 AT HOME ANTIGEN		

CULTURELLE KIDS PURELY CHEW19	CVS PROBIOTIC ADULT 50+ CAPS 19	CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)15
CULTURELLE KIDS PURELY PACK 19	CVS PROBIOTIC CAPS19	CYMBALTA CPEP 60 MG (Use duloxetine hcl)15
CULTURELLE METABOLISM-WEIGHT CAPS19	CVS PROBIOTIC MAXIMUM STRENGTH CAPS19	cyproheptadine hcl SYRP24
CULTURELLE PROBIOTICS KIDS PACK19	CVS PROBIOTIC PEARLS EX ST CAPS19	cyproheptadine hcl TABS24
CULTURELLE PRO-WELL CAPS .19	CVS SENIOR PROBIOTIC CAPS .19	CYRAMZA29
CULTURELLE ULTIMATE STRENGTH CAPS22	CVS SOFT GLUCOSE CHEW16	CYSTAGON CAPS56
CURITY ALCOHOL PREPS69	CVS ULTRA THIN LANCETS63	CYSTARAN84
CUVITRU SOLN85	cyanocobalamin SOLN IJ 1000 MCG/ML58	cytarabine SOLN28
CVS ADULT 50+ PROBIOTIC CAPS 19	cyclobenzaprine hcl CP2479	CYTOGAM SOLN85
CVS ADULT PROBIOTIC CAPS ..19	cyclobenzaprine hcl TABS 5 MG, 10 MG79	dabigatran etexilate mesylate CAPS .13
CVS ALCOHOL PREP PADS69	cyclobenzaprine hcl TABS 7.5 MG 79	DAILY DIGESTIVE PROBIOTIC CAPS19
CVS COVID-19 AT HOME TEST KIT51	CYCLOGYL 0.5 %82	DAILY PROBIOTIC CAPS19
CVS DAILY PROBIOTIC CAPS ...19	cyclopentolate hcl 1 %82	DAILY ULTIMATE PROBIOTIC-14 CAPS19
CVS DAILY PROBIOTIC CHILDRENS PACK19	cyclophosphamide CAPS 50 MG ..28	dalfampridine87
CVS DIGESTIVE PROBIOTIC CAPS19	CYCLOPHOSPHAMIDE TABS ...28	dantrolene sodium CAPS79
CVS DRY MOUTH SOLN77	cyclosporine (ophth) EMUL83	dapagliflozin propanediol18
CVS EVERYDAY CARE PROBIOTIC CAPS19	cyclosporine CAPS76	dapsone27
CVS GLUCOSE CHEW16	cyclosporine modified (for microemulsion) CAPS76	DAPTACEL89
CVS LANCETS ORIGINAL63	cyclosporine modified (for microemulsion) SOLN76	DARAPRIM (Use pyrimethamine) 28
CVS LANCETS THIN 26G63	cyclosporine SOLN IV 50 MG/ML .76	darifenacin hydrobromide90
CVS LANOLIN CREA50	CYLTEZO (2 PEN) AJKT4	darunavir TABS34
CVS MOOD SUPPORT PROBIOTIC CAPS19	CYLTEZO (2 SYRINGE) PSKT4	DARZALEX29
CVS PREP69	CYLTEZO-CD/UC/HS STARTER AJKT4	dasatinib31
	CYLTEZO-PSORIASIS/UV STARTER AJKT4	daunorubicin hcl SOLN 50 MG/10ML 30
		DAURISMO29
		DAYHIST ALLERGY 12 HOUR

RELIEF TABS	24	desogestrel & ethinyl estradiol	40	dexchlorpheniramine maleate SOLN .	24
decitabine	28	desogestrel-ethinyl estradiol		dexmedetomidine hcl in sodium	
deferasirox PACK	23	(biphasic)	40	chloride SOLN	60
deferasirox TABS	23	desogestrel-ethinyl estradiol		dexmedetomidine hcl SOLN 200	
deferasirox TBSO	23	(triphasic)	40	MCG/2ML	60
deferiprone TABS	23	desonide CREA	47	dexmethylphenidate hcl CP24	2
deferoxamine mesylate	23	desonide LOTN	47	dexmethylphenidate hcl TABS	2
DEFITELIO	58	desonide OINT	47	dexrazoxane hcl	31
deflazacort SUSP	43	desoximetasone CREA 0.05 % ...	47	DEXTENZA INST	84
deflazacort TABS	43	desoximetasone CREA 0.25 % ...	47	dextroamphetamine sulfate CP24 10	
DEFLUX	57	desoximetasone GEL	47	MG, 15 MG	1
DELSTRIGO	34	desoximetasone LIQD	47	dextroamphetamine sulfate CP24 5	
DENAVIR (Use penciclovir)	46	desoximetasone OINT	47	MG	1
DENGVAIXA	91	DESTRESS-IRON TABS	77	dextroamphetamine sulfate SOLN ..	1
DEPAKOTE SPRINKLES CSDR		DESVENLAFAXINE ER	15	dextroamphetamine sulfate TABS 15	
(Use divalproex sodium)	14	desvenlafaxine succinate 100 MG .	15	MG, 20 MG, 30 MG	1
DEPO-SUBQ PROVERA 104 SUSY		desvenlafaxine succinate 25 MG, 50		dextroamphetamine sulfate TABS 5	
SC	42	MG	15	MG, 10 MG	1
DERMACINRX PROBISOL CAPS .	19	dexamethasone ELIX	43	dextromethorphan-guaifenesin LIQD	
DERMACINRX PROBITRAN CAPS		DEXAMETHASONE INTENSOL		100 MG/5ML-10 MG/5ML, 150	
19		CONC	43	MG/7.5ML-15 MG/7.5ML, 200	
DESCOVY 120 MG-15 MG	35	dexamethasone sodium phosphate		MG/10ML-20 MG/10ML	43
DESCOVY 200 MG-25 MG	34	(ophth)	84	dextromethorphan-guaifenesin SYRP	
desipramine hcl TABS	16	dexamethasone sodium phosphate		100 MG/5ML-10 MG/5ML, 200	
desloratadine TBDP	24	SOLN IJ 4 MG/ML, 20 MG/5ML, 120		MG/10ML-20 MG/10ML	43
desmopressin acetate SOLN IJ ...	54	MG/30ML	43	DHIVY TABS	32
DESMOPRESSIN ACETATE SOLN		DEXAMETHASONE SODIUM		DIATHRIVE LANCET ULTRA THIN	
NA	54	PHOSPHATE SOLN IJ 4 MG/ML .	43	30	63
desmopressin acetate spray	54	dexamethasone sodium phosphate		DIATHRIVE LANCETS	63
desmopressin acetate spray		SOSY IJ 4 MG/ML	43	DIATRUST COVID-19 HOME TEST	
refrigerated 0.01 %	54	dexamethasone SOLN	43	KIT	51
desmopressin acetate TABS	54	dexamethasone TABS 0.5 MG, 0.75		diazepam CONC	10
		MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	43	DIAZEPAM SOAJ	10
				diazepam SOLN IJ 5 MG/ML, 10	

MG/2ML10	DIGESTIVE ADV+GAS DEFENSE CAPS20	diphenhydramine hcl (sleep) TABS 25 MG60
DIAZEPAM SOLN IJ 5 MG/ML10	DIGESTIVE ADV+LACTOSE SUPPORT CAPS20	diphenhydramine hcl (sleep) TABS 50 MG60
diazepam SOLN PO 5 MG/5ML ...10	DIGESTIVE ADVANTAGE CAPS .20	diphenhydramine hcl (sleep) TBDP 60
diazepam TABS10	digoxin SOLN PO 0.05 MG/ML38	diphenhydramine hcl CAPS24
diazoxide16	digoxin TABS 125 MCG, 250 MCG 39	diphenhydramine hcl ELIX 12.5 MG/5ML24
dibucaine49	dihydroergotamine mesylate SOLN NA 4 MG/ML75	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML24
diclofenac potassium TABS 50 MG .5	DILANTIN (Use phenytoin sodium extended)14	diphenhydramine hcl TABS 25 MG 24
diclofenac sodium (ophth)84	DILANTIN INFATABS CHEW (Use phenytoin)14	diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG60
diclofenac sodium (topical) GEL EX 45	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG38	diphenoxylate w/ atropine LIQD ...22
diclofenac sodium TB245	diltiazem hcl coated beads CP24 240 MG38	diphenoxylate w/ atropine TABS ...22
diclofenac sodium TBEC5	diltiazem hcl coated beads CP24 360 MG38	dipyridamole58
dicloxacillin sodium86	diltiazem hcl CP1238	disopyramide phosphate CAPS ...10
dicyclomine hcl CAPS89	diltiazem hcl CP24 120 MG, 240 MG 38	disulfiram 250 MG86
dicyclomine hcl SOLN PO89	diltiazem hcl CP24 180 MG38	divalproex sodium CSDR14
dicyclomine hcl TABS89	diltiazem hcl extended release beads38	divalproex sodium TB2414
DIFFERIN CREA (Use adapalene) 44	diltiazem hcl TABS38	divalproex sodium TBEC14
DIFFERIN GEL 0.3 % (Use adapalene)44	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG38	docetaxel CONC 160 MG/8ML32
DIFFERIN LOTN44	dimethyl fumarate CDPK87	DOCETAXEL CONC 160 MG/8ML 32
diflorasone diacetate CREA47	dimethyl fumarate CPDR87	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML32
diflorasone diacetate OINT47	diphenhydramine hcl (sleep) CAPS 60	docetaxel SOLN32
diflunisal TABS6	diphenhydramine hcl (sleep) LIQD 60	DOCIVYX SOLN32
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS20		docusate sodium CAPS 100 MG, 250 MG61
DIGESTIVE ADV LACTOSE SUPPORT CAPS20		
DIGESTIVE ADV MULTI-STRAIN CAPS20		
DIGESTIVE ADV+BOWEL SUPPORT CAPS20		

docusate sodium CAPS 50 MG ...61	droperidol SOLN 2.5 MG/ML9	DYSPORE81
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML61	DROPLET LANCETS ULTRA THIN 30G63	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 61
DOCUSATE SODIUM SYRP61	DROPLET PERSONAL LANCETS 30G63	EASIVENT MASK LARGE MISC ..72
docusate sodium TABS61	DROPSAFE ACTI-LANCE 23G ..63	EASIVENT MASK MEDIUM MISC 72
dofetilide10	DROPSAFE ALCOHOL PREP70	EASIVENT MASK SMALL MISC ..72
donepezil hydrochloride TABS 23 MG86	drospirenone-ethinyl estradiol40	EASIVENT MISC72
donepezil hydrochloride TABS 5 MG, 10 MG86	drospirenone-ethinyl estradiol- levomefolate calcium40	EASY COMFORT ALCOHOL PADS 70
donepezil hydrochloride TBDP86	DROXIA CAPS58	EASY COMFORT LANCETS63
DOPTLET59	droxidopa95	EASY COMFORT LANCETS TWIST TOP64
dorzolamide hcl84	DRUG MART ON-THE-GO LANCET 30G63	EASY TOUCH ALCOHOL PREP MEDIUM70
DORZOLAMIDE HCL84	DRUG MART UNILET LANCETS 28G63	EASY TOUCH LANCETS 21G ...64
DORZOLAMIDE HCL-TIMOLOL MAL82	DRUG MART UNILET LANCETS 30G63	EASY TOUCH LANCETS 23G ...64
dorzolamide hcl-timolol maleate ..82	DRUG MART UNILET LANCETS 33G63	EASY TOUCH LANCETS 26G ...64
DOVATO35	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT11	EASY TOUCH LANCETS 28G ...64
doxazosin mesylate26	DULERA 50 MCG/ACT-5 MCG/ACT . 12	EASY TOUCH LANCETS 28G/TWIST64
doxepin hcl (sleep)60	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG15	EASY TOUCH LANCETS 30G ...64
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG16	duloxetine hcl CPEP 60 MG15	EASY TOUCH LANCETS 30G/TWIST64
doxepin hcl CAPS 150 MG16	DUPIXENT SOAJ49	EASY TOUCH LANCETS 32G ...64
doxepin hcl CONC16	DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML49	EASY TOUCH LANCETS 32G/TWIST64
doxycycline (monohydrate) CAPS 50 MG, 100 MG88	dutasteride57	EASY TOUCH LANCETS 33G/TWIST64
doxycycline (monohydrate) TABS 50 MG, 100 MG88	dutasteride-tamsulosin hcl57	EASY TOUCH SAFETY LANCETS 21G64
doxycycline hyclate CAPS88	DYANAVAL XR TBCR1	EASY TOUCH SAFETY LANCETS 23G64
doxycycline hyclate TABS 100 MG 88		EASY TOUCH SAFETY LANCETS 26G64
doxylamine succinate (sleep)60		
doxylamine-pyridoxine TBEC23		

EASY TOUCH SAFETY LANCETS 28G	64	ELEVIDYS 20.5-21.4 KG	80	ELEVIDYS 50.5-51.4 KG	81
EBASE CONTROLLER KIT MISC	72	ELEVIDYS 21.5-22.4 KG	80	ELEVIDYS 51.5-52.4 KG	81
econazole nitrate CREA	45	ELEVIDYS 22.5-23.4 KG	80	ELEVIDYS 52.5-53.4 KG	81
ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)	6	ELEVIDYS 23.5-24.4 KG	80	ELEVIDYS 53.5-54.4 KG	81
ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 24.5-25.4 KG	80	ELEVIDYS 54.5-55.4 KG	81
EDURANT	35	ELEVIDYS 25.5-26.4 KG	80	ELEVIDYS 55.5-56.4 KG	81
EDURANT PED PO 2.5 MG	35	ELEVIDYS 26.5-27.4 KG	80	ELEVIDYS 56.5-57.4 KG	81
efavirenz CAPS 200 MG	35	ELEVIDYS 27.5-28.4 KG	80	ELEVIDYS 57.5-58.4 KG	81
efavirenz CAPS 50 MG	35	ELEVIDYS 28.5-29.4 KG	80	ELEVIDYS 58.5-59.4 KG	81
efavirenz TABS	35	ELEVIDYS 29.5-30.4 KG	80	ELEVIDYS 59.5-60.4 KG	81
efavirenz-emtricitabine-tenofovir disoproxil fumarate	35	ELEVIDYS 30.5-31.4 KG	80	ELEVIDYS 60.5-61.4 KG	81
efavirenz-lamivudine-tenofovir disoproxil fumarate	35	ELEVIDYS 31.5-32.4 KG	80	ELEVIDYS 61.5-62.4 KG	81
ELAPRASE	54	ELEVIDYS 32.5-33.4 KG	80	ELEVIDYS 62.5-63.4 KG	81
ELELYSO	58	ELEVIDYS 33.5-34.4 KG	80	ELEVIDYS 63.5-64.4 KG	81
ELEPSIA XR TB24	13	ELEVIDYS 34.5-35.4 KG	80	ELEVIDYS 64.5-65.4 KG	81
eletriptan hydrobromide	75	ELEVIDYS 35.5-36.4 KG	81	ELEVIDYS 65.5-66.4 KG	81
ELEVIDYS 10.0-10.4 KG	80	ELEVIDYS 36.5-37.4 KG	81	ELEVIDYS 66.5-67.4 KG	81
ELEVIDYS 10.5-11.4 KG	80	ELEVIDYS 37.5-38.4 KG	81	ELEVIDYS 67.5-68.4 KG	81
ELEVIDYS 11.5-12.4 KG	80	ELEVIDYS 38.5-39.4 KG	81	ELEVIDYS 68.5-69.4 KG	81
ELEVIDYS 12.5-13.4 KG	80	ELEVIDYS 39.5-40.4 KG	81	ELEVIDYS 69.5 KG PLUS	81
ELEVIDYS 13.5-14.4 KG	80	ELEVIDYS 40.5-41.4 KG	81	ELIDEL (Use pimecrolimus)	49
ELEVIDYS 14.5-15.4 KG	80	ELEVIDYS 41.5-42.4 KG	81	ELIGARD KIT SC 7.5 MG	30
ELEVIDYS 15.5-16.4 KG	80	ELEVIDYS 42.5-43.4 KG	81	ELIGARD SC 22.5 MG, 30 MG, 45 MG	30
ELEVIDYS 16.5-17.4 KG	80	ELEVIDYS 43.5-44.4 KG	81	ELIQUIS DVT/PE STARTER PACK TBPK	12
ELEVIDYS 17.5-18.4 KG	80	ELEVIDYS 44.5-45.4 KG	81	ELIQUIS TABS	12
ELEVIDYS 18.5-19.4 KG	80	ELEVIDYS 45.5-46.4 KG	81	ELLA	42
ELEVIDYS 19.5-20.4 KG	80	ELEVIDYS 46.5-47.4 KG	81	ELLENCE SOLN	30
		ELEVIDYS 47.5-48.4 KG	81	ELLUME COVID-19 HOME TEST KIT	51
		ELEVIDYS 48.5-49.4 KG	81		
		ELEVIDYS 49.5-50.4 KG	81		

ELMIRON CAPS	56	hydrochlorothiazide	26	epinephrine (anaphylaxis) SOAJ ..	95
ELOCTATE	57	enalapril maleate TABS	26	epinephrine hcl (nasal)	80
eltrombopag olamine PACK 12.5 MG	59	ENBREL MINI SOCT	5	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	59	ENBREL SOLN	5	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	95
EMBECTA AUTOSHIELD DUO ..	70	ENBREL SOSY	5	EPIVIR SOLN (Use lamivudine) ...	35
EMBECTA PEN NEEDLE NANO .	70	ENBREL SURECLICK SOAJ	5	EPIVIR TABS 150 MG (Use lamivudine)	35
EMBECTA PEN NEEDLE NANO 2 GEN	70	ENCARE SUPP 100 MG	94	EPIVIR TABS 300 MG (Use lamivudine)	35
EMBECTA PEN NEEDLE ULTRAFINE	71	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	78	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	59
EMBRACE LANCETS ULTRA THIN 30G	64	ENERGIX-B SUSP 20 MCG/ML ...	91	epoprostenol sodium	39
EMBRACE PRESSURE ACTIVATED 21G	64	ENERGIX-B SUSY	92	EPRONTIA SOLN 25 MG/ML (Use topiramate)	13
EMBRACE PRESSURE ACTIVATED 28G	64	enoxaparin sodium SOLN IJ 300 MG/3ML	12	EPZICOM (Use abacavir sulfate- lamivudine)	35
EMCYT	30	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EQ PROBIOTIC CAPS	20
EMGALITY (300 MG DOSE) SOSY 74	74	enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ PROBIOTIC CPDR	20
EMGALITY SOAJ	74	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ SPACE CHAMBER ANTI- STATIC DEVI	72
EMGALITY SOSY	74	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ SPACE CHAMBER ANTI- STATIC L DEVI	72
EMPLICITI	29	ENTADFI	57	EQ SPACE CHAMBER ANTI- STATIC M DEVI	72
emtricitabine CAPS	35	ENTRESTO CPSP	39	EQ SPACE CHAMBER ANTI- STATIC S DEVI	72
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	35	ENTYVIO PEN SOAJ	55	EQL ALCOHOL SWABS	70
emtricitabine-tenofovir disoproxil fumarate	35	ENVIVE CAPS	20	EQL DAILY PROBIOTIC CAPS ...	20
EMTRIVA CAPS (Use emtricitabine) . 35	35	EPCLUSA PACK	36	EQL DRY MOUTH ORAL RINSE SOLN	77
EMTRIVA SOLN	35	EPCLUSA TABS	36	EQL PROBIOTIC COLON SUPPORT CAPS	20
EMVERM CHEW	9	EPIFOAM FOAM	47		
enalapril maleate &		epinastine hcl (ophth)	84		
		epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	95		
		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	95		

ERBITUX	29	estazolam	60	EVRYSDI	81
ergocalciferol CAPS	95	estradiol & norethindrone acetate TABS	55	EVRYSDI PO 5 MG	81
ergoloid mesylates TABS	88	estradiol PTTW	55	EXELON 13.3 MG/24HR (Use rivastigmine)	87
ergotamine w/ caffeine TABS	75	estradiol PTWK	55	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	87
eribulin mesylate	32	estradiol TABS	55	exemestane	30
ERIVEDGE	29	estradiol vaginal CREA	94	exenatide SOPN 10 MCG/0.04ML ..	17
ERLEADA 60 MG	30	estradiol vaginal TABS	94	exenatide SOPN 5 MCG/0.02ML ..	17
erlotinib hcl	29	ESTROVEN SLIMBIOTICS CAPS ..	20	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	26
ertapenem sodium IJ	27	eszopiclone	60	EXONDYS 51	81
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61	ethambutol hcl TABS	28	EYLEA SOLN	83
erythromycin (acne aid) GEL	44	ethosuximide CAPS	14	EYSUVIS SUSP	84
erythromycin (acne aid) SOLN	44	ethosuximide SOLN	14	ezetimibe	25
erythromycin (ophth)	83	ethynodiol diacet & eth estrad	40	ezetimibe-simvastatin	25
ERYTHROMYCIN	83	etodolac CAPS	5	EZ-LETS LANCETS 21G	64
erythromycin base CPEP	61	etodolac TABS	5	EZ-LETS LANCETS 26G	64
erythromycin base TABS	61	etodolac TB24	5	EZ-LETS LANCETS 28G	64
erythromycin base TBEC	61	etonogestrel-ethinyl estradiol	41	EZ-LETS LANCETS 30G	64
erythromycin ethylsuccinate SUSR 61		etoposide CAPS	32	FABRAZYME	54
erythromycin ethylsuccinate TABS ..	62	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	FALESSA	40
ERZOFRI 351 MG/2.25ML	33	etravirine 100 MG	35	famciclovir	37
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	33	etravirine 200 MG	35	famotidine TABS 10 MG	90
escitalopram oxalate SOLN	15	EUFLEXXA SOSY	79	famotidine TABS 20 MG, 40 MG ..	90
escitalopram oxalate TABS	15	EULEXIN	30	FASENRA PEN SOAJ	10
esomeprazole magnesium CPDR ..	90	EVENITY	53	FASENRA SOSY 10 MG/0.5ML ...	10
esomeprazole magnesium PACK ..	90	everolimus (immunosuppressant) ..	76	FASTEP COVID-19 ANTIGEN TEST KIT	51
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 57		everolimus TABS	31	FEIBA	57
		everolimus TBSO	31	felbamate SUSP	14
		EVOMELA IV	28		
		EVOTAZ	35		

felbamate TABS	14	ferrous sulfate TBEC 325 MG	59	FLORASAVE CPDR	20
felodipine	38	ferrous sulfate TBEC	59	FLORASTOR ADVANCED CAPS	20
FEM-DOPHILUS WOMENS CAPS 20		fesoterodine fumarate	90	FLORASTOR DIGEST DE-STRESS CAPS	20
fenofibrate CAPS	25	FEVERALL JUNIOR STRENGTH SUPP	6	FLORASTOR SELECT GUT BOOST CAPS	20
fenofibrate micronized 134 MG, 200 MG	25	fexofenadine hcl SUSP	24	FLORASTOR SELECT IMMUNITY BOOS CAPS	20
fenofibrate micronized 43 MG, 90 MG, 130 MG	25	fexofenadine hcl TABS 180 MG ...	24	FLORRAXIS CAPS	20
fenofibrate micronized 67 MG	25	fexofenadine hcl TABS 60 MG	24	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	
fenofibrate TABS 40 MG, 120 MG	25	FIBRICOR (Use fenofibric acid) ..	25	FLOWFLEX COVID-19 AG HOME TEST KIT	51
fenofibrate TABS 54 MG	25	FIBRYGA	57	FLUAD	92
fenofibric acid	25	FIFTY50 ALCOHOL PREP	70	FLUAD QUADRIVALENT	92
FENSOLVI (6 MONTH) SC	53	FIFTY50 SAFETY SEAL LANCETS ..	64	FLUARIX QUADRIVALENT SUSY	92
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FIFTY50 UNILET LANCETS 33G	64	FLUARIX SUSY	92
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	FILTER AIR PP MISC	72	FLUBLOK QUADRIVALENT	92
FERRETTS TABS	59	finasteride	57	FLUBLOK SOSY	92
FERRIPROX SOLN	23	FINE 30	64	FLUCELVAX QUADRIVALENT SUSP	92
ferrous fumarate TABS	59	FINGERSTIX LANCETS	64	FLUCELVAX QUADRIVALENT SUSY	92
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	59	fingolimod hcl	87	FLUCELVAX SUSP	92
FERROUS GLUCONATE TABS 324 MG	59	FIRDAPSE	28	FLUCELVAX SUSY	92
ferrous gluconate TABS	59	FIRMAGON (240 MG DOSE)	30	fluconazole SUSR	24
ferrous sulfate dried TBCR	59	FIRMAGON 80 MG	30	fluconazole TABS 100 MG	24
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	59	FIRST-PROGESTERONE VGS SUPP	94	fluconazole TABS 150 MG	24
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	59	flavoxate hcl	91	fluconazole TABS 200 MG	24
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	59	FLEBOGAMMA DIF SOLN	85	fluconazole TABS 50 MG	24
		flecainide acetate	10	fludarabine phosphate SOLN	28
		FLEXICHAMBER DEVI	72	FLUDARABINE PHOSPHATE SOLN ..	
		FLORA VANCE CAPS	20		
		FLORAJEN DIGESTION CAPS ...	20		
		FLORAJEN KIDS CAPS	20		

28	fluoxetine hcl SOLN15	fluvoxamine maleate CP24 15
fludarabine phosphate SOLR28	FLUOXETINE HCL TABS (Use fluoxetine hcl) 15	fluvoxamine maleate TABS15
fludrocortisone acetate TABS43	fluoxetine hcl TABS 10 MG15	FLUZONE HIGH-DOSE QUADRIVALENT92
FLULAVAL QUADRIVALENT SUSY . 92	fluoxetine hcl TABS 20 MG15	FLUZONE HIGH-DOSE SUSY92
FLULAVAL SUSY92	fluoxetine hcl TABS 60 MG15	FLUZONE QUADRIVALENT SUSP 92
FLUMIST92	fluphenazine decanoate34	FLUZONE QUADRIVALENT SUSY 92
FLUMIST QUADRIVALENT92	fluphenazine hcl TABS34	FLUZONE SUSP 92
flunisolide (nasal)80	flurandrenolide CREA48	FLUZONE SUSY93
fluocinolone acetonide (otic) 85	flurandrenolide LOTN48	FLYP HYPERSONIQ CARTRIDGE MISC72
fluocinolone acetonide CREA47	flurandrenolide OINT48	FOCALIN XR CP24 (Use dexmethylphenidate hcl)2
fluocinolone acetonide OIL 48	flurazepam hcl60	folic acid TABS 1 MG59
fluocinolone acetonide OINT48	flurbiprofen sodium84	folic acid TABS 400 MCG, 800 MCG . 58
fluocinolone acetonide SOLN48	flurbiprofen TABS 5	FOLOTYN28
fluocinonide CREA 0.05 %48	fluticasone propionate (inhalation) AEPB11	fondaparinux sodium12
fluocinonide CREA 0.1 %48	fluticasone propionate (nasal) SUSP . 80	FORA LANCETS64
fluocinonide emulsified base48	fluticasone propionate CREA 0.05 % 48	FORFIVO XL TB24 (Use bupropion hcl) 15
fluocinonide GEL48	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT11	FORTIFY 30 BILLION PROBIOT 50+ CPDR 20
fluocinonide OINT48	fluticasone propionate hfa 44 MCG/ACT11	FORTIFY 50 BILLION PROBIOT 50+ CPDR 20
fluocinonide SOLN48	fluticasone propionate LOTN48	FORTIFY DAILY PROBIOTIC CAPS . 20
fluorometholone (ophth) SUSP84	fluticasone propionate OINT48	FORTIFY DAILY PROBIOTIC EX ST CPDR 20
fluorouracil (topical) CREA 0.5 % .46	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT12	FORTIFY OPTIMA PROBIOTIC CPDR 20
fluorouracil (topical) CREA 5 %46	fluticasone-salmeterol AERO12	FORTIFY OPTIMA WOMENS ADV
fluorouracil (topical) SOLN46	fluvastatin sodium CAPS25	
FLUOROURACIL CREA 0.5 %46	fluvastatin sodium TB2425	
fluoxetine hcl (pmdd) TABS 10 MG 88		
fluoxetine hcl (pmdd) TABS 20 MG 88		
fluoxetine hcl CAPS15		
fluoxetine hcl CPDR15		

CARE CPDR	20	FULL KIT NEBULIZER SET MISC	72	GAUZE SPONGES	64
FORTIFY PROBIOTIC WOMENS CPDR	20	FULPHILA	59	GAZYVA	29
FORTIFY PROBIOTIC WOMENS EX ST CPDR	20	furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	gefitinib	29
fosamprenavir calcium TABS	35	furosemide TABS	52	GEL-ONE	79
fosinopril sodium & hydrochlorothiazide	26	FYLNETRA	59	GELSYN-3 SOSY	79
fosinopril sodium	26	gabapentin CAPS 100 MG	13	gemfibrozil TABS	25
FRAGMIN SOLN 10000 UNIT/4ML 12		gabapentin CAPS 300 MG, 400 MG . 13		GEMTESA	90
FREESTYLE LANCETS	64	gabapentin SOLN	13	GENABIO COVID-19 RAPID TEST KIT	51
FREESTYLE LIBRE 14 DAY READER	64	gabapentin TABS 600 MG, 800 MG 13		GENORAVANCE CAPS	20
FREESTYLE LIBRE 14 DAY SENSOR	64	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	79	GENOTROPIN CART SC	53
FREESTYLE LIBRE 2 PLUS SENSOR	64	GALAFOLD	54	GENOTROPIN MINQUICK PRSY	53
FREESTYLE LIBRE 2 READER ..	64	galantamine hydrobromide CP24 ..	87	gentamicin sulfate (ophth) SOLN ..	83
FREESTYLE LIBRE 2 SENSOR ..	64	galantamine hydrobromide SOLN ..	87	gentamicin sulfate (topical) CREA ..	45
FREESTYLE LIBRE 3 PLUS SENSOR	64	galantamine hydrobromide TABS ..	87	gentamicin sulfate (topical) OINT ..	45
FREESTYLE LIBRE 3 READER ..	64	GAMASTAN	85	GENTEEL BUTTERFLY TOUCH LANCET	64
FREESTYLE LIBRE 3 SENSOR ..	64	GAMIFANT 10 MG/2ML, 50 MG/10ML	76	GENTLE-LET GP LANCETS	65
FREESTYLE LIBRE READER	64	GAMMAGARD	85	GENTLE-LET LANCETS	65
FREESTYLE UNISTICK II LANCETS	64	GAMMAGARD S/D LESS IGA SOLR	85	GENVISC 850 SOSY	79
frovatriptan succinate	75	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	85	GENVOYA	35
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	20	GAMMAPLEX SOLN	85	GILENYA (Use fingolimod hcl)	87
FT GLUCOSE CHEW 4 GM	16	GAMUNEX-C	85	GILENYA	87
FT PROBIOTIC ADVANCED CAPS 20		GARDASIL 9 SUSP 0.5 ML	93	GILOTRIF	29
FT SALINE NASAL SPRAY SOLN 80		GARDASIL 9 SUSY 0.5 ML	93	ginger (zingiber officinalis) CAPS 250 MG	2
		gatifloxacin (ophth)	83	GLASSIA SOLN	88
		GATTEX	56	glatiramer acetate SOSY	87
				glimepiride 1 MG, 2 MG	18
				glimepiride 3 MG	18
				glimepiride 4 MG	18

glipizide TABS 2.5 MG18	GNP PROBIOTIC COLON SUPPORT CAPS20	HAEMOLANCE PLUS LOW FLOW . 65
glipizide TABS 5 MG, 10 MG18	GNP PROBIOTIC EXTRA STRENGTH CAPS22	HAEMOLANCE PLUS MAX FLOW 65
glipizide TB2418	GNP STERILE LANCETS 28G ...65	HAEMOLANCE PLUS PEDIATRIC FLOW65
glipizide-metformin hcl16	GNP STERILE LANCETS 30G ...65	halcinonide CREA48
GLOBAL ALCOHOL PREP EASE 70	GNP STERILE LANCETS 33G ...65	halobetasol propionate CREA48
GLOBAL INJECT EASE LANCETS 28G65	GOJJI STERILE LANCETS65	halobetasol propionate FOAM48
GLOBAL INJECT EASE LANCETS 30G65	GOODSENSE ALCOHOL SWABS 70	halobetasol propionate OINT48
GLUCAGEN HYPOKIT16	GOTOKNOW COVID-19 ANTIGEN RAPI KIT51	haloperidol decanoate33
glucagon (rdna)16	granisetron hcl TABS23	haloperidol lactate CONC33
GLUCAGON EMERGENCY (Use glucagon (rdna))16	GRANIX SOLN 300 MCG/ML59	haloperidol lactate SOLN33
GLUCO TO GO CHEW17	GRANIX SOSY59	haloperidol TABS33
GLUCOCOM LANCETS 28G65	griseofulvin microsize SUSP23	HARVONI PACK37
GLUCOCOM LANCETS 30G65	griseofulvin microsize TABS23	HARVONI TABS37
GLUCOCOM LANCETS 33G65	griseofulvin ultramicrosize23	HAVRIX 1440 EL U/ML93
GLUCOSE CHEW17	guaifenesin-codeine SOLN43	HAVRIX IM 720 EL U/0.5ML93
glyburide micronized 1.5 MG, 3 MG, 6 MG18	guaifenesin-codeine SYRP43	H-E-B INCONTROL ALCOHOL ...70
glyburide TABS18	guanfacine hcl (adhd)2	H-E-B INCONTROL LANCETS 28G . 65
glyburide-metformin16	guanfacine hcl26	H-E-B INCONTROL LANCETS 30G . 65
glycerin (laxative) SUPP 2 GM61	GVOKE KIT SOLN17	H-E-B INCONTROL LANCETS 33G . 65
glycine diluent86	GYNAZOLE-194	HEMATINIC PLUS VIT/MINERALS TABS59
glycopyrrolate TABS 1 MG, 2 MG .89	HADLIMA PUSHTOUCH SOAJ4	HEMGENIX57
GLYXAMBI16	HADLIMA SOSY4	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML57
GNP ACIDOPHILUS HIGH POTENCY CAPS20	HAEMOLANCE65	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT57
GNP ADVANCED PROBIOTIC CAPS20	HAEMOLANCE LOW FLOW LANCETS65	
GNP ALCOHOL SWABS70	HAEMOLANCE PLUS65	
GNP GLUCOSE CHEW17	HAEMOLANCE PLUS HIGH FLOW . 65	

HEPAGAM B SOLN IJ	85	AJKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-10 MG	7
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	13	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-5 MG	7
HEPLISAV-B SOSY	93	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7
HERCEPTIN HYLECTA	30	HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocortisone (intrarectal)	8
HIBERIX SOLR IJ	91	HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocortisone (rectal) EX 1 %	8
HIGH POTENCY PROBIOTIC CAPS 20		HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocortisone (rectal) EX 2.5 % ...	9
HIZENTRA SOLN	85	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	hydrocortisone (topical) CREA 0.5 % 48	
HIZENTRA SOSY 10 GM/50ML ...	85	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	hydrocortisone (topical) CREA 1 % 48	
HM STERILE ALCOHOL PREP ..	70	HUMULIN 70/30 SUSP	17	hydrocortisone (topical) CREA 2.5 % 48	
HULIO (2 PEN) AJKT	4	HUMULIN N SUSP	17	hydrocortisone (topical) LOTN 1 % 48	
HULIO (2 SYRINGE) PSKT	4	HUMULIN R SOLN IJ	18	hydrocortisone (topical) LOTN 2.5 % . 48	
HUMALOG JUNIOR KWIKPEN SOPN	17	HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 0.5 % . 48	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	17	HUMULIN R U-500 KWIKPEN SOPN SC	18	hydrocortisone (topical) OINT 1 % .48	
HUMALOG MIX 50/50 KWIKPEN SUPN	17	HYALGAN SOLN	79	hydrocortisone (topical) OINT 2.5 % . 48	
HUMALOG MIX 50/50 SUSP	17	HYALGAN SOSY	79	hydrocortisone (topical) SOLN	48
HUMALOG MIX 75/25 KWIKPEN SUPN	17	HYCANTIN CAPS	32	hydrocortisone acetate (topical) CREA	48
HUMALOG MIX 75/25 SUSP	17	hydralazine hcl TABS	27	hydrocortisone acetate (topical) OINT	48
HUMALOG SOLN IJ	17	hydrochlorothiazide CAPS	52	HYDROCORTISONE ACETATE CREA	48
HUMALOG TEMPO PEN SOPN ..	17	hydrochlorothiazide TABS 25 MG, 50 MG	52	hydrocortisone butyrate CREA	48
HUMATE-P SOLR	57	hydrocodone bitartrate CP12	6	hydrocortisone butyrate hydrophilic lipo base	48
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide SOLN	43	hydrocortisone butyrate LOTN	48
HUMIRA (2 PEN) AJKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7		
HUMIRA (2 SYRINGE) PSKT	4				
HUMIRA-CD/UC/HS STARTER					

hydrocortisone butyrate OINT 48	hyoscyamine sulfate TBDP 0.125 MG 89	ibuprofen-diphenhydramine hcl ... 60
hydrocortisone butyrate SOLN 48	HYPERHEP B SOLN IM 85	icatibant acetate SOSY 58
hydrocortisone TABS 43	HYPERHEP B SOSY 85	ICLUSIG 15 MG, 45 MG 31
hydrocortisone vaginal 94	HYPERRHO S/D SOSY IM 1500 UNIT 85	ID NOW COVID-19 51
hydrocortisone valerate CREA 48	HYPERRHO S/D SOSY IM 250 UNIT 85	ID NOW COVID-19 2.0 CONTROL 51
hydrocortisone valerate OINT 48	HYQVIA 85	ID NOW COVID-19 2.0 TEST 51
hydrocortisone w/acetic acid 85	HYRIMOZ SOAJ 4	ID NOW COVID-19 CONTROL ... 51
HYDROMORPHONE HCL SUPP ... 6	HYRIMOZ SOSY 4	IDACIO (2 PEN) AJKT 4
hydromorphone hcl TABS 6	HYRIMOZ-CROHNS/UC STARTER SOAJ 4	IDACIO (2 SYRINGE) PSKT 4
hydromorphone hcl TB24 6	HYRIMOZ-PED<40KG CROHN STARTER SOSY 4	IDACIO-CROHNS/UC STARTER AJKT 4
HYDROXATE GEL 48	HYRIMOZ-PED>=40KG CROHN START SOSY 4	IDACIO-PSORIASIS STARTER AJKT 4
HYDROXYM GEL 48	HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ 4	IDELVION 57
hydroxyprogesterone caproate (antineoplastic) 30	HY-VEE LANCETS 65	IGALMI FILM 60
hydroxyurea 31	HY-VEE THIN LANCETS 65	IHEALTH COVID-19 RAPID TEST KIT 51
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 9	ibandronate sodium SOLN 53	ILEVRO 84
hydroxyzine hcl SYRP 9	ibandronate sodium TABS 53	ILUVIEN 84
hydroxyzine hcl TABS 9	IBRANCE CAPS 31	imatinib mesylate TABS 31
hydroxyzine pamoate CAPS 25 MG, 100 MG 10	IBSRELA 56	IMBRUVICA CAPS 140 MG 31
hydroxyzine pamoate CAPS 50 MG 10	ibuprofen CHEW 5	IMBRUVICA CAPS 70 MG 31
HYMOVIS 79	ibuprofen SUSP 5	IMBRUVICA TABS 31
hyoscyamine sulfate ELIX 89	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG 5	IMCIVREE 1
hyoscyamine sulfate SOLN PO 0.125 MG/ML 89	ibuprofen-diphenhydramine citrate 60	imipramine hcl TABS 16
hyoscyamine sulfate SUBL 0.125 MG 89		imipramine pamoate 16
hyoscyamine sulfate TABS 0.125 MG 89		imiquimod 5 % 49
hyoscyamine sulfate TB12 0.375 MG 89		IMLYGIC 32
		IMOVAX RABIES SUSR 93
		IMPEKLO LOTN 48

IN TOUCH STERILE LANCETS 30G65	INSULIN LISPRO JUNIOR KWIKPEN SOPN18	ISENTRESS TABS 35
INCRELEX 53	INSULIN LISPRO PROT & LISPRO SUPN18	isoniazid SYRP 28
indapamide TABS 1.25 MG, 2.5 MG . 52	INSULIN LISPRO SOLN IJ 18	isoniazid TABS28
INDICAID COVID-19 RAPID TEST KIT51	INSULIN SYRINGES71	ISOPTO ATROPINE SOLN 82
indomethacin CAPS 25 MG, 50 MG 5	INTELENCE (Use etravirine)35	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 9
indomethacin CPR5	INTELENCE35	isosorbide mononitrate TABS9
INFANRIX89	INTELENCE 200 MG (Use etravirine)35	ISOSORBIDE MONONITRATE TABS9
INFANTS ADVIL SUSP (Use ibuprofen)5	INTELISWAB COVID-19 RAPID TEST KIT51	isosorbide mononitrate TB24 9
INGREZZA CAPS87	INVEGA HAFYERA 33	isotretinoin 10 MG, 20 MG, 40 MG 44
INGREZZA CPSP87	INVEGA SUSTENNA33	isradipine CAPS 38
INLYTA29	INVEGA TRINZA33	ITCH RELIEF CREA45
INNOSPIRE REPLACEMENT FILTER MISC72	INVOKANA18	itraconazole CAPS24
INPEFA39	IPOL93	itraconazole SOLN24
INSPIREASE MISC72	ipratropium bromide (nasal) 0.03 % 80	ivermectin (pediculicide) 50
INSPIREASE RESERVOIR BAGS 72	ipratropium bromide (nasal) 0.06 % 80	ivermectin9
INSULIN ASP PROT & ASP FLEXPEN SUPN18	ipratropium bromide SOLN 0.02 % 10	IXCHIQ 93
INSULIN ASPART PROT & ASPART SUSP18	ipratropium-albuterol SOLN12	IXEMPRA KIT32
INSULIN GLARGINE SOLN 18	irbesartan26	IXIARO 93
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML 18	irbesartan-hydrochlorothiazide ...26	IXINITY SOLR 57
INSULIN GLARGINE-YFGN SOLN 18	irinotecan hcl32	IYUZEH SOLN84
INSULIN GLARGINE-YFGN SOPN 18	IRON CHEWS PEDIATRIC CHEW 59	JAKAFI 31
INSULIN LISPRO (1 UNIT DIAL) SOPN 18	IRON TABS 28 MG59	JANUMET TABS16
	ISENTRESS CHEW 100 MG35	JANUMET XR TB24 16
	ISENTRESS CHEW 25 MG 35	JANUVIA 17
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LANCETS THIN65	LEUKERAN28	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 40
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lapatinib ditosylate31	levobunolol hcl 0.5 % 82	LIDOCAINE CREA50
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lenalidomide76	levocetirizine dihydrochloride SOLN 24	lidocaine hcl CREA 4 % 50
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LENVIMA (12 MG DAILY DOSE) .29	levofloxacin SOLN PO55	lidocaine hcl PRSY 50
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LENVIMA (20 MG DAILY DOSE) .29		
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LILETTA (52 MG)	42	LOCOID LIPOCREAM	48	LUMIZYME	54
lindane SHAM	50	LOKELMA	76	LUMOXITI	29
LINZESS	56	LONSURF	30	LUPRON DEPOT (1-MONTH) KIT IM	30
LIORESAL SOLN IT	79	loperamide hcl CAPS	22	LUPRON DEPOT (3-MONTH) KIT IM	30
liothyronine sodium TABS	89	loperamide hcl TABS	22	LUPRON DEPOT (4-MONTH) IM ..	30
LIPOFEN CAPS (Use fenofibrate) ..	25	lopinavir-ritonavir SOLN	35	LUPRON DEPOT (6-MONTH) IM ..	30
LIQREV SUSP	39	lopinavir-ritonavir TABS 25 MG-100 MG	35	LUPRON DEPOT-PED (1-MONTH) ..	53
liraglutide	17	lopinavir-ritonavir TABS 50 MG-200 MG	35	LUPRON DEPOT-PED (3-MONTH) ..	53
lisdexamphetamine dimesylate CAPS 1 ..	1	loratadine CAPS	24	LUPRON DEPOT-PED (6-MONTH) IM	53
lisdexamphetamine dimesylate CHEW ..	1	loratadine CHEW	24	lurasidone hcl	33
lisinopril & hydrochlorothiazide ...	26	loratadine SOLN	24	LUTATHERA	31
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LITETOUCH LANCETS	65	lorazepam CONC	10	LYBALVI	87
LITETOUCH MASK LARGE MISC ..	72	lorazepam TABS 0.5 MG, 2 MG ...	10	LYFGENIA	58
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lithium carbonate CAPS	33	losartan potassium	26	LYVISPAH PACK	79
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LITHOBID TBCR (Use lithium carbonate)	33	loxapine succinate	33	magnesium citrate 1.745 GM/30ML ..	61
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magnesium oxide (mg supplement) TABS75	medroxyprogesterone acetate (contraceptive) SUSP IM 42	meperidine hcl TABS 50 MG6
magnesium oxide TABS 400 MG ... 9	medroxyprogesterone acetate (contraceptive) SUSY IM 42	meprobamate10
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maraviroc TABS 150 MG35	mefloquine hcl28	mercaptopurine TABS 28
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MEDLANCE PLUS SUPERLITE 30G66	MENQUADFI 0.5 ML91	methadone hcl TABS 5 MG6
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	MENVEO SOLR 91	

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methenamine mandelate27	methylprednisolone TABS 4 MG, 8 MG43	miconazole nitrate vaginal SUPP 100 MG94
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methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG2	metronidazole (topical) CREA50	MIEBO84
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		mirtazapine TABS14
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mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	30	montelukast sodium PACK	11	multiple vitamins w/ iron TABS	77
MIUDELLA INTRAUTERINE COPPER	41	montelukast sodium TABS	11	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	77
MM TWIST LANCETS	66	morphine sulfate beads	6	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	77
M-M-R II SOLR	93	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	MULTIVITAMIN DROPS/IRON SOLN	78
MOBILE LANCETS 30G	66	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	7	MULTIVITAMIN INFANT & TODDLER SOLN	78
MODERNA COVID-19 BIVAL 6M-5Y	93	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	7	mupirocin calcium (topical)	45
MODERNA COVID-19 BIVALENT 93		morphine sulfate SUPP	7	mupirocin OINT	45
MODERNA COVID-19 VAC 6M-11Y SUSP	93	morphine sulfate TABS	7	MVASI	29
MODERNA COVID-19 VAC 6M-11Y SUSY	93	morphine sulfate TBCR	7	MVW COMPL FORM PROBIOTIC-KIDS CPDR	21
MODERNA COVID-19 VACCINE SUSP	93	MOTPOLY XR CP24	13	MVW COMPLETE FORMULATION SOLN	78
moexipril hcl	26	MOTRIN CHILDRENS CHEW (Use ibuprofen)	5	MVW COMPLETE PROBIOTIC CPDR	21
MOI-STIR SOLN	77	MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5	MYALEPT	54
mometasone furoate (nasal) SUSP 80		MOUNJARO	17	mycophenolate mofetil CAPS	76
mometasone furoate CREA	48	MOUTH KOTE REMINT SOLN	77	mycophenolate mofetil hcl	76
mometasone furoate OINT	48	MOUTH KOTE SOLN	77	mycophenolate mofetil SUSR	76
mometasone furoate SOLN	48	MOVANTIK	56	mycophenolate mofetil TABS	76
MOMMY'S BLISS PROBIOTIC PACK	21	moxifloxacin hcl (ophth) SOLN OP ..	83	mycophenolate sodium	76
MONISTAT 3 CREA	94	moxifloxacin hcl TABS	55	MYFEMBREE	55
MONOLET LANCETS	66	MPD SAFETY LANCET 21G	66	MYGLUCOHEALTH LANCETS 30G 66	
MONOLET OPD LANCETS	66	MPD SAFETY LANCET 23G	66	MYLERAN TABS	28
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MONOVISC	79	MPD SAFETY LANCET 30G	66	MYRBETRIQ TB24 (Use mirabegron)	91
montelukast sodium CHEW	10	MULPLETA	59	NABI-HB SOLN IM	85
		MULTIPLE VITAMINS TABS-ASSORTED BRAND	77		
		MULTIPLE VITAMINS TABS-ASSORTED GENERIC	78		

nabumetone	5	NATRUL PROBIOTIC CAPS	21	NEXABIOTIC CPDR	21
nadolol TABS 20 MG, 40 MG, 80 MG	38	NATURAL FIBER LAXATIVE POWD 61		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	90
NAGLAZYME	54	NEBULIZER AIR TUBE/PLUGS MISC	73	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	90
naloxone hcl LIQD	23	nefazodone hcl	15	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	90
naloxone hcl SOCT	23	NEFFY SOLN NA	95	NEXIUM PACK 10 MG, 20 MG, 40 MG (Use esomeprazole magnesium) ..	90
naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin sulfate TABS	2		
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin-bacitracin zn-polymyxin	83		
naloxone hcl SOSY 0.4 MG/ML ...	23	neomycin-bacitracin-polymyxin OINT 45		NEXPLANON	42
naloxone hcl SOSY 2 MG/2ML	23	neomycin-polymy-dexameth OINT	84	NGENLA	53
naltrexone hcl	23	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	84	niacin (antihyperlipidemic) TBCR ..	25
NAMENDA TITRATION PAK TABS (Use memantine hcl)	87	neomycin-polymyxin w/ pramoxine 45		niacin CPCR 250 MG, 500 MG	95
naphazoline w/ pheniramine 0.3 %-0.025 %	83	neomycin-polymyxin-gramicidin ..	83	NIACIN ER CPCR	95
naphazoline w/ pheniramine 0.315 %-0.027 %	83	neomycin-polymyxin-hc (ophth) ..	84	NIACIN ER TBCR	95
naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-hc (otic) SOLN .	85	niacin TABS 500 MG	95
naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (otic) SUSP .	85	niacin TBCR	95
naproxen sodium-diphenhydramine hcl	60			nicardipine hcl CAPS	38
naproxen SUSP	5	NESINA (Use alogliptin benzoate) 17		NICOTINE KIT	88
naproxen TABS	5	NEULASTA ONPRO PSKT	59	nicotine polacrilex GUM	88
naproxen TBEC	5	NEULASTA SOSY	59	nicotine polacrilex LOZG	88
naproxen-esomeprazole magnesium	5	NEUPOGEN SOLN	59	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	88
naratriptan hcl	75	NEUPOGEN SOSY	59	NICOTROL INHA	88
NARCAN LIQD (Use naloxone hcl) 23		nevirapine SUSP	35	NICOTROL NS SOLN	88
NATAZIA	40	nevirapine TABS	35	nifedipine CAPS	38
nateglinide	18	nevirapine TB24 100 MG	35	nifedipine TB24 30 MG, 90 MG ...	38
NATROBA (Use spinosad)	50	nevirapine TB24 400 MG	35	nifedipine TB24 60 MG	38
				nilotinib hcl 50 MG, 150 MG, 200 MG	31
				nimodipine CAPS	38

OCTAGAM SOLN	85	omega-3-acid ethyl esters	25	ONPATTRO	88
octreotide acetate KIT	54	omeprazole CPDR	90	ONYDA XR SUER	2
octreotide acetate SOLN	54	omeprazole TBEC	90	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	29
octreotide acetate SOSY	54	omeprazole-sodium bicarbonate CAPS	90	OPIPZA FILM	34
ODEFSEY	36	omeprazole-sodium bicarbonate PACK	90	OPSYNVI	39
ODOMZO	29	OMNITROPE SOCT	53	OPTICHAMBER DIAMOND DEVI ..	73
OFEV	88	OMVOH (300 MG DOSE) SOAJ ..	56	OPTICHAMBER DIAMOND MISC ..	73
ofloxacin (ophth)	83	OMVOH (300 MG DOSE) SOSY ..	56	OPTICHAMBER DIAMOND-LG MASK DEVI	73
ofloxacin (otic)	84	OMVOH SOAJ	56	OPTICHAMBER DIAMOND-MD MASK MISC	73
ofloxacin 300 MG, 400 MG	55	OMVOH SOLN	56	OPTICHAMBER DIAMOND-SM MASK MISC	73
OHC COVID-19 ANTIGEN SELF TEST KIT	51	OMVOH SOSY	56	OPTIONS GYNOL II CONTRACEPTIVE GEL	94
OHTUVAYRE	11	ON/GO COVID-19 ANTIGEN TEST KIT	51	OPVEE NA	23
olanzapine SOLR	33	ON/GO ONE COVID-19 HOME TEST KIT	51	OPZELURA	49
olanzapine TABS	33	ONCASPAR	31	ORAL RELIEF SPRAY SOLN	77
olanzapine TBDP	33	ondansetron hcl SOLN PO 4 MG/5ML	23	ORALAIR SUBL	2
olmesartan medoxomil	26	ondansetron hcl TABS 4 MG, 8 MG 23	23	ORENITRAM MONTH 1 TEPK	39
olmesartan medoxomil-amlodipine- hydrochlorothiazide	26	ondansetron TBDP 16 MG	23	ORENITRAM MONTH 2 TEPK	39
olmesartan medoxomil- hydrochlorothiazide	26	ondansetron TBDP 4 MG, 8 MG ..	23	ORENITRAM MONTH 3 TEPK	39
olopatadine hcl (nasal)	80	ONETOUCH DELICA PLUS LANCET30G	66	ORFADIN SUSP	54
olopatadine hcl	84	ONETOUCH DELICA PLUS LANCET33G	66	ORIAHNN	55
OLPRUVA (2 GM DOSE) THPK ..	54	ONETOUCH DELICA SAFETY LANCING	66	ORLISSA	53
OLPRUVA (3 GM DOSE) THPK ..	54	ONETOUCH ULTRASOFT 2 LANCETS	66	ORKAMBI PACK	88
OLPRUVA (4 GM DOSE) THPK ..	54	ONGLYZA (Use saxagliptin hcl) ..	17	ORKAMBI TABS	88
OLPRUVA (5 GM DOSE) THPK ..	54			orphenadrine citrate TB12	79
OLPRUVA (6 GM DOSE) THPK ..	54			orphenadrine w/ aspirin & caff	79
OLPRUVA (6.67 GM DOSE) THPK 54				orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	79
OLUMIANT	3				

ORTHOVISC	79	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI ALTERA NEBULIZER HANDSET MISC	73
oseltamivir phosphate CAPS 30 MG . 37		oxymorphone hcl TB12 15 MG	7	PARI BABY CONVERSION KIT MISC	73
oseltamivir phosphate CAPS 45 MG, 75 MG	37	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	7	PARI ERAPID NEBULIZER HANDSET MISC	73
oseltamivir phosphate SUSR	37	oyster shell	75	PARI EXPIRATORY FILTER SET DEVI	73
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	16	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	17	PARI MASK SET MISC	73
OTEZLA TABS	5	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	17	PARI SOFT PLASTIC ADULT MASK MISC	73
OTEZLA TBPK	5	OZEMPIC (2 MG/DOSE) SOPN ...	17	PARI SOFT PLASTIC PED MASK MISC	73
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	OZOBAX DS SOLN PO (Use baclofen)	79	PARI VORTEX ADULT MASK	73
oxaprozin TABS	5	OZOBAX SOLN PO (Use baclofen) 79		paricalcitol SOLN	54
OXAYDO TABS 5 MG	7	OZURDEX IMPL	84	paroxetine hcl TABS	15
oxazepam CAPS	10	PACLITAXEL PROTEIN-BOUND PART	32	paroxetine hcl TB24	15
oxcarbazepine SUSP	13	paclitaxel protein-bound particles	32	paroxetine mesylate (vasomotor)	88
oxcarbazepine TABS	13	paliperidone	33	PARSABIV	54
OXERVATE	83	PALYNZIQ	54	PAXLOVID (150/100)	36
oxiconazole nitrate CREA	45	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	53	PAXLOVID (300/100 & 150/100)	36
oxybutynin chloride SOLN	90	PAMIDRONATE DISODIUM SOLN 53		PAXLOVID (300/100)	36
oxybutynin chloride TABS 2.5 MG	90	pantoprazole sodium PACK	90	pazopanib hcl	31
oxybutynin chloride TABS 5 MG	90	pantoprazole sodium TBEC 20 MG 90		PC PEDIATRIC POLY-VITA/FE DROP SOLN	78
oxybutynin chloride TB24	90	pantoprazole sodium TBEC 40 MG 90		PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	78
oxycodone hcl CAPS	7	PANZYGA	85	PEARLS IC CAPS	21
oxycodone hcl CONC 100 MG/5ML	7	PARAGARD INTRAUTERINE COPPER	42	ped multivitamins w/fl & iron SOLN 78	
oxycodone hcl SOLN	7			PEDIARIX SUSY	89
oxycodone hcl T12A 10 MG, 20 MG, 40 MG	7			PEDIATRIC MOUTHPIECE MISC	73
oxycodone hcl T12A 80 MG	7			PEDIATRIC MULTIVITAMINS W/FL	
oxycodone hcl TABS	7				

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PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...78	perphenazine TABS34	phenylephrine-dm SOLN 44
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PEDVAX HIB SUSP 91	PFIZER COVID-19 VAC BIVALENT . 93	phenytoin sodium extended 100 MG, 200 MG, 300 MG14
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peg 3350-potassium chloride-sod bicarbonate-sod chloride61	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP93	phenytoin SUSP 14
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permethrin AERO50		pioglitazone hcl-metformin hcl TABS . 16
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pirfenidone TABS 534 MG88	potassium chloride CPCR 8 MEQ .75	PREDNISOLONE ACETATE P-F .84
piroxicam CAPS5	potassium chloride microencapsulated crystals er 75	PREDNISOLONE SODIUM PHOSPHATE 84
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plerixafor59	potassium chloride SOLN PO 10 %, 20 %, 10 %75	prednisolone sodium phosphate SOLN 20 MG/5ML 43
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PREVNAR 20	91	PROBIOFLEXX CAPS	21	PROBIOTIC PRODUCT CAPS	21
PREVYMIS SOLN	36	PROBIOMAX COMPLETE DF CAPS	21	PROBIOTIC/PREBIOTIC/CRANBER	
PREVYMIS TABS	36			RY CAPS	21
PREZCOBIX	36	PROBIOMAX DAILY DF CAPS ...	21	PROBITROL CAPS	21
PREZISTA SUSP	36	PROBIOMAX IG 26 DF CAPS	21	PROBIZEN CAPS	21
PREZISTA TABS (Use darunavir) .	36	PROBIOMAX LEAN DF CAPS	21	PROCARE SPACER/ADULT MASK	
PREZISTA TABS 150 MG	36	PROBIOMAX SB DF CAPS	21	DEVI	73
PREZISTA TABS 75 MG, 600 MG,		PROBIONEXX CAPS	21	PROCARE SPACER/CHILD MASK	
800 MG	36	PROBIOTIC & ACIDOPHILUS EX ST		DEVI	74
PRIALT	6	CAPS	21	PROCHAMBER VHC DEVI	74
PRIMADOPHILUS BIFIDUS CPDR		PROBIOTIC + OMEGA-3 CAPS ..	21	prochlorperazine	34
21		PROBIOTIC + TURMERIC		prochlorperazine edisylate 10	
PRIMIDAR CAPS	21	EXTRACT CAPS	21	MG/2ML	34
primidone 125 MG	13	PROBIOTIC 10 ULTRA STRENGTH		prochlorperazine maleate TABS ...	34
primidone 50 MG, 250 MG	13	CAPS	21	PROCRIT	59
PRIORIX SUSR	93	PROBIOTIC ADVANCED FORMULA		PROCYSBI CPDR	56
PRIVIGEN SOLN	85	CAPS	21	PROCYSBI PACK	56
PRO COMFORT ALCOHOL	70	PROBIOTIC BLEND CAPS	21	PRODIGY LANCETS 28G	67
PRO COMFORT LANCETS 30G .	66	PROBIOTIC COLON SUPPORT		PRODIGY SAFETY LANCETS 26G .	
PRO COMFORT LANCETS 31G .	66	CAPS	21	67	
PRO COMFORT SAFETY LANCETS		PROBIOTIC DAILY CAPS	21	PRODIGY TWIST TOP LANCETS	
30G	67	PROBIOTIC DIGESTIVE SUPP		28G	67
PRO COMFORT SPACER ADULT		CAPS	21	PROFILNINE	58
MISC	73	PROBIOTIC DIGESTIVE SUPPORT		PRO-FLORA IMMUNE CAPS	21
PRO COMFORT SPACER CHILD		CAPS	22	progesterone CAPS 100 MG	86
MISC	73	PROBIOTIC MATURE ADULT CAPS	21	progesterone CAPS 200 MG	86
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probenecid	57	PROBIOTIC PEARLS MAX		PROLASTIN-C SOLR	88
PROBINATE CAPS	21	POTENCY CAPS	21	PROLEUKIN	31
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PROLIA SOSY53	PSS SELECT SAFETY LANCETS 67	QC UNILET LANCETS MICRO THIN67
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PROMEROL CAPS21	psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %61	QUAD-PROBIOTIC CAPS21
promethazine & phenylephrine SYRP44	PULMICORT FLEXHALER AEPB .11	QUADRACEL SUSP89
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML24	PULMOZYME88	QUADRACEL SUSY89
promethazine hcl SUPP24	PURE COMFORT ALCOHOL PREP70	quetiapine fumarate TABS33
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PRONEB ULTRA FILTER SET MISC74	pyrantel pamoate SUSP9	quinapril-hydrochlorothiazide 12.5 MG-10 MG27
propafenone hcl TABS10	pyrazinamide28	quinapril-hydrochlorothiazide 12.5 MG-20 MG27
propranolol hcl CP2438	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %50	quinapril-hydrochlorothiazide 25 MG- 20 MG26
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML38	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %50	quinidine gluconate TBCR10
propranolol hcl TABS38	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %50	quinidine sulfate TABS10
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PROTONIX PACK (Use pantoprazole sodium)90	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG95	RA ALCOHOL SWABS70
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PROVENGE29	QC ALCOHOL SWABS70	RA PROBIOTIC COLON CARE CAPS22
PROVENTIL HFA AERS (Use albuterol sulfate)12	QC LANCETS SUPER THIN 30G 67	RA PROBIOTIC COMPLEX CAPS 22
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pseudoephedrine hcl TB1280	QC UNILET LANCETS 28G67	RA PROBIOTIC MAX STRENGTH CAPS22
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rabeprazole sodium TBEC	90	RELION LANCETS	67
raloxifene hcl	53	RELION LANCETS MICRO-THIN 33G	67
ramelteon	60	RELION LANCETS THIN 26G	67
ramipril CAPS	26	RELION LANCETS ULTRA-THIN 30G	67
ranolazine TB12	9	RELION ULTRA THIN LANCETS 30G	67
RAPAFLO 4 MG (Use silodosin) ..	57	REMODULIN SOLN IJ	39
RAPID RESPONSE COVID-19 ...	52	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	89
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	RENVELA TABS (Use sevelamer carbonate)	56
RAVICTI	54	repaglinide	18
READYLANCE SAFETY LANCETS .	67	REPATHA PUSHTRONEX SYSTEM SOCT	25
REALITY LANCETS	67	REPATHA SOSY	25
REALITY SWABS	70	REPATHA SURECLICK SOAJ	25
REALITY TRIGGER LANCETS ...	67	REPLACEMENT AIR FILTER MISC .	74
REBINYN	58	REPLACEMENT FILTERS MISC ..	74
RECOMBINATE SOLR	58	RESTASIS EMUL (Use cyclosporine (ophth))	83
RECOMBIVAX HB SUSP	93	RESTASIS MULTIDOSE EMUL ...	83
RECOMBIVAX HB SUSY	93	RESTORA CAPS	22
RELEUKO SOLN	59	RETACRIT	59
RELEUKO SOSY	59	RETIN-A CREA (Use tretinoin)	44
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	RETIN-A GEL (Use tretinoin)	45
RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)	2	RETISERT	84
RELIBIOTIC CAPS	22	RETROVIR CAPS (Use zidovudine) .	36
RELION ALCOHOL SWABS	70	RETROVIR SYRP (Use zidovudine) .	
RELION KETONE TEST STRP ...	52	REVCovi	54
		REVLIMID	76
		REXTOVY LIQD	23
		REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	36
		REYATAZ PACK	36
		REZVOGLAR KWIKPEN	18
		RHOGAM ULTRA-FILTERED PLUS SOSY IM	85
		RHOPHYLAC SOSY IJ	85
		RIASTAP	58
		ribavirin (hepatitis c) CAPS	37
		ribavirin (hepatitis c) TABS 200 MG	37
		riboflavin TABS	95
		rifampin CAPS	28
		RIGHTEST GL300 LANCETS	67
		riluzole TABS	80
		rimantadine hydrochloride TABS ..	37
		RINVOQ LQ SOLN	3
		RINVOQ TB24	3
		RISAQUAD CAPS	22
		RISAQUAD-2 CAPS	22
		risedronate sodium TABS 150 MG	53
		risedronate sodium TABS 35 MG .	53
		risedronate sodium TABS 5 MG, 30 MG	53
		risedronate sodium TBEC	53
		RISPERDAL CONSTA (Use risperidone microspheres)	33
		risperidone microspheres	33

risperidone SOLN	33	RUKOBIA	36	SAPS TWIST TOP LANCETS	67
risperidone TABS	33	RYALTRIS	80	SAPSCARE TWIST TOP LANCETS	67
risperidone TBDP	33	RYBELSUS TABS	17	SAVELLA TABS	87
RITEFLO DEVI	74	RYKINDO SRER	33	SAVELLA TITRATION PACK MISC	87
ritonavir TABS	36	SABRIL PACK (Use vigabatrin) ...	14	saxagliptin hcl	17
RITUXAN	29	SABRIL TABS (Use vigabatrin)	14	saxagliptin-metformin hcl	16
rivaroxaban SUSR 1 MG/ML	12	sacubitril-valsartan TABS	39	SAXENDA	1
rivaroxaban TABS 2.5 MG	12	SAFE-T-LANCE	67	SB ALCOHOL PREP	70
rivastigmine 13.3 MG/24HR	87	SAFE-T-LANCE PLUS	67	SB LANCETS THIN	67
rivastigmine 4.6 MG/24HR, 9.5		SAFETY LANCET 30G/PRESSURE		SB LANCETS ULTRA THIN	67
MG/24HR	87	ACT	67	SCHOOLTIME SHAMPOO SHAM	50
rivastigmine tartrate CAPS	87	SAFETY LANCETS	67	SD PROBIOTIC-10 COMPLEX	
RIXUBIS SOLR	58	SAFETY LANCETS 21G	67	ULTRA CAPS	22
rizatriptan benzoate TABS	75	SAFETY LANCETS 23G	67	selegiline hcl CAPS	32
rizatriptan benzoate TBDP	75	SAFETY LANCETS 28G	67	selegiline hcl TABS	32
ROCKLATAN	83	salicylic acid GEL 6 %	49	selenium sulfide LOTN 1 %	46
ROCTAVIAN	58	saline SOLN 0.65 %	80	selenium sulfide LOTN 2.5 %	46
ROLVEDON	59	salsalate	6	selenium sulfide SHAM 1 %	46
romidepsin SOLR	31	SAMI THE SEAL FILTERS MISC .	74	SELZENTRY SOLN	36
ropinirole hydrochloride TABS 0.25		SANDIMMUNE CAPS (Use		SELZENTRY TABS 25 MG, 75 MG	36
MG, 3 MG, 4 MG	32	cyclosporine)	76	SEMGLEE (YFGN) SOLN	18
ropinirole hydrochloride TABS 0.5		SANDIMMUNE SOLN IV 50 MG/ML .	76	SEMGLEE (YFGN) SOPN	18
MG, 1 MG, 2 MG, 5 MG	32	sapropterin dihydrochloride PACK	54	SEMGLEE SOPN	18
ropinirole hydrochloride TB24	32	sapropterin dihydrochloride TABS	54	sennosides TABS 8.6 MG	61
rosuvastatin calcium TABS	25	SAPS CARE ALCOHOL PREP ...	70	sennosides-docusate sodium TABS	61
ROTARIX SUSP	93	SAPS HEALTH ALCOHOL PREP	70	SEREVENT DISKUS	12
ROTARIX SUSR	93	SAPS HEALTH CARE ALCOHOL		sertraline hcl CAPS 150 MG, 200 MG	15
ROTATEQ SOLN	93	PREP	70		
RUBRACA	31	SAPS HEALTH PLUS LANCETS	67		
RUCONEST	58	SAPS HEALTH TWIST TOP			
rufinamide SUSP	13	LANCETS	67		

sertraline hcl CONC	15	SIMLANDI (1 PEN) AJKT	4	SM ALCOHOL PREP	70
sertraline hcl TABS	15	SIMLANDI (1 SYRINGE) PSKT	4	SM IPECAC SYRUP	23
sevelamer carbonate PACK	56	SIMLANDI (2 PEN) AJKT	4	SMARTEST LANCETS 28G	67
sevelamer carbonate TABS	56	SIMLANDI (2 SYRINGE) PSKT	4	SOAANZ TABS 20 MG	52
sevelamer hcl	56	SIMPLYTHICK EASY MIX	86	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9
SEVENFACT	58	SIMPLYTHICK EASYMIX LEVEL 1 ..	86	sodium chloride (gu irrigant) 0.9 %	56
SHINGRIX	94	SIMPLYTHICK EASYMIX LEVEL 2 ..	86	sodium chloride (inhalant) AERS ..	44
SIDESTREAM ADULT FACE MASK MISC	74	SIMPLYTHICK EASYMIX LEVEL 3 ..	86	sodium chloride (inhalant) NEBU 0.9 %, 7 %	44
SIDESTREAM PEDIATRIC FACE MASK MISC	74	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25	sodium citrate & citric acid	56
SIDESTREAM PLS ADULT FACE MASK MISC	74	simvastatin TABS 80 MG	25	sodium fluoride (dental) CREA	77
SIGNIFOR	54	SINGLE-LET	67	sodium fluoride (dental) GEL	77
SIGNIFOR LAR	54	sirolimus SOLN	76	sodium fluoride (dental) SOLN 0.2 % 77	
SIKLOS TABS	58	sirolimus TABS	76	sodium fluoride CHEW	75
sildenafil citrate (pulmonary hypertension) SOLN	39	SITAGLIPTIN	17	sodium fluoride SOLN 0.5 MG/ML	75
sildenafil citrate (pulmonary hypertension) SUSR	39	SITAGLIPTIN BASE-METFORMIN HCL TABS	16	SODIUM OXYBATE SOLN	86
sildenafil citrate (pulmonary hypertension) TABS	39	SIVEXTRO TABS	27	sodium phenylbutyrate POWD	54
SILICONE MASK/ADULT MISC ..	74	SKLICE (Use ivermectin (pediculicide))	50	sodium phenylbutyrate TABS	54
SILICONE MASK/INFANT MISC ..	74	SKYLA	42	sodium phosphates ENEM	61
SILICONE MASK/PEDIATRIC MISC .	74	SKYRIZI PEN SOAJ	46	sodium polystyrene sulfonate POWD 76	
silodosin	57	SKYRIZI SOCT	56	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	76
silver sulfadiazine	46	SKYRIZI SOLN	56	SOFIA SARS ANTIGEN FIA	52
SIMBRINZA	83	SKYRIZI SOSY	46	SOFIA2 SARS ANTIGEN FIA	52
simethicone CHEW 80 MG	55	SKYSONA	87	SOFOSBUVIR-VELPATASVIR TABS	37
simethicone LIQD PO	55	SKYTROFA	53	SOGROYA	53
simethicone SUSP	55	SM ADVANCED PROBIOTIC CAPS .	22	SOLESTA	76
				solifenacin succinate TABS	90

SOLIRIS58	spinosad50	SUDAFED CHILDRENS LIQD80
SOLUS V2 LANCETS 28G67	SPINRAZA81	SUDAFED PE CHILDRENS SOLN 80
SOLUS V2 TWIST LANCETS 30G 67	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) . 10	sulfacetamide sodium (acne)45
SOLUVITA ACD WITH FLUORIDE SOLN78	spironolactone & hydrochlorothiazide52	sulfacetamide sodium (ophth) SOLN . 83
SOLUVITA SOLN75	spironolactone TABS52	sulfacetamide sodium LIQD46
SOMATULINE DEPOT54	STAMARIL SUSR94	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %45
SOMAVERT53	stannous fluoride CONC77	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %45
SOOTHENEB NBL 100 ADULT MASK MISC74	STERILANCE TL67	sulfacetamide sod-prednisolone SOLN84
SOOTHENEB NBL 100 CHILD MASK MISC74	STERILE DILUENT FLOLAN PH 12 . 86	sulfamethoxazole-trimethoprim SUSP27
SOOTHENEB NBL 100 MED CUP MISC74	STIMUFEND59	sulfamethoxazole-trimethoprim TABS27
SOOTHENEB NBL 100 MESH CAP MISC74	STIOLTO RESPIMAT12	sulfasalazine TABS56
sorafenib tosylate31	STIVARGA31	sulfasalazine TBEC56
SORBITOL PO 70 %61	STRENSIQ54	sulindac TABS5
SORILUX FOAM46	STRIBILD36	sumatriptan75
sotalol hcl (afib/afl)38	STROMECTOL (Use ivermectin) ...9	sumatriptan succinate SOAJ 4 MG/0.5ML75
sotalol hcl TABS 240 MG38	SUBLOCADE SOSY8	sumatriptan succinate SOAJ 6 MG/0.5ML75
sotalol hcl TABS 80 MG, 120 MG, 160 MG38	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8	sumatriptan succinate SOCT 4 MG/0.5ML75
SOTYKTU46	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8	sumatriptan succinate SOCT 6 MG/0.5ML75
SOVALDI PACK37	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8	sumatriptan succinate SOLN 6 MG/0.5ML75
SOVALDI TABS37	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)8	sumatriptan succinate TABS75
SPEEDY SWAB COVID-19 ANTIGEN KIT52	SUCRAID52	sumatriptan-naproxen sodium75
SPEVIGO SOLN46	sucralfate SUSP90	sunitinib malate31
SPEVIGO SOSY46	sucralfate TABS90	
SPIKEVAX SUSP94		
SPIKEVAX SUSY94		

SUNLENCA TABS PO 300 MG ... 36	fumarate)36	tazarotene CREA 46
SUNLENCA TBPk 300 MG36	SYMTUZA36	TDVAX SUSP89
SUPARTZ FX SOSY79	SYNAGIS SOLN85	TECENTRIQ 29
SUPER PROBIOTIC CAPS 22	SYNAREL53	TECHLITE AST LANCETS68
SUPER PROBIOTIC DIGESTIVE CAPS22	SYNOJOYNT SOSY79	TECHLITE LANCETS68
SUPER THIN LANCETS67	SYNRIBO31	TECHLITE LANCETS 26G68
SUPERIOR PROBIOTIC CAPS ...22	SYNTHROID TABS (Use levothyroxine sodium)89	TECHLITE LANCETS 30G68
SUPPRELIN LA53	SYNVISC ONE SOSY79	TEGLUTIK SUSP80
SURE COMFORT ALCOHOL PREP70	SYNVISC SOSY79	TEGRETOL-XR TB12 (Use carbamazepine)13
SURE COMFORT LANCETS 18G 67	TAB-A-VITE/IRON/BETA CAROTENE TABS77	TEGSEDI88
SURE COMFORT LANCETS 21G 68	TABLOID29	telmisartan26
SURE COMFORT LANCETS 23G 68	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)49	telmisartan-amlodipine27
SURE COMFORT LANCETS 28G 68	tacrolimus (topical) OINT 0.03 % ...49	telmisartan-hydrochlorothiazide ...27
SURE COMFORT LANCETS 30G 68	tacrolimus (topical) OINT 0.1 % ...49	temazepam 15 MG, 30 MG60
SUREBIOTIC PROBIOTIC SUPPORT CAPS22	tacrolimus CAPS76	temazepam 7.5 MG, 22.5 MG60
SURELITE LANCETS68	tadalafil (pulmonary hypertension) TABS39	TEMODAR SOLR28
SV PROBIOTIC EXTRA STRENGTH CAPS22	TADLIQ SUSP39	temozolomide CAPS28
SYLVANT76	TAFINLAR CAPS31	temsirolimus31
SYMBICORT (Use budesonide- formoterol fumarate dihydrate)12	TAGRISSO29	TENIVAC INJ 89
SYMDEKO 88	TAKHZYRO SOLN58	tenofovir disoproxil fumarate TABS 36
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)36	TALTZ SOSY46	terazosin hcl26
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil	TALZENNA 0.25 MG, 1 MG31	terbinafine hcl (topical) CREA45
	tamoxifen citrate TABS30	terbinafine hcl TABS24
	tamsulosin hcl57	terbutaline sulfate TABS12
	TASCENSO ODT87	terconazole vaginal CREA 0.4 % ..94
	tasimelteon CAPS60	terconazole vaginal CREA 0.8 % ..94
	TAVALISSE58	terconazole vaginal SUPP94
		teriparatide SOPN53
		TERIPARATIDE SOPN53

TESTOPEL PLLT	8	thiothixene	34	TIVICAY TABS	36
testosterone cypionate SOLN IM 200 MG/ML	8	THRESHOLD IMT MISC	74	tizanidine hcl CAPS	79
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	THROMBATE III	58	tizanidine hcl TABS	79
testosterone GEL TD 1 %	8	THYMOGLOBULIN	76	TOBI NEBU (Use tobramycin)	3
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	8	THYROGEN 0.9 MG	50	TOBRADEX OINT	84
testosterone SOLN	8	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	89	tobramycin (ophth) SOLN	83
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	89	tiagabine hcl 12 MG, 16 MG	14	tobramycin NEBU	3
tetrabenazine	87	tiagabine hcl 2 MG, 4 MG	14	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3
tetracaine hcl (ophth)	83	TIBSOVO	31	tobramycin sulfate SOLR	3
tetrahydrozoline hcl (ophth) 0.05 % 83		ticagrelor 60 MG, 90 MG	58	tobramycin-dexamethasone SUSP 84	
TEZSPIRE SOAJ	10	TICOVAC	94	TOBREX OINT	83
TEZSPIRE SOSY	10	TIGLUTIK SUSP	80	TODAYS HEALTH THIN LANCETS 28G	68
THALOMID	76	timolol maleate (ophth) SOLG 0.25 %	82	TODAYS HEALTH THIN LANCETS 30G	68
THEO-24 CP24 100 MG	12	timolol maleate (ophth) SOLN 0.5 % . 82		TOFIDENCE	4
THEO-24 CP24 200 MG, 300 MG, 400 MG	12	timolol maleate (ophth) SOLN	82	tolmetin sodium CAPS	5
theophylline ELIX	12	timolol maleate TABS	38	tolmetin sodium TABS 600 MG	5
theophylline SOLN	12	TIMOLOL-BRIMONIDINE- DORZOLAMID 0.5 %-0.15 %-2 %	82	tolnaftate CREA	45
theophylline TB12 100 MG, 200 MG, 300 MG	12	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	82	tolterodine tartrate CP24	90
theophylline TB12 450 MG	12	tioconazole vaginal 6.5 %	94	tolterodine tartrate TABS	90
theophylline TB24	12	tiopronin TABS	57	tolvaptan TABS	54
thiamine hcl TABS	95	tiotropium bromide monohydrate CAPS	10	tolvaptan TBPK	54
thiamine mononitrate TABS 100 MG . 95		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	89	TOPAMAX SPRINKLE CPSP (Use topiramate)	13
THINLETS GP LANCETS	68	TIVICAY PD TBSO	36	topiramate CPSP 15 MG, 25 MG ..	13
thioridazine hcl	34			topiramate CPSP 50 MG	13
				topiramate SOLN 25 MG/ML	13
				topiramate TABS 25 MG	14

topiramate TABS 50 MG, 100 MG, 200 MG	14	28G	68	CREA 0.5 %	49
topotecan hcl SOLN	32	travoprost SOLN	84	triamcinolone acetonide (topical) LOTN	49
TOPOTECAN HCL SOLN	32	trazodone hcl TABS 300 MG	15	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	49
topotecan hcl SOLR	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15	triamcinolone acetonide (topical) OINT 0.05 %	49
toremifene citrate	30	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	triamcinolone acetonide (topical) OINT 0.5 %	49
torsemide TABS 20 MG	52	TRELSTAR MIXJECT 3.75 MG ...	30	triamcinolone acetonide (topical) OINT 0.5 %	49
torsemide TABS 5 MG, 10 MG, 100 MG	52	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	56	triamcinolone acetonide-dimethicone-silicone	49
TOVIAZ (Use fesoterodine fumarate)	90	TREMFYA PEN SOAJ SC 200 MG/2ML	56	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52
TPOXX CAPS	37	TREMFYA SOLN IV	56	triamterene & hydrochlorothiazide TABS	52
TRACLEER TABS (Use bosentan) 39		TREMFYA SOSY SC 200 MG/2ML 56		triazolam	60
TRADJENTA	17	treprostinil SOLN IJ	39	trientine hcl 250 MG	76
tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	tretinoin (chemotherapy)	31	trifluoperazine hcl TABS	34
TRAMADOL HCL SOLN (Use tramadol hcl)	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	45	trihexyphenidyl hcl SOLN	32
tramadol hcl SOLN	7	tretinoin CREA 0.025 %	45	trihexyphenidyl hcl TABS	32
tramadol hcl TABS 25 MG, 75 MG, 100 MG	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	45	TRIKAFTA TBPK 100 MG-50 MG .	88
tramadol hcl TABS 50 MG	7	tretinoin microsphere	45	TRILEPTAL SUSP (Use oxcarbazepine)	14
tramadol hcl TB24	7	TRETEN	58	TRILURON SOSY	79
tramadol-acetaminophen	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29	trimethoprim TABS	27
trandolapril 1 MG, 2 MG	26	triamcinolone acetonide (mouth) ..	77	trimipramine maleate CAPS	16
trandolapril 4 MG	26	triamcinolone acetonide (topical) AERS	49	TRIUMEQ PD TBSO	36
trandolapril-verapamil hcl	27	triamcinolone acetonide (topical) CREA 0.025 %	49	TRIUMEQ TABS	36
tranexamic acid TABS	60	triamcinolone acetonide (topical) CREA 0.1 %	49	TRIVISC SOSY	79
tranylcypromine sulfate	15	triamcinolone acetonide (topical) CREA 0.1 %	49	TRIZIVIR	36
TRAVATAN Z SOLN (Use travoprost)	84	triamcinolone acetonide (topical) CREA 0.1 %	49	tropicamide SOLN 0.5 %	82
TRAVEL LANCETS ADVANCED		triamcinolone acetonide (topical)		tropicamide SOLN 1 %	83
				tropium chloride CP24	90

trospium chloride TABS90	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)6	UNILET LANCET68
TRUBIOTICS CAPS22	TYPHIM VI SOLN91	UNILET MICRO-THIN 33G68
TRUBIOTICS DIGEST + IMM HEALTH CAPS22	TYPHIM VI SOSY91	UNILET SUPERLITE LANCET ...68
TRUE COMFORT ALCOHOL PREP PADS70	UBRELVY74	UNILET SUPER-THIN 30G68
TRUE COMFORT PRO ALCOHOL PREP70	UDENYCA ONBODY SOSY59	UNILET ULTRA-THIN 28G68
TRUE COMFORT SAFETY LANCETS68	UDENYCA SOAJ59	UNISTIK 168
TRUE COMFORT TWIST TOP LANCETS68	UDENYCA SOSY59	UNISTIK 268
TRUEPLUS GLUCOSE CHEW ...17	ULTICARE ALCOHOL SWABS ...70	UNISTIK 2 COMFORT68
TRUEPLUS GLUCOSE ON THE GO CHEW17	ULTILET ALCOHOL SWABS70	UNISTIK 2 EXTRA68
TRUEPLUS LANCETS 26G68	ULTILET CLASSIC LANCETS ...68	UNISTIK 2 NEONATAL68
TRUEPLUS LANCETS 28G68	ULTILET LANCETS68	UNISTIK 2 NORMAL69
TRUEPLUS LANCETS 30G68	ULTILET SAFETY LANCETS68	UNISTIK 2 SUPER69
TRUEPLUS LANCETS 33G68	ULTILET SAFETY LANCETS 23G 68	UNISTIK 369
TRUEPLUS SAFETY LANCETS 28G68	ULTRA THIN LANCETS 31G68	UNISTIK 3 COMFORT69
TRULICITY17	ULTRA-CARE ALCOHOL PREP PADS70	UNISTIK 3 EXTRA69
TRUMENBA 0.5 ML91	ULTRA-CARE LANCETS 30G ...68	UNISTIK 3 GENTLE69
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)36	ULTRAFLOA IMMUNE HEALTH CAPS22	UNISTIK 3 NEONATAL69
TUBING/WING TIP MISC74	ULTRA-THIN II AUTO LANCET ..68	UNISTIK 3 NORMAL69
TWINRIX SUSY94	ULTRA-THIN II LANCETS68	UNISTIK CZT COMFORT69
TWIST TOP LANCETS 30G68	UNILET COMFORTOUCH LANCET 68	UNISTIK CZT NORMAL69
TYBLUME CHEW41	UNILET EXCELITE68	UNISTIK NORMAL69
TYBOST36	UNILET EXCELITE II68	UNISTIK PRO SAFETY LANCET .69
TYENNE SOAJ4	UNILET G.P. LANCET68	UNISTIK SAFETY LANCETS 28G 69
TYENNE SOLN4	UNILET G.P. SUPERLITE LANCET .68	UNISTIK SAFETY LANCETS 30G 69
TYENNE SOSY4	UNILET GP 28 ULTRA THIN68	UNISTIK TOUCH SAFETY LANC 21G69
		UNISTIK TOUCH SAFETY LANC 23G69
		UNISTIK TOUCH SAFETY LANC 28G69

UNISTIK TOUCH SAFETY LANC 30G69	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML13	VENCLEXTA TABS29
UNITUXIN29	VALTOCO 5 MG DOSE LIQD13	VENLAFAXINE BESYLATE ER ...15
UP4 PROBIOTICS ADULT CAPS .22	vancomycin hcl CAPS 125 MG ...27	venlafaxine hcl CP24 150 MG15
UP4 PROBIOTICS MENS CAPS .22	vancomycin hcl CAPS 250 MG ...27	venlafaxine hcl CP24 37.5 MG15
UP4 PROBIOTICS ULTRA CAPS .22	vancomycin hcl SOLR IV 1 GM ...27	venlafaxine hcl CP24 75 MG15
UP4 PROBIOTICS WOMENS CAPS 22	VANCOMYCIN HCL SOLR IV 1 GM . 27	venlafaxine hcl TABS15
urea CREA 40 %49	vancomycin hcl SOLR IV 500 MG .27	venlafaxine hcl TB2415
urea LOTN 40 %49	VANCOMYCIN HCL SOLR IV 500 MG27	VENTOLIN HFA AERS (Use albuterol sulfate)12
URETRON D/S TABS 81.6 MG ...27	vancomycin hcl SOLR PO 25 MG/ML27	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...38
ursodiol CAPS55	VANDAZOLE94	verapamil hcl CP24 300 MG38
ursodiol TABS 250 MG55	VAQTA94	verapamil hcl CP24 360 MG38
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML33	varenicline tartrate TABS88	VERAPAMIL HCL ER CP24 (Use verapamil hcl)38
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML33	varenicline tartrate TBPk88	verapamil hcl TABS38
VABRINTY KIT SC 22.5 MG, 45 MG . 30	VARIVAX SUSR94	verapamil hcl TBCR38
valacyclovir hcl 1 GM37	VAXCHORA91	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)38
valacyclovir hcl 500 MG37	VAXELIS SUSP89	VERELAN PM CP24 300 MG (Use verapamil hcl)38
valganciclovir hcl TABS36	VAXELIS SUSY89	VERIFINE SAFE LANCET MINI 21G69
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML14	VAXNEUVANCE91	VERIFINE SAFE LANCET MINI 23G69
valproic acid CAPS14	VCF VAGINAL CONTRACEPTIVE FILM94	VERIFINE SAFE LANCET MINI 28G69
valrubicin30	VCF VAGINAL CONTRACEPTIVE GEL94	VERIFINE SAFE LANCET MINI 30G69
valsartan SOLN26	VECAMEYL27	VERIFINE UNIVERSAL LANCETS 30G69
valsartan TABS26	VECTIBIX 100 MG/5ML, 400 MG/20ML29	VERIFINE UNIVERSAL LANCETS
valsartan-hydrochlorothiazide27	VELSIPITY56	
VALTOCO 10 MG DOSE LIQD13	VELTASSA76	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML13	VENCLEXTA STARTING PACK TBPk29	

33G	69	vitamins w/ lipotropics CAPS	78	VYONDYS 53	81
VESICARE LS SUSP	90	VITRAKVI CAPS	31	VYVANSE CAPS	1
VEVYE SOLN	83	VITRAKVI SOLN	31	VYVANSE CHEW	1
VH ESSENTIALS OPTIBALANCE CAPS	22	VIVAGUARD LANCETS	69	WALGREENS GLUCOSE CHEW ..	17
VIActiv DIGESTIVE HEALTH CHEW	22	VIVAGUARD LANCETS 30G	69	warfarin sodium TABS	12
VICTOZA (Use liraglutide)	17	VIVAGUARD SAFETY LANCETS 28G	69	WEBCOL ALCOHOL PREP LARGE 70	
vigabatrin PACK	14	VIVIMUSTA SOLN	28	WEBCOL ALCOHOL PREP MEDIUM	70
vigabatrin TABS	14	VIVITROL	23	WEGOVY	1
VIGAFYDE SOLN	14	VIVOTIF	91	WELLPRO 31 CAPS	22
VIJOICE TBPK	76	VIZIMPRO	29	white petrolatum-mineral oil	82
VILTEPSO	81	VOGELXO PUMP GEL TD (Use testosterone)	8	WILATE KIT	58
VIMIZIM	54	VONVENDI	58	WINDMILL TRAINER MISC	74
vincristine sulfate	32	VORAXAZE	32	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	85
VIRACEPT TABS 250 MG	36	VORTEX HOLD CHMBR/MASK/CHILD DEVI	74	XACIATO GEL	94
VIRACEPT TABS 625 MG	36	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	74	XALKORI CAPS	31
VIREAD POWD	36	VORTEX VALVE CHAMBER-PEDI MASK DEVI	74	XARELTO STARTER PACK TBPK 12	
VIREAD TABS (Use tenofovir disoproxil fumarate)	36	VORTEX VALVED HOLDING CHAMBER DEVI	74	XARELTO TABS 10 MG, 20 MG ..	12
VIREAD TABS	36	VOSEVI	37	XARELTO TABS 15 MG	12
VISBIOME GI CARE CAPS	22	VOTRIENT	31	XARELTO TABS 2.5 MG (Use rivaroxaban)	12
VISCO-3 SOSY	79	VPRIV	58	XCOPRI (250 MG DAILY DOSE) TBPK	14
VISTOGARD	23	VRAYLAR CAPS	33	XCOPRI TABS	14
VISUDYNE	84	VRAYLAR CPPK	33	XELJANZ SOLN	3
VITAMIN D3 LIQD PO 125 MCG/ML . 95		VSL#3 CAPS	22	XELSTRYM	1
vitamin e CAPS	95	VTAMA	46	XEOMIN	81
VITAMIN E CAPS	95	VYNDAMAX	39	XGEVA SOLN	53
VITAMIN E CHEW	95	VYNDALCEL	39		

XIAFLEX	76	zaleplon	60	zidovudine TABS	36
XIIDRA	83	ZALTRAP	29	ZIEXTENZO	59
XOFLUZA (40 MG DOSE) 40 MG	37	ZARXIO	59	zileuton TB12	11
XOFLUZA (80 MG DOSE) 80 MG	37	ZAVZPRET	74	ZILRETTA SRER	43
XOLAIR SOAJ	10	ZEGALOGUE SOAJ	17	ZIMHI SOSY	23
XOLAIR SOLR	10	ZEGALOGUE SOSY	17	zinc oxide (topical) OINT 20 %	50
XOLAIR SOSY	10	ZELAC CAPS	22	zinc sulfate CAPS	76
XOPENEX HFA (Use levalbuterol tartrate)	12	ZELBORAF	31	ZINPLAVA	85
XOSPATA	31	ZEMAIRA SOLR 1000 MG	88	ziprasidone hcl	33
XPRT XPRSS SARS-COV-2 ..	52	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	52	ziprasidone mesylate	33
XPHOZAH	54	ZEPATIER	37	ZITUVIMET TABS	16
XTANDI CAPS	30	ZEPBOUND SOAJ	1	ZITUVIO	17
XYBIOTIC CAPS	22	ZEPBOUND SOLN	1	ZOLADEX 10.8 MG	30
XYNTHA	58	ZEPOSIA STARTER KIT CPPK ...	87	ZOLADEX 3.6 MG	30
XYNTHA SOLOFUSE	58	ZEVALIN Y-90	29	zoledronic acid CONC	53
XYREM SOLN	86	ZEV RX STERILE ALCOHOL PREP PAD	70	zoledronic acid SOLN 4 MG/100ML 53	
YERVOY	29	ZEV RX TWIST TOP LANCETS 30G 69		zoledronic acid SOLN 5 MG/100ML 53	
YESCARTA	29	ZIAGEN SOLN (Use abacavir sulfate)	36	ZOLEDRONIC ACID SOLN	53
YEZTUGO TABS PO 300 MG	36	ZIAGEN TABS (Use abacavir sulfate)	36	ZOLGENSMA 20.6-21.0 KG	81
YF-VAX INJ	94	zidovudine CAPS	36	ZOLGENSMA 10.1-10.5 KG	81
YONDELIS	28	zidovudine SYRP	36	ZOLGENSMA 10.6-11.0 KG	81
YOSPRALA 81 MG-40 MG	58			ZOLGENSMA 11.1-11.5 KG	81
YUFLYMA (1 PEN) AJKT	4			ZOLGENSMA 11.6-12.0 KG	81
YUFLYMA (2 PEN) AJKT	4			ZOLGENSMA 12.1-12.5 KG	81
YUFLYMA (2 SYRINGE) PSKT	4			ZOLGENSMA 12.6-13.0 KG	81
YUFLYMA-CD/UC/HS STARTER AJKT	4			ZOLGENSMA 13.1-13.5 KG	81
YUSIMRY	4			ZOLGENSMA 13.6-14.0 KG	81
YUTIQ	84			ZOLGENSMA 14.1-14.5 KG	81
zafirlukast	11			ZOLGENSMA 14.6-15.0 KG	81

ZOLGENSMA 15.1-15.5 KG81	ZOLPIDEM TARTRATE CAPS60
ZOLGENSMA 15.6-16.0 KG81	zolpidem tartrate SUBL60
ZOLGENSMA 16.1-16.5 KG81	zolpidem tartrate TABS60
ZOLGENSMA 16.6-17.0 KG81	zolpidem tartrate TBCR60
ZOLGENSMA 17.1-17.5 KG82	ZOMIG SOLN 2.5 MG (Use zolmitriptan)75
ZOLGENSMA 17.6-18.0 KG82	ZONISADE SUSP14
ZOLGENSMA 18.1-18.5 KG82	zonisamide CAPS14
ZOLGENSMA 18.6-19.0 KG82	ZORYVE CREA EX 0.3 %50
ZOLGENSMA 19.1-19.5 KG82	ZOVIRAX CREA (Use acyclovir topical)46
ZOLGENSMA 19.6-20.0 KG82	ZOVIRAX OINT (Use acyclovir topical)46
ZOLGENSMA 2.6-3.0 KG82	ZTALMY14
ZOLGENSMA 20.1-20.5 KG82	ZUBSOLV SUBL 0.18 MG-0.7 MG .8
ZOLGENSMA 3.1-3.5 KG82	ZUBSOLV SUBL 0.36 MG-1.4 MG .8
ZOLGENSMA 3.6-4.0 KG82	ZUBSOLV SUBL 0.71 MG-2.9 MG .8
ZOLGENSMA 4.1-4.5 KG82	ZUBSOLV SUBL 1.4 MG-5.7 MG ..8
ZOLGENSMA 4.6-5.0 KG82	ZUBSOLV SUBL 2.1 MG-8.6 MG ..8
ZOLGENSMA 5.1-5.5 KG82	ZUBSOLV SUBL 2.9 MG-11.4 MG .8
ZOLGENSMA 5.6-6.0 KG82	ZULRESSO15
ZOLGENSMA 6.1-6.5 KG82	ZURZUVAE15
ZOLGENSMA 6.6-7.0 KG82	ZYDELIG31
ZOLGENSMA 7.1-7.5 KG82	ZYKADIA TABS31
ZOLGENSMA 7.6-8.0 KG82	ZYMFENTRA (1 PEN) AJKT56
ZOLGENSMA 8.1-8.5 KG82	ZYMFENTRA (2 PEN) AJKT56
ZOLGENSMA 8.6-9.0 KG82	ZYMFENTRA (2 SYRINGE) PSKT 56
ZOLGENSMA 9.1-9.5 KG82	ZYNTEGLO59
ZOLGENSMA 9.6-10.0 KG82	ZYPREXA RELPREVV33
ZOLINZA31	
zolmitriptan SOLN 2.5 MG75	
zolmitriptan TABS75	
zolmitriptan TBDP75	