

## **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.

<b>Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products</b>
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 Comboos, 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

<b>Trial and Failure of 2 Preferred Products Required Prior to Non-Preferred Products</b>
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

<b>Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products</b>
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

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

<b>Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products</b>
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](http://www.nhhealthyfamilies.com)

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 ea daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 ea daily); MP
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
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 CHER	NP	
lisdexamfetamine dimesylate CAPS	1	QL(1 ea daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS	2	QL(1 ea daily); MP; PA
VYVANSE CHEW	2	MP; PA
XELSTRYM	NP	
<b>Analeptics</b>		
caffeine citrate SOLN OR	1	QL(45 ml per fill retail); 2 max fill(s) per 999 day(s) retail; MP
<b>Anti-Obesity Agents</b>		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
ZEPBOUND SOAJ	NP	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Aminoglycosides</b>			ABRILADA PSKT	NP	SP; PA
BETHKIS NEBU ( <i>Use tobramycin</i> )	2	SP; PA	ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA
KITABIS PAK NEBU ( <i>Use tobramycin</i> )	2	SP; PA	ADALIMUMAB-AATY 1-PEN KIT AJKT	2	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AATY 2-PEN KIT AJKT	2	SP; PA
TOBI NEBU ( <i>Use tobramycin</i> )	NP	SP; PA	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	2	SP; PA
<i>tobramycin sulfate SOLN IJ</i>	1	PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	2	SP; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	2	SP; PA
<b>Antirheumatic - Enzyme Inhibitors</b>			ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADBM AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM PSKT	2	SP; PA
<b>Antirheumatic Antimetabolites</b>			ADALIMUMAB-FKJP AJKT	2	PA
METHOTREXATE	2	MP	ADALIMUMAB-FKJP 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-FKJP PSKT 40 MG/0.8ML	2	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 PSKT	2	SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOAJ	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	2	SP; PA	HUMIRA PSKT	2	SP; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT	2	SP; PA	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA
CYLTEZO AJKT	NP	SP; PA	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP; PA
CYLTEZO AJKT	2	SP; PA	HYRIMOZ SENSOREADY PENS SOAJ	NP	SP; PA
CYLTEZO PSKT	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO PSKT 40 MG/0.4ML	2	SP; PA	HYRIMOZ SOSY	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
HADLIMA SOSY	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
HULIO AJKT	NP	SP; PA	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA
HULIO AJKT	NP	PA	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
HULIO PSKT	NP	PA	SIMLANDI 1-PEN KIT AJKT	2	SP; PA
HULIO PSKT	NP	SP; PA	SIMLANDI 2-PEN KIT AJKT	2	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA	YUFLYMA 1-PEN KIT AJKT	NP	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2	SP; PA	YUFLYMA 2-PEN KIT AJKT	NP	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT 20 MG/0.2ML	2	SP; PA
HUMIRA PEN PNKT	2	SP; PA	YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA PEN PNKT 40 MG/0.8ML	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL TABS (Use ibuprofen)	0	MP
celecoxib	1	QL(2 ea daily); PA
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	0	MP; RX/OTC
diclofenac potassium TABS 50 MG	1	MP
diclofenac sodium TB24	1	MP
diclofenac sodium TBEC	1	MP
etodolac CAPS	1	MP
etodolac TABS	1	MP
etodolac TB24	1	MP
flurbiprofen TABS	1	MP
ibuprofen CHEW	0	MP
ibuprofen SUSP	0	MP; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	0	MP
indomethacin CAPS 25 MG, 50 MG	1	MP
indomethacin CPCR	1	MP
INFANTS ADVIL SUSP (Use ibuprofen)	0	MP
ketoprofen CAPS 50 MG	1	MP
ketoprofen CP24	1	MP
ketorolac tromethamine TABS	1	QL(20 ea per fill retail); AL(At least 17 yrs old); MP
meloxicam TABS	1	MP
MOTRIN CHILDRENS CHEW (Use ibuprofen)	0	MP
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	0	MP

Drug Name	Drug Tier	Requirements/Limits
nabumetone	1	MP
naproxen sodium TABS 220 MG	1	QL(2 ea daily); MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen-esomeprazole magnesium	1	PA
naproxen SUSP	1	MP
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 ea daily); MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
TOLECTIN 600 TABS	2	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS 600 MG	1	MP
<b>Pyrimidine Synthesis Inhibitors</b>		
leflunomide	1	QL(1 ea daily); MP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily)	ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	0	
<b>Analgesics Other</b>			ECOTRIN TBEC ( <i>Use aspirin</i> )	0	
<i>acetaminophen CHEW</i>	0		<i>salsalate</i>	1	
<i>acetaminophen ELIX</i>	0		<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<i>acetaminophen LIQD 160 MG/5ML</i>	0		<b>Opioid Agonists</b>		
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0		<i>codeine sulfate TABS 30 MG</i>	1	QL(2 ea daily)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 ea per fill retail)	CODEINE SULFATE TABS	2	QL(2 ea daily)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1		CONZIP CP24 ( <i>Use tramadol hcl</i> )	NP	PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	1		<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)
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 ea per fill retail)	<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
INFANTS SILAPAP SOLN OR	0	QL(30 ml per fill retail)	<i>hydrocodone bitartrate CP12</i>	1	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW ( <i>Use acetaminophen</i> )	0		HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)
<b>Analgesics-Peptide Channel Blockers</b>			<i>hydromorphone hcl TABS</i>	1	QL(8 ea daily)
PRIALT	2	SP; PA	<i>hydromorphone hcl TB24</i>	1	PA
<b>Salicylates</b>			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	QL(6 ea daily)
<i>aspirin CHEW</i>	0		<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily); PA
ASPIRIN SUPP 300 MG	0	QL(12 ea per fill retail)	<i>methadone hcl TABS 5 MG</i>	1	QL(4 ea daily); PA
<i>aspirin TABS 325 MG</i>	0		<i>morphine sulfate beads</i>	1	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>diflunisal TABS</i>	1	MP			
ECOTRIN ARTHRITIS PAIN TBEC ( <i>Use aspirin</i> )	0				

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL 0.5 MG-2 MG	1	QL(12 ea daily)
<i>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; PA
SUBOXONE FILM SL 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	Generic Alternative Preferred; QL(6 ea daily); PA
SUBOXONE FILM SL 0.5 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	Generic Alternative Preferred; QL(12 ea daily); PA
SUBOXONE FILM SL 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	Generic Alternative Preferred; QL(3 ea daily); PA
SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	Generic Alternative Preferred; QL(2 ea daily); PA
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 ea daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 ea daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 ea daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 ea daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 ea daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Androgens</b>		
ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (Use <i>testosterone</i> )	NP	
AVEED SOLN	2	SP; PA
METHITEST TABS	2	
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 %, 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	PA
<i>testosterone</i> GEL TD 1 %	2	
<i>testosterone</i> SOLN	1	PA
VOGELXO PUMP GEL TD (Use <i>testosterone</i> )	NP	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
<b>Rectal Combinations</b>		
<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)
<b>Rectal Local Anesthetics</b>		
<i>pramoxine hcl (rectal)</i> FOAM EX	1	QL(15 gm per fill retail)
<b>Rectal Steroids</b>		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i> )	2	QL(30 gm per fill retail)
<i>hydrocortisone (rectal)</i> EX 2.5 %	1	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<b>ANTACIDS</b>		
Antacid Combinations		
<i>alum &amp; mag hydrox-simethicone LIQD</i>	1	QL(16.53 ml daily)
<i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-20 MG/5ML-200 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 SUSP 320 MG/5ML	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	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	1	QL(60 ml per fill retail); 1 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 ea daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 ea daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
<b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 ea daily)
<i>alprazolam TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 ea daily)

### ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA

### ANTIASTHMATIC AND BRONCHODILATOR

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 gm daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP
<i>zafirlukast</i>	1	
<i>zileuton TB12</i>	1	
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2		AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2		AIRDUO RESPICLICK 55/14 AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2		AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2		AIRSUPRA	NP	
budesonide (inhalation) SUSP	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)	albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(1.2 gm daily)
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	2	QL(2 ea daily)	albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.45 gm daily)
fluticasone propionate (inhalation) AEPB	1	QL(2 ea daily)	albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.57 gm daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(12 gm per 30 day(s) retail)	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	1	QL(2 ea daily)
fluticasone propionate hfa 44 MCG/ACT	1	QL(11 gm per 30 day(s) retail)	albuterol sulfate NEBU 0.083 %	1	QL(375 ml per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 day(s) retail)	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(375 ml per 30 day(s) retail)
Sympathomimetics			ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	2	QL(2 ea daily)	albuterol sulfate SYRP	1	MP
ADVAIR HFA AERO (Use fluticasone-salmeterol)	2		albuterol sulfate TABS	1	
AIRDUO DIGIHALER 113/14	NP		BEVESPI AEROSPHERE	NP	
AIRDUO DIGIHALER 232/14	NP		BREO ELLIPTA	2	
AIRDUO DIGIHALER 55/14	NP		BREZTRI AEROSPHERE	NP	
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	2		budesonide-formoterol fumarate dihydrate	1	QL(11 gm per 30 day(s) retail)
			COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 day(s) retail)
			DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 gm per 30 day(s) retail)
			DULERA 50 MCG/ACT-5 MCG/ACT	2	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>theophylline</i> TB12 450 MG	1	
			<i>theophylline</i> TB24	1	MP
<i>fluticasone-salmeterol</i> AERO	1		<b>ANTICOAGULANTS - Blood Thinners</b>		
<i>ipratropium-albuterol</i> SOLN	1	QL(12 ml daily)	Coumarin Anticoagulants		
<i>levalbuterol hcl</i>	1		<i>warfarin sodium</i> TABS	1	MP
<i>levalbuterol tartrate</i>	1		Direct Factor Xa Inhibitors		
PROAIR DIGIHALER	NP		ELIQUIS STARTER PACK TBPk	2	QL(4 ea daily)
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.57 gm daily)	ELIQUIS TABS	2	QL(4 ea daily)
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.45 gm daily)	XARELTO STARTER PACK TBPk	2	
SEREVENT DISKUS	2	QL(2 ea daily)	XARELTO SUSR	2	
STIOLTO RESPIMAT	2		XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
SYMBICORT ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	2	QL(11 gm per 30 day(s) retail)	XARELTO TABS 2.5 MG	2	
<i>terbutaline sulfate</i> TABS	1	MP	XARELTO TABS 15 MG	2	QL(2 ea daily)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.54 gm daily)	Heparins And Heparinoid-Like Agents		
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(1.2 gm daily)	<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(180 ml per 30 day(s) retail)
XOPENEX HFA ( <i>Use levalbuterol tartrate</i> )	2		<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ml per 30 day(s) retail)
Xanthines			<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ml per 30 day(s) retail)
THEO-24 CP24 100 MG	2	MP	<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ml per 30 day(s) retail)
THEO-24 CP24 200 MG, 300 MG, 400 MG	2		<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	QL(18 ml per 30 day(s) retail)
<i>theophylline</i> ELIX	1		<i>fondaparinux sodium</i>	1	PA
<i>theophylline</i> SOLN	1	QL(475 ml per fill retail); MP	FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
			<i>heparin sodium (porcine)</i> SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS ( <i>Use dabigatran etexilate mesylate</i> )	2	
PRADAXA CAPS	2	
PRADAXA PACK	2	SP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS</i>	1	
<i>clonazepam TABS</i>	1	QL(4 ea daily)
<i>clonazepam TBDP</i>	1	
VALTOCO 10 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail)
VALTOCO 15 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail)
<b>Anticonvulsants - Misc.</b>		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW</i>	1	MP
<i>carbamazepine CP12</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 ( <i>Use carbamazepine</i> )	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin SOLN</i>	1	MP
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>lamotrigine CHEW</i>	1	MP
<i>lamotrigine KIT 25 MG</i>	1	
<i>lamotrigine TABS</i>	1	MP
<i>lamotrigine TB24</i>	1	
<i>lamotrigine TBDP</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP
<i>levetiracetam TABS</i>	1	MP
<i>levetiracetam TB24</i>	1	MP
MOTPOLY XR CP24	NP	
<i>oxcarbazepine SUSP</i>	1	MP
<i>oxcarbazepine TABS</i>	1	MP
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>primidone 125 MG</i>	1	
<i>rufinamide SUSP</i>	1	SP
TEGRETOL-XR TB12 ( <i>Use carbamazepine</i> )	2	MP
TOPAMAX SPRINKLE CPSP ( <i>Use topiramate</i> )	2	MP
<i>topiramate CPSP</i>	1	MP
<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	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
<b>Carbamates</b>		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI TABS	NP	

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

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium CSDR	1	MP
divalproex sodium TB24	1	MP
divalproex sodium TBEC	1	MP
valproate sodium SOLN OR 250 MG/5ML	1	MP
valproic acid CAPS	1	MP
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
mirtazapine TABS	1	MP
mirtazapine TBDP	1	
<b>Antidepressant Combinations</b>		
AUVELITY	NP	
<b>Antidepressants - Misc.</b>		
bupropion hcl TABS	1	MP
bupropion hcl TB12 200 MG	1	QL(2 ea daily); MP
bupropion hcl TB12 100 MG	1	QL(4 ea daily); MP
bupropion hcl TB12 150 MG	1	QL(3 ea daily); MP
bupropion hcl TB24 150 MG	1	QL(3 ea daily); MP
bupropion hcl TB24 300 MG	1	QL(1 ea daily); MP
bupropion hcl TB24 450 MG	2	
FORFIVO XL TB24 (Use bupropion hcl)	NP	
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
ZULRESSO	2	SP; PA
ZURZUVAE	NP	SP
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
phenelzine sulfate	1	
tranylcypromine sulfate	1	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CITALOPRAM HYDROBROMIDE CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
<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 HYDROCHLORIDE TABS (Use <i>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 CONC</i>	1	
<i>sertraline hcl TABS</i>	1	MP
SERTRALINE HYDROCHLORIDE CAPS	2	PA
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)		

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old); MP
CYMBALTA CPEP 20 MG, 30 MG (Use <i>duloxetine hcl</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	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 60 MG</i>	1	QL(2 ea daily); AL(At least 7 yrs old); MP
<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 ea daily); AL(At least 7 yrs old); MP
VENLAFAXINE BESYLATE ER	NP	
<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 CP24 75 MG</i>	1	QL(5 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1	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>	1	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
<i>KAZANO (Use alogliptin-metformin hcl)</i>	2	QL(2 ea daily); MP
<i>KOMBIGLYZE XR (Use saxagliptin-metformin hcl)</i>	2	
<i>OSENI (Use alogliptin-pioglitazone)</i>	2	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	
<b>Biguanides</b>		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 625 MG</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
<b>Diabetic Other</b>		
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
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	MP
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail); MP
GLUCAGON EMERGENCY KIT (Use <i>glucagon (rdna)</i> )	2	QL(1 ea per fill retail); MP
GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP
GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GVOKE KIT SOLN	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>mifepristone (hyperglycemia)</i>	1	SP; PA
PROGLYCEM (Use <i>diazoxide</i> )	2	
SM GLUCOSE CHEW	2	QL(1.67 ea daily); MP
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	VICTOZA	2	QL(0.3 ml daily)
WALGREENS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	Insulin		
ZEGALOGUE SOAJ	2		BASAGLAR TEMPO PEN SOPN	NP	
ZEGALOGUE SOSY	2		HUMALOG JUNIOR KWIKPEN SOPN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)
<i>alogliptin benzoate</i>	1	QL(1 ea daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ml per 30 day(s) retail)
JANUVIA	2		HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
NESINA ( <i>Use alogliptin benzoate</i> )	2	QL(1 ea daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 day(s) retail)
ONGLYZA ( <i>Use saxagliptin hcl</i> )	2		HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
<i>saxagliptin hcl</i>	1		HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 day(s) retail)
SITAGLIPTIN	NP		HUMALOG TEMPO PEN SOPN	2	
TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP	HUMALOG SOLN IJ	2	QL(40 ml per 30 day(s) retail)
ZITUVIO	NP		HUMULIN 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)
Incretin Mimetic Agents			HUMULIN N SUSP	2	QL(40 ml per 30 day(s) retail)
ADLYXIN STARTER PACK PNKT	NP		HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
ADLYXIN SOPN	NP		HUMULIN R U-500 KWIKPEN SOPN SC	2	
BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 day(s) retail); AL(At least 18 yrs old)	HUMULIN R SOLN IJ	2	QL(40 ml per 30 day(s) retail)
BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 day(s) retail); AL(At least 18 yrs old)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(30 ml per 30 day(s) retail)
<i>liraglutide</i>	1	QL(0.3 ml daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(40 ml per 30 day(s) retail)
MOUNJARO	NP	PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)
OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML	2	PA			
OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML	2	PA			
RYBELSUS TABS	NP				
TRULICITY	2	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE SOLN	2		<i>nateglinide</i>	1	QL(3 ea daily); MP
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee	<i>repaglinide</i>	1	
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2		<i>dapagliflozin propanediol</i>	1	
INSULIN LISPRO KWIKPEN SOPN	2	QL(30 ml per 30 day(s) retail)	FARXIGA	2	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)	INVOKANA	NP	MP
INSULIN LISPRO SOLN IJ	2	QL(40 ml per 30 day(s) retail)	JARDIANCE	2	QL(1 ea daily)
LANTUS SOLOSTAR SOPN	2	QL(30 ml per 30 day(s) retail)	Sulfonylureas		
LEVEMIR FLEXPEN SOPN	2		<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
LEVEMIR FLEXTOUCH SOPN	2		<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily); MP
LEVEMIR SOLN	2		<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
LYUMJEV TEMPO PEN SOPN	NP		<i>glipizide TABS 2.5 MG</i>	1	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(30 ml per 30 day(s) retail)	<i>glipizide TB24</i>	1	MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	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	2	QL(40 ml per 30 day(s) retail)	<i>glyburide TABS</i>	1	MP
NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)	<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
REZVOGLAR KWIKPEN	NP		Antidiarrheal/Probiotic Agents - Misc.		
SEMGLEE SOLN	NP		ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
SEMGLEE SOPN	NP		ACIDOPHILUS PEARLS CAPS	2	RX/OTC
Insulin Sensitizing Agents			ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP	ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
Meglitinide Analogues			ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
			ACTIPHORA CAPS	2	RX/OTC
			ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED PROBIOTIC CAPS	2	RX/OTC	CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	2	
ALIGN CAPS	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
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/VITAMIN C CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT 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
<i>bismuth subsalicylate</i> CHEW 262 MG	1		CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1		CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC	CVS PROBIOTIC CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEFENSE CAPS	2	RX/OTC	CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PROBIOTIC + FIBER PACK	2		DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PRBIOTICS CHEW	2		DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PURELY PROBIOTICS PACK	2		DERMACINRX PROBISOL CAPS	2	RX/OTC
CULTURELLE KIDS CHEW	2		DERMACINRX PROBITRAN CAPS	2	RX/OTC
CULTURELLE KIDS PACK	2		DIFF-STAT CAPS	2	RX/OTC
			DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS	2	RX/OTC



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTE NSIVE BOWEL SUPPORT CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LAC TOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	2	
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	2	
ENVIVE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC	FORTIFY OPTIMA ADVANCED CARE WOMENS PROBIOTIC CPDR	2	
EQ PROBIOTIC CPDR	2		FORTIFY OPTIMA PROBIOTIC CPDR	2	
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	2	
ESTROVEN SLIMBIOTICS MENOPAUSE RELIEF/WEIGHT MANAGEMENT CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORAJEN3 CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC	JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC
FLORANEX ONE CAPS	2	RX/OTC	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	2	
FLORASAVE CPDR	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2		PROBIOMAX DAILY DF CAPS	2	RX/OTC
JARRO-DOPHILUS EPS CPDR	2		PROBIOMAX IG 26 DF CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC	PROBIOMAX LEAN DF CAPS	2	RX/OTC
JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	2		PROBIOMAX SB DF CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIONEXX CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
MAGE CPDR	2		PROBIOTIC + OMEGA-3 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 BLEND CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	2		PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC FORMULATION CPDR	2		PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC+TURMERIC EXTRACT CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC			
PROBIOFLEXX CAPS	2	RX/OTC			
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC CAPS	2	RX/OTC	ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC
PROBITROL CAPS	2	RX/OTC	UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
PROBIZEN CAPS	2	RX/OTC	UP4 PROBIOTICS MENS CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC	UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC	VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	WOMENS 50 BILLION CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
RISAQUAD CAPS	2	RX/OTC	CULTURELLE ADULT ULTIMATEBALANCE CAPS	2	
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	2	
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	2	
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
SUPERIOR PROBIOTIC CAPS	2	RX/OTC			
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC			
TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	2	RX/OTC			
TRUBIOTICS CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE HEALTH & WELLNESS CAPS	2	
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
VIACTIV DIGESTIVE HEALTH CHEW	2	
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	1	QL(8 ea daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
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
<b>Antidotes and Specific Antagonists</b>		
ANDEXXA 200 MG	2	SP; PA
BRIDION SOLN	2	SP; PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD	0	QL(18 ea per 90 day(s) retail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	0	QL(18 ea per 90 day(s) retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ml per 90 day(s) retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naloxone hcl SOSY 2 MG/2ML</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (Use <i>naloxone hcl</i> )	0	QL(18 ea per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 ea per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ml per 90 day(s) retail); MP
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 ea daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(2 ea daily)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<b>Antiemetics - Miscellaneous</b>		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine</i> TBEC	1	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
APONVIE EMUL	NP	
<i>aprepitant</i> CAPS	1	
<i>aprepitant</i> MISC	1	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>griseofulvin microsize</i> SUSP	1	
<i>griseofulvin microsize</i> TABS	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin</i> TABS	1	QL(6 ea daily)
<i>terbinafine hcl</i> TABS	1	QL(1 ea daily; 90 ea per 120 day(s) retail)
<b>Imidazole-Related Antifungals</b>		
<i>fluconazole</i> SUSR	1	QL(70 ml per fill retail)
<i>fluconazole</i> TABS 150 MG	1	QL(2 ea daily)
<i>fluconazole</i> TABS 100 MG	1	QL(1 ea daily)
<i>fluconazole</i> TABS 200 MG	1	
<i>fluconazole</i> TABS 50 MG	1	QL(7 ea per fill retail)
<i>itraconazole</i> CAPS	1	QL(1 ea daily); PA
<i>itraconazole</i> SOLN	1	PA
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>chlorpheniramine maleate</i> SYRP	1	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate</i> TABS	1	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate</i> SOLN	1	
<b>Antihistamines - Ethanolamines</b>		
BENADRYL ALLERGY EXTRA STRENGTH TABS	2	QL(4 ea daily)
<i>clemastine fumarate</i> TABS 1.34 MG	1	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 ea daily)
<i>diphenhydramine hcl</i> CAPS	1	QL(4 ea daily)
<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl</i> TABS 25 MG	1	QL(4 ea daily)
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl</i> CAPS	1	
<i>cetirizine hcl</i> CHEW	1	QL(1 ea daily)
<i>cetirizine hcl</i> SOLN OR	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl</i> SYRP OR	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl</i> TABS	1	QL(1 ea daily)
<i>desloratadine</i> TBDP	1	
<i>fexofenadine hcl</i> SUSP	1	
<i>fexofenadine hcl</i> TABS 180 MG	1	QL(1 ea daily)
<i>fexofenadine hcl</i> TABS 60 MG	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride</i> SOLN	1	RX/OTC
<i>loratadine</i> CAPS	1	
<i>loratadine</i> CHEW	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine SOLN</i>	1	QL(240 ml per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1	
<b>Antihyperlipidemics - Misc.</b>		
<i>omega-3-acid ethyl esters</i>	1	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily); MP
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibric acid</i>	1	
<i>FIBRICOR (Use fenofibric acid)</i>	NP	
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP
<i>LIPOFEN CAPS (Use fenofibrate)</i>	NP	MP
<b>HMG CoA Reductase Inhibitors</b>		
<i>ATORVALIQ SUSP</i>	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	1	
<b>Microsomal Triglyceride Transfer Protein (MTP) Inhibitors</b>		
<i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>	2	SP; PA
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>captopril</i>	1	QL(3 ea daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 ea daily); MP
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 ea daily); MP
Agents for Pheochromocytoma		
<i>metyrosine</i>	1	SP; PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	QL(1 ea daily); MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan</i>	1	
<i>valsartan SOLN</i>	1	
<i>valsartan TABS</i>	1	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1	MP
<i>doxazosin mesylate</i>	1	MP
<i>guanfacine hcl</i>	1	MP
<i>methyldopa TABS</i>	1	MP
<i>prazosin hcl CAPS</i>	1	MP
<i>terazosin hcl</i>	1	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol &amp; chlorthalidone</i>	1	QL(1 ea daily); MP
<i>benazepril &amp; hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	QL(2 ea daily); MP
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	QL(2 ea daily); MP
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>lisinopril &amp; hydrochlorothiazide</i>	1	MP
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 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
<b>Antihypertensives - Misc.</b>		
VECAMYL	2	SP; PA
<b>Vasodilators</b>		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>metronidazole TABS</i>	1	
<i>trimethoprim TABS</i>	1	
<b>Anti-infective Misc. - Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
<b>Carbapenems</b>		
<i>ertapenem sodium IJ</i>	1	SP; PA
<b>Glycopeptides</b>		
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 ea daily)
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 ea daily)
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(0.467 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)
<b>Leprostatics</b>		
<i>dapsone</i>	1	
<b>Lincosamides</b>		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ml per fill retail)
<b>Monobactams</b>		
CAYSTON	NP	SP; PA
<b>Oxazolidinones</b>		



Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS	2	QL(6 ea per fill retail); PA
<b>Urinary Anti-infectives</b>		
<i>methenamine mandelate 0.5 GM, 1 GM</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	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM	2	QL(24 ea per fill retail)
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 ea daily); MP
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 ea per 56 day(s) retail)
DARAPRIM (Use pyrimethamine)	NP	SP; PA
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
<i>ethambutol hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
TRECATOR	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
BELRAPZO SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	2	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA IV	2	SP; PA
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melphalan</i>	1	
<i>melphalan hcl IV</i>	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
<b>Antimetabolites</b>		
<i>azacitidine SUSR</i>	1	SP; PA

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

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

Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE ACETATE/HYDROCHLORIDE	2	SP; PA
LEUPROLIDE ACETATE INJ	2	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA
LYSODREN	2	SP; PA
<i>megestrol acetate SUSP</i>	1	
<i>megestrol acetate TABS</i>	1	
<i>tamoxifen citrate TABS</i>	1	MP
<i>toremifene citrate</i>	1	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA
XTANDI CAPS	2	SP; PA
ZOLADEX 10.8 MG	2	SP; PA
ZOLADEX 3.6 MG	2	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	2	SP; PA
Antineoplastic Antibiotics		
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	2	SP; PA
ELLENCES SOLN	2	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	1	SP; PA
<i>valrubicin</i>	1	SP; PA
Antineoplastic Combinations		
HERCEPTIN HYLECTA	2	SP; PA
LONSURF	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic Enzyme Inhibitors			TAFINLAR CAPS	2	SP; PA
ALECENSA	2	SP; PA	TALZENNA 0.25 MG, 1 MG	2	SP; PA
BELEODAQ	2	SP; PA	TASIGNA	2	SP; PA
<i>bortezomib SOLR IJ</i>	1	SP; PA	<i>temsirolimus</i>	1	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA	TIBSOVO	2	SP; PA
BOSULIF TABS 100 MG, 500 MG	2	SP; PA	VITRAKVI CAPS	2	SP; PA
BRAFTOVI 75 MG	2	SP; PA	VITRAKVI SOLN	2	SP; PA
CABOMETYX TABS	2	SP; PA	XALKORI CAPS	2	SP; PA
CAPRELSA	2	SP; PA	XOSPATA	2	SP; PA
COMETRIQ KIT	2	SP; PA	ZELBORAF	2	SP; PA
COTELLIC	2	SP; PA	ZOLINZA	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	ZYDELIG	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	ZYKADIA TABS	2	SP; PA
IBRANCE CAPS	2	SP; PA	Antineoplastic Enzymes		
ICLUSIG 15 MG, 45 MG	2	SP; PA	ONCASPAR	2	SP; PA
<i>imatinib mesylate</i>	1	SP; PA	Antineoplastic Radiopharmaceuticals		
IMBRUVICA CAPS 140 MG	2	SP; PA	AZEDRA DOSIMETRIC	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 ea daily); SP; PA	AZEDRA THERAPEUTIC	2	SP; PA
IMBRUVICA TABS	2	QL(1 ea daily); SP; PA	LUTATHERA	2	SP; PA
JAKAFI	2	SP; PA	Antineoplastics Misc.		
KYPROLIS	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	ALFERON N	2	SP; PA
LORBRENA	2	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
MEKINIST TABS	2	SP; PA	<i>bexarotene</i>	1	SP; PA
MEKTOVI	2	SP; PA	<i>hydroxyurea</i>	1	MP
NINLARO	2	SP; PA	INTRON A SOLR 10000000 UNIT, 50000000 UNIT	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA	MATULANE	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	PHOTOFRIN	2	SP; PA
RUBRACA	2	SP; PA	PROLEUKIN	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	SYNRIBO	2	SP; PA
SPRYCEL	2	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
STIVARGA	2	SP; PA	Chemotherapy Adjuncts		
<i>sunitinib malate</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
MESNEX TABS	2	SP; PA
TOTECT	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
ABRAXANE	2	SP; PA
<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
<i>paclitaxel protein-bound particles</i>	1	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	2	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		

Drug Name	Drug Tier	Requirements/Limits
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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 ea daily); MP	<i>paliperidone</i>	1	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP	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
<i>ropinirole hydrochloride TB24</i>	1		<i>risperidone microspheres</i>	1	QL(2 ea per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
Antiparkinson Monoamine Oxidase Inhibitors			<i>risperidone SOLN</i>	1	
<i>selegiline hcl CAPS</i>	1	MP	<i>risperidone TABS</i>	1	
<i>selegiline hcl TABS</i>	1	MP	<i>risperidone TBDP</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>			RYKINDO SRER	NP	AL(At least 18 yrs old); SP
Antimanic Agents			UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
<i>lithium</i>	1		UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
<i>lithium carbonate CAPS</i>	1		Butyrophenones		
<i>lithium carbonate TABS</i>	1		<i>haloperidol decanoate</i>	1	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	2		<i>haloperidol lactate CONC</i>	1	
Antipsychotics - Misc.			<i>haloperidol lactate SOLN</i>	1	
CAPLYTA	NP		<i>haloperidol TABS</i>	1	
<i>lurasidone hcl</i>	1		Dibenzapines		
NUPLAZID CAPS	2	QL(1 ea daily); PA	<i>clozapine TABS</i>	0	
NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA	<i>clozapine TBDP</i>	0	
<i>ziprasidone hcl</i>	1		<i>loxapine succinate</i>	1	
<i>ziprasidone mesylate</i>	1		<i>olanzapine SOLR</i>	1	
Benzisoxazoles			<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
INVEGA HAFYERA	2	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 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV	NP	SP	<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)
Phenothiazines			<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)
<i>chlorpromazine hcl TABS</i>	1		<i>abacavir sulfate TABS</i>	0	QL(2 ea daily)
<i>fluphenazine decanoate</i>	1		APTIVUS CAPS	0	QL(4 ea daily)
<i>fluphenazine hcl TABS</i>	1		<i>atazanavir sulfate CAPS</i>	0	QL(2 ea daily)
<i>perphenazine TABS</i>	1		BIKTARVY 120 MG-30 MG-15 MG	2	
<i>prochlorperazine</i>	1		BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)
<i>prochlorperazine edisylate 10 MG/2ML</i>	1		COMBIVIR (Use <i>lamivudine-zidovudine</i> )	0	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1		COMPLERA	0	QL(1 ea daily)
<i>thioridazine hcl</i>	1		<i>darunavir TABS</i>	0	QL(2 ea daily)
<i>trifluoperazine hcl TABS</i>	1		DELSTRIGO	0	QL(1 ea daily)
Quinolinone Derivatives			DESCOVY 120 MG-15 MG	2	
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP	DESCOVY 200 MG-25 MG	0	QL(1 ea daily)
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	DOVATO	0	
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	EDURANT	0	QL(1 ea daily)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>efavirenz CAPS 200 MG</i>	0	QL(1 ea daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>efavirenz CAPS 50 MG</i>	0	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TBDP</i>	1	QL(2 ea daily)	<i>efavirenz TABS</i>	0	QL(1 ea daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ml per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>emtricitabine CAPS</i>	0	QL(1 ea daily)
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>thiothixene</i>	1		EMTRIVA CAPS (Use <i>emtricitabine</i> )	0	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			EMTRIVA SOLN	0	QL(24 ml daily)
Antiretrovirals			EPIVIR SOLN (Use <i>lamivudine</i> )	0	QL(30 ml daily)
			EPIVIR TABS 300 MG (Use <i>lamivudine</i> )	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 150 MG (Use lamivudine)	0	QL(2 ea daily)	lopinavir-ritonavir TABS 50 MG-200 MG	0	QL(6 ea daily)
EPZICOM (Use abacavir sulfate-lamivudine)	0	QL(1 ea daily)	maraviroc TABS 150 MG	0	QL(2 ea daily)
etravirine 100 MG	0	QL(4 ea daily)	maraviroc TABS 300 MG	0	QL(4 ea daily)
etravirine 200 MG	0	QL(2 ea daily)	nevirapine SUSP	0	QL(40 ml daily)
EVOTAZ	0	QL(1 ea daily)	nevirapine TABS	0	QL(2 ea daily)
fosamprenavir calcium TABS	0	QL(4 ea daily)	nevirapine TB24 400 MG	0	QL(1 ea daily)
GENVOYA	0	QL(1 ea daily)	nevirapine TB24 100 MG	0	QL(3 ea daily)
INTELENCE (Use etravirine)	0	QL(4 ea daily)	NORVIR CAPS	0	QL(12 ea daily)
INTELENCE	0	QL(4 ea daily)	NORVIR PACK	0	
INTELENCE 200 MG (Use etravirine)	0	QL(2 ea daily)	NORVIR SOLN	0	QL(15 ml daily)
ISENTRESS CHEW 100 MG	0	QL(6 ea daily)	NORVIR TABS (Use ritonavir)	0	QL(12 ea daily)
ISENTRESS CHEW 25 MG	0	QL(12 ea daily)	ODEFSEY	0	
ISENTRESS PACK	0	QL(2 ea daily)	PIFELTRO	0	QL(1 ea daily)
ISENTRESS TABS	0	QL(2 ea daily)	PREZCOBIX	0	QL(1 ea daily)
KALETRA SOLN (Use lopinavir-ritonavir)	0	QL(160 ml per fill retail)	PREZISTA SUSP	0	QL(12 ml daily)
KALETRA TABS 50 MG- 200 MG (Use lopinavir- ritonavir)	0	QL(6 ea daily)	PREZISTA TABS (Use darunavir)	0	QL(2 ea daily)
KALETRA TABS 25 MG- 100 MG (Use lopinavir- ritonavir)	0	QL(4 ea daily)	PREZISTA TABS 150 MG	0	QL(3 ea daily)
lamivudine SOLN	0	QL(30 ml daily)	PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily)
lamivudine TABS 150 MG	0	QL(2 ea daily)	RETROVIR CAPS (Use zidovudine)	0	QL(6 ea daily)
lamivudine TABS 300 MG	0	QL(1 ea daily)	RETROVIR SYRP (Use zidovudine)	0	QL(60 ml daily)
lamivudine-zidovudine	0	QL(2 ea daily)	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	0	QL(2 ea daily)
LEXIVA SUSP	0	QL(56 ml daily)	REYATAZ PACK	0	QL(6 ea daily)
LEXIVA TABS (Use fosamprenavir calcium)	0	QL(4 ea daily)	ritonavir TABS	0	QL(12 ea daily)
lopinavir-ritonavir SOLN	0	QL(160 ml per fill retail)	RUKOBIA	0	
lopinavir-ritonavir TABS 25 MG-100 MG	0	QL(4 ea daily)	SELZENTRY SOLN	0	QL(35 ml daily)
			SELZENTRY TABS 25 MG, 75 MG	NP	
			stavudine CAPS	0	QL(2 ea daily)
			STRIBILD	0	
			SUNLENCA TBPK	2	SP



Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 50 MG <i>(Use efavirenz)</i>	0	QL(2 ea daily)
SUSTIVA CAPS 200 MG <i>(Use efavirenz)</i>	0	QL(1 ea daily)
SUSTIVA TABS <i>(Use efavirenz)</i>	0	QL(1 ea daily)
SYMFI <i>(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	0	QL(1 ea daily)
SYMFI LO <i>(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	0	QL(1 ea daily)
SYMTUZA	0	QL(1 ea daily)
<i>tenofovir disoproxil fumarate</i> TABS	0	QL(1 ea daily)
TIVICAY PD TBSO	0	
TIVICAY TABS	0	
TRIUMEQ PD TBSO	0	
TRIUMEQ TABS	0	
TRIZIVIR	0	QL(2 ea daily)
TRUVADA <i>(Use emtricitabine-tenofovir disoproxil fumarate)</i>	0	QL(1 ea daily)
TYBOST	0	QL(1 ea daily)
VIRACEPT TABS 625 MG	0	QL(4 ea daily)
VIRACEPT TABS 250 MG	0	QL(9 ea daily)
VIREAD POWD	0	
VIREAD TABS <i>(Use tenofovir disoproxil fumarate)</i>	0	QL(1 ea daily)
VIREAD TABS	0	QL(1 ea daily)
VOCABRIA	0	
ZIAGEN SOLN <i>(Use abacavir sulfate)</i>	0	QL(30 ml daily)
ZIAGEN TABS <i>(Use abacavir sulfate)</i>	0	QL(2 ea daily)
<i>zidovudine</i> CAPS	0	QL(6 ea daily)
<i>zidovudine</i> SYRP	0	QL(60 ml daily)
<i>zidovudine</i> TABS	0	QL(2 ea daily)
<b>Antiviral Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID 100 MG-150 MG	0	
<b>CMV Agents</b>		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
<i>valganciclovir hcl</i> TABS	1	QL(2 ea daily)
<b>Hepatitis Agents</b>		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR/SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
<i>ribavirin (hepatitis c)</i> CAPS	1	SP; PA
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1	SP; PA
SOFOSBUVIR/VELPATA SVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VIEKIRA PAK TBPB	NP	SP; PA
VOSEVI	NP	SP; PA
ZEPATIER	NP	SP; PA
<b>Herpes Agents</b>		
<i>acyclovir</i> CAPS	1	QL(50 ea per 30 day(s) retail)
<i>acyclovir</i> SUSP	1	QL(400 ml per 30 day(s) retail)
<i>acyclovir</i> TABS OR 400 MG	1	QL(3 ea daily)
<i>acyclovir</i> TABS OR 800 MG	1	QL(50 ea per 30 day(s) retail)
<i>famciclovir</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(42 ea per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	1	QL(2 ea daily)
<b>Influenza Agents</b>		
<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
XOFLUZA 40 MG, 80 MG	NP	
<b>Misc. Antivirals</b>		
LAGEVRIO	0	
TPOXX CAPS	2	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>carvedilol phosphate</i>	1	QL(1 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<b>Beta Blockers Non-Selective</b>		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/afI)</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>timolol maleate TABS</i>	1	MP
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
CONJUPRI (Use <i>levamlodipine maleate</i> )	2	
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>diltiazem hcl coated beads CP24 240 MG</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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP
<i>diltiazem hcl TB24</i>	1	MP
<i>felodipine</i>	1	QL(1 ea daily); MP
<i>isradipine CAPS</i>	1	
<i>levamlodipine maleate</i>	1	
<i>nicardipine hcl CAPS</i>	1	MP
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
NORLIQVA SOLN	NP	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily); MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily); MP
<i>verapamil hcl CP24 300 MG</i>	1	MP
<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (Use <i>verapamil hcl</i> )	2	QL(2 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i> )	NP	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i> )	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (Use <i>digoxin</i> )	2	MP
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO TABS	2	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP
<i>bosentan TABS</i>	1	SP
LETAIRIS (Use <i>ambrisentan</i> )	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS ( <i>Use bosentan</i> )	NP	SP
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	2	QL(1 ea daily); SP; PA
VYNDAQEL	2	QL(4 ea daily); SP; PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<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	
<b>Cephalosporins - 2nd Generation</b>		
CEFACTOR ER TB12	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Cephalosporins - 3rd Generation</b>		
<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
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV

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

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

Drug Name	Drug Tier	Requirements/Limits
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV	<i>deflazacort SUSP</i>	1	SP; PA
			<i>deflazacort TABS</i>	1	SP; PA
<b>Progestin Contraceptives - IUD</b>			DEXAMETHASONE INTENSOL CONC	2	
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 day(s) retail)
LILETTA 20.1 MCG/DAY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ml per 30 day(s) retail)
MIRENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail)
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	<i>dexamethasone ELIX</i>	1	
<b>Progestin Contraceptives - Oral</b>			<i>dexamethasone SOLN</i>	1	
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			EMFLAZA SUSP	2	SP; PA
<b>Glucocorticosteroids</b>			<i>hydrocortisone TABS</i>	1	
<i>budesonide TB24</i>	1		<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
CORTISONE ACETATE TABS	2		<i>methylprednisolone TBPK</i>	1	
			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML</i>	1	
			<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ml per fill retail)
			<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ml per fill retail)
			<i>prednisolone SOLN</i>	1	
			PREDNISONE INTENSOL CONC	2	
			<i>prednisone SOLN</i>	1	
			<i>prednisone TABS</i>	1	
			<i>prednisone TBPK</i>	1	
			ZILRETTA SRER	2	SP; PA
			<b>Mineralocorticoids</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<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	
<b>Cough/Cold/Allergy Combinations</b>		
<i>brompheniramine &amp; phenyleph ELIX</i>	1	QL(120 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>brompheniramine &amp; pseudoeph ELIX</i>	1	QL(120 ml per fill retail)
<i>brompheniramine &amp; 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, 100 MG/5ML-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

Drug Name	Drug Tier	Requirements/Limits
MAXI-TUSS PE LIQD	2	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)
<i>promethazine &amp; phenylephrine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine w/codeine SOLN</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>promethazine w/codeine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	1	
<b>Expectorants</b>		
<i>potassium iodide (expectorant) SOLN</i>	1	
<b>Misc. Respiratory Inhalants</b>		
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<b>Mucolytics</b>		
<i>acetylcysteine SOLN</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 ea daily); AL(At least 12 yrs old)
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>adapalene CREA</i>	1	
<i>adapalene GEL</i>	1	RX/OTC



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADAPALENE SOLN	2		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1		<i>tretinoin GEL 0.025 %</i>	1	AL(Up to 35 yrs old)
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1		<i>tretinoin GEL 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 gm per fill retail)	<i>tretinoin GEL 0.05 %</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ml per fill retail)	<b>Antibiotics - Topical</b>		
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>bacitracin (topical) OINT</i>	1	QL(453.9 ea per fill retail)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>bacitracin zinc OINT</i>	1	QL(453.6 gm per fill retail)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1		CENTANY OINT	NP	QL(30 gm per fill retail)
<i>clindamycin phosphate-tretinoin</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 gm per fill retail)
DIFFERIN LOTN	2		<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>erythromycin (acne aid) GEL</i>	1	QL(60 gm per fill retail)	<i>mupirocin calcium (topical)</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>mupirocin OINT</i>	1	QL(30 gm per fill retail)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 12 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 gm per fill retail)
RETIN-A CREA (Use <i>tretinoin</i> )	2	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 gm per fill retail)
RETIN-A GEL 0.025 % (Use <i>tretinoin</i> )	2	AL(Up to 35 yrs old)	<b>Antifungals - Topical</b>		
RETIN-A GEL 0.01 % (Use <i>tretinoin</i> )	2	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox SOLN</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ml per fill retail)	<i>clotrimazole (topical) CREA</i>	1	QL(60 gm per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 gm per fill retail)	<i>clotrimazole (topical) SOLN</i>	1	QL(60 ml per fill retail); RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail)
<i>tretinoin microsphere</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ml per fill retail)
			<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
<i>luliconazole</i>	2	PA
LUZU (Use <i>luliconazole</i> )	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 gm per fill retail)
NIZORAL SHAM	2	QL(200 ml per fill retail)
<i>nystatin (topical) CREA</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) POWD EX</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone CREA</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone OINT</i>	1	QL(60 gm per fill retail)
<i>oxiconazole nitrate CREA</i>	1	PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 gm per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 ml per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i> )	2	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
<i>camphor &amp; menthol LOTN</i>	1	QL(59 ml per fill retail)
Antipsoriatics		
BIMZELX SOAJ	NP	SP; PA
BIMZELX SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
<i>calcipotriene FOAM</i>	1	
CALCIPOTRIENE FOAM	1	
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	SP; PA
<i>tazarotene CREA</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
VTAMA	NP	
ZORYVE 0.3 %	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORDRAN OINT	2		<i>fluticasone propionate</i> LOTN	1	
<i>desonide</i> CREA	1	1 package(s) per fill retail	<i>fluticasone propionate</i> OINT	1	QL(60 gm per fill retail)
<i>desonide</i> LOTN	1		<i>halcinonide</i> CREA	1	
<i>desonide</i> OINT	1	1 package(s) per fill retail	<i>halobetasol propionate</i> CREA	1	
<i>desoximetasone</i> CREA 0.05 %	1	QL(60 gm per fill retail)	<i>halobetasol propionate</i> FOAM	1	
<i>desoximetasone</i> CREA 0.25 %	1		<i>halobetasol propionate</i> FOAM	2	
<i>desoximetasone</i> GEL	1		<i>halobetasol propionate</i> OINT	1	
<i>desoximetasone</i> LIQD	1		<i>hydrocortisone (topical)</i> CREA 1 %	1	QL(85.2 gm per fill retail); RX/OTC
<i>desoximetasone</i> OINT	1		<i>hydrocortisone (topical)</i> CREA 0.5 %	1	QL(30 gm per fill retail)
<i>diflorasone diacetate</i> CREA	1	QL(60 gm per fill retail)	<i>hydrocortisone (topical)</i> CREA 2.5 %	1	QL(453.6 gm per fill retail)
<i>diflorasone diacetate</i> OINT	1	QL(60 gm per fill retail)	<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	QL(59 ml per fill retail)
EPIFOAM FOAM	2		<i>hydrocortisone (topical)</i> LOTN 1 %	1	QL(99 gm per fill retail)
<i>fluocinolone acetonide</i> CREA	1		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	QL(454 gm per fill retail)
<i>fluocinolone acetonide</i> OIL	1		<i>hydrocortisone (topical)</i> OINT 0.5 %	1	
<i>fluocinolone acetonide</i> OINT	1		<i>hydrocortisone (topical)</i> OINT 1 %	1	QL(2 gm daily; 56 gm per fill retail); RX/OTC
<i>fluocinolone acetonide</i> SOLN	1		<i>hydrocortisone (topical)</i> SOLN 1 %	1	
<i>fluocinonide emulsified base</i>	1	QL(60 gm per fill retail)	<i>hydrocortisone acetate (topical)</i> CREA 1 %	1	
<i>fluocinonide</i> CREA 0.1 %	1		<i>hydrocortisone acetate (topical)</i> OINT	1	
<i>fluocinonide</i> CREA 0.05 %	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>fluocinonide</i> GEL	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate</i> CREA	1	
<i>fluocinonide</i> OINT	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate</i> LOTN	1	
<i>fluocinonide</i> SOLN	1	QL(60 ml per fill retail)			
<i>flurandrenolide</i> CREA	1				
<i>flurandrenolide</i> LOTN	1				
<i>fluticasone propionate</i> CREA 0.05 %	1	QL(60 gm per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 gm per fill retail)
<i>hydrocortisone butyrate SOLN</i>	1	QL(60 ml per fill retail)	<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
<i>hydrocortisone valerate CREA</i>	1		<b>Eczema Agents</b>		
<i>hydrocortisone valerate OINT</i>	1		ADBRY SOSY	2	SP; PA
HYDROCORTISONE CREA	2		CIBINQO	NP	SP; PA
HYDROXATE GEL	NP		DUPIXENT SOPN	2	SP; PA
HYDROXYM GEL	NP		DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA
IMPEKLO LOTN	NP		OPZELURA	NP	PA
LOCOID LIPOCREAM	NP		<b>Emollient/Keratolytic Agents</b>		
<i>mometasone furoate CREA</i>	1	QL(50 gm per fill retail)	<i>urea CREA 40 %</i>	1	QL(85.05 gm per fill retail); RX/OTC
<i>mometasone furoate OINT</i>	1	QL(45 gm per fill retail)	<i>urea LOTN 40 %</i>	1	QL(325 gm per fill retail)
<i>mometasone furoate SOLN</i>	1	QL(60 ml per fill retail)	<b>Emollients</b>		
<i>prednicarbate OINT</i>	1	QL(60 gm per fill retail)	<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 gm per fill retail); RX/OTC
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP		<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 gm per fill retail); RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	1		<b>Hair Growth Agents</b>		
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 gm per fill retail)	LITFULO	NP	SP; PA
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 gm per fill retail)	<b>Immunomodulating Agents - Topical</b>		
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 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)	<b>Immunosuppressive Agents - Topical</b>		
<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>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA	<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
<b>Keratolytic/Antimitotic/Vesicant Agents</b>			<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)	<i>metronidazole (topical) LOTN</i>	1	
<i>salicylic acid GEL 6 %</i>	1	QL(40 gm per fill retail)	<b>Scabicides &amp; Pediculicides</b>		
<b>Local Anesthetics - Topical</b>			<i>ivermectin (pediculicide)</i>	NP	RX/OTC
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 gm per fill retail)	LICEMD GEL	2	
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 gm per fill retail)	<i>malathion</i>	1	QL(59 ml per fill retail); 2 max fill(s) per 30 day(s) retail
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)	NATROBA (Use <i>spinosad</i> )	2	QL(120 ml per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)	NIX LICE KILLING SPRAY LIQD XX	2	
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)	<i>permethrin AERO</i>	1	
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 gm per fill retail)	<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 gm per fill retail)	<i>permethrin LIQD EX</i>	1	
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ea per fill retail); RX/OTC	<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %</i>	1	
<i>lidocaine hcl PRSY</i>	1	QL(85 ml per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
<i>lidocaine CREA 4 %</i>	1	QL(76.5 gm per fill retail)	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1	
LIDOCAINE CREA	2	QL(85 gm per fill retail)	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	2	
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 gm per fill retail)	SCHOOLTIME SHAMPOO SHAM	2	
RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)	SKLICE (Use <i>ivermectin (pediculicide)</i> )	NP	RX/OTC
<b>Misc. Topical</b>					
<i>lanolin (topical) CREA</i>	1				
<i>lanolin (topical) OINT</i>	1				
LANOLOR CREA	2				
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 gm per fill retail)			
<b>Rosacea Agents</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>spinosad</i>	1	QL(120 ml per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	COBAS LIAT SARS-COV-2 ASSAY	CO	
			COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC
Tar Products			COVID-19 AG TEST KIT	CO	
<i>coal tar extract SHAM 0.5 %</i>	1		COVID-19 AT-HOME TEST KIT KIT	CO	
Wound Care Products			COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO	
APLIGRAF DISK	2	PA	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO	
<b>DIAGNOSTIC PRODUCTS</b>					
Diagnostic Drugs					
<i>cosyntropin SOLR</i>	1	SP; PA	CVS COVID-19 AT HOME TESTKIT KIT	CO	
THYROGEN 0.9 MG	2	SP; PA	ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC
Diagnostic Tests					
ACCUA SARS-COV-2	CO		ELLUME COVID-19 HOME TEST KIT	CO	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	CO		FASTEP COVID-19 ANTIGEN HOME TEST KIT	CO	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO		FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC
BINAXNOW COVID-19 AG CARD	CO		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	CO		GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	CO	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	CO		GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	CO	
CHEMSTRIP-K STRP	2		ID NOW COVID-19	CO	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	CO		ID NOW COVID-19 2.0	CO	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	CO		ID NOW COVID-19 2.0 CONTROL SWAB KIT	CO	RX/OTC
			ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	CO		ONETOUCH VERIO TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO				
INTELISWAB COVID-19 RAPID TEST KIT	CO				
KETONE TEST STRIPS STRP	2				
KETONE STRP	2				
KETOSTIX STRP	2				
LUCIRA CHECK IT COVID-19 TEST KIT KIT	CO	RX/OTC			
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC			
LYRA DIRECT SARS-COV-2 ASSAY	CO				
LYRA SARS-COV-2 ASSAY	CO				
OHC COVID-19 ANTIGEN SELF TEST KIT	CO				
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	CO				
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	CO				
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC			
			QUICKVUE AT-HOME COVID-19 TEST KIT	CO	
			QUICKVUE SARS ANTIGEN TEST	CO	
			RAPID RESPONSE COVID-19	CO	RX/OTC
			RAPID SARS-COV-2 ANTIGEN TEST CARD KIT	CO	
			RELION KETONE TEST STRIPS STRP	2	
			SOFIA SARS ANTIGEN FIA	CO	
			SOFIA2 SARS ANTIGEN FIA	CO	
			SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	CO	
			XPRT XPRESS SARS-COV-2	CO	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>					
Digestive Enzymes					
			CREON CPEP	2	
			SUCRAID	2	SP; PA



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

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

**Carbonic Anhydrase Inhibitors**

<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP

**Diuretic Combinations**

<i>amiloride &amp; hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	1	MP
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP

**Loop Diuretics**

<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOAANZ TABS 20 MG	2	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily); MP
<i>torsemide TABS 20 MG</i>	1	MP

**Potassium Sparing Diuretics**

<i>amiloride hcl TABS</i>	1	QL(4 ea daily)
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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone TABS</i>	1	MP

**Thiazides and Thiazide-Like Diuretics**

<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP

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

**Bone Density Regulators**

<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP
<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
NATPARA	2	SP; 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 35 MG</i>	1	4 per 28 days; QL(4 ea per 28 day(s) retail)
<i>risedronate sodium TABS 150 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)	SOGROYA	2	SP; PA
<i>risedronate sodium TBEC</i>	1		Hormone Receptor Modulators		
<i>teriparatide (recombinant) SOPN</i>	1	SP; PA	<i>raloxifene hcl</i>	1	QL(1 ea daily)
XGEVA SOLN	2	SP; PA	Insulin-Like Growth Factors (Somatomedins)		
<i>zoledronic acid CONC</i>	1	SP; PA	INCRELEX	2	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA	FENSOLVI SC	2	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
Corticotropin			LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
ACTHAR GEL	2	SP; PA	LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
CORTROPHIN GEL	2	SP; PA	SUPPRELIN LA	NP	SP; PA
Fertility Regulators			SYNAREL	2	SP; PA
CHORIONIC GONADOTROPIN IM	2	PA	Metabolic Modifiers		
NOVAREL IM 5000 UNIT	2	PA	ALDURAZYME	2	SP; PA
PREGNYL IM	2	PA	<i>betaine</i>	1	SP; PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA	BUPHENYL POWD ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA
GnRH/LHRH Antagonists			BUPHENYL TABS ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA
ORLISSA	2	SP; PA	<i>calcitriol CAPS</i>	1	
Growth Hormone Receptor Antagonists			CARBAGLU ( <i>Use carglumic acid</i> )	2	PA
SOMAVERT	2	SP; PA	<i>carglumic acid</i>	1	PA
Growth Hormones			<i>cinacalcet hcl</i>	1	SP; PA
GENOTROPIN MINIQUICK PRSY	2	SP; PA	CRYSVITA	2	PA
GENOTROPIN CART SC	2	SP; PA	ELAPRASE	2	SP; PA
NGENLA	NP	SP; PA	FABRAZYME	2	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA	GALAFOLD	2	QL(0.5 ea daily); SP; PA
OMNITROPE SOCT	NP	SP; PA	KANUMA	2	SP; PA
SKYTROFA	NP	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)	LANREOTIDE ACETATE	2	SP; PA
LUMIZYME	2	SP; PA	<i>octreotide acetate SOLN</i>	1	SP; PA
MYALEPT	2	SP; PA	<i>octreotide acetate SOSY</i>	1	SP; PA
NAGLAZYME	2	SP; PA	SANDOSTATIN LAR DEPOT KIT	2	SP; PA
<i>nitisinone CAPS</i>	1	SP; PA	SIGNIFOR	2	SP; PA
OLPRUVA THPK	NP	SP	SIGNIFOR LAR	2	SP; PA
ORFADIN SUSP	2	SP; PA	SOMATULINE DEPOT	2	SP; PA
PALYNZIQ	2	SP; PA	Vasopressin Receptor Antagonists		
<i>paricalcitol SOLN</i>	1	SP; PA	JYNARQUE TABS	2	SP; PA
PARSABIV	2	SP; PA	JYNARQUE TBPK	2	SP; PA
PHEBURANE PLLT	2	PA	<i>tolvaptan TABS</i>	1	SP; PA
RAVICTI	2	PA	<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
REVCOVI	2	SP; PA	Estrogen Combinations		
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA	COMBIPATCH PTTW	2	QL(8 ea per 28 day(s) retail)
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA	<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>sodium phenylbutyrate POWD</i>	1	SP; PA	MYFEMBREE	2	
<i>sodium phenylbutyrate TABS</i>	1	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	0	
STRENSIQ	2	SP; PA	ORIAHNN	2	PA
VIMIZIM	2	SP; PA	PREMPHASE	2	QL(1 ea daily)
XPHOZAH	NP	SP	PREMPRO	2	QL(1 ea daily)
Posterior Pituitary Hormones			Estrogens		
<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily); MP
<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)	<i>estradiol PTTW</i>	1	QL(0.29 ea daily); MP
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA	<i>estradiol PTWK</i>	1	QL(0.143 ea daily); MP
DESMOPRESSIN ACETATE SOLN NA	2	PA	<i>estradiol TABS</i>	1	MP
<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)	PREMARIN TABS	2	QL(1 ea daily)
STIMATE SOLN NA	2	PA	<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Somatostatic Agents			Fluoroquinolones		
<i>lanreotide acetate</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</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)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	1	QL(30 ml per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ml per fill retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	2	QL(5 ea daily); SP; PA
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OICALIVA	2	SP; PA
<b>Gallstone Solubilizing Agents</b>		
CHENODAL	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
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl TABS 10 MG</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<b>Inflammatory Bowel Agents</b>		
<i>ASACOL HD TBEC (Use mesalamine)</i>	NP	QL(3 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
<i>CANASA SUPP (Use mesalamine)</i>	2	
ENTYVIO SOPN	NP	SP; PA
<i>LIALDA TBEC (Use mesalamine)</i>	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 ea daily)
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
VELSIPITY	NP	SP; PA
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl</i>	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
<b>Peripheral Opioid Receptor Antagonists</b>		
MOVANTIK	2	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENAGEL ( <i>Use sevelamer hcl</i> )	2	
RENVELA TABS ( <i>Use sevelamer carbonate</i> )	NP	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX	2	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate &amp; citric acid</i>	1	QL(16.67 ml daily); RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	PA
PROCYSBI PACK	2	PA
<b>Genitourinary Irrigants</b>		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 ea daily); MP
RAPAFLO 4 MG ( <i>Use silodosin</i> )	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1	
<b>Urinary Stone Agents</b>		
<i>tiopronin TABS</i>	1	SP; PA
<b>Vesicoureteral Reflux (VUR) Agents</b>		
DEFLUX	2	SP; PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1	MP
<b>Gout Agents</b>		
<i>allopurinol</i>	1	MP
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 ea per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA
<b>Uricosurics</b>		
<i>probenecid</i>	1	MP
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVATE	2	PA	PROFILNINE	2	PA
ADYNOVATE	2	PA	REBINYN	2	PA
AFSTYLA	2	PA	RECOMBINATE SOLR	2	PA
ALPHANATE SOLR	2	PA	RIASTAP	2	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	PA	RIXUBIS SOLR	2	PA
ALPROLIX	2	PA	ROCTAVIAN	2	SP; PA
ALTUVIIIIO	2	PA	SEVENFACT	2	PA
BENEFIX KIT	2	PA	TRETTEN	2	PA
COAGADEX	2	PA	VONVENDI	2	PA
CORIFACT	2	PA	WILATE KIT	2	PA
ELOCTATE	2	PA	XYNTHA	2	PA
ESPEROCT	2	PA	XYNTHA SOLOFUSE	2	PA
FEIBA	2	PA	Bradykinin B2 Receptor Antagonists		
FIBRYGA	2	PA	<i>icatibant acetate SOLN</i>	1	SP; PA
HEMGENIX	2	PA	<i>icatibant acetate SOSY</i>	1	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	PA	Complement Inhibitors		
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	2	PA	BERINERT KIT	2	SP; PA
HUMATE-P SOLR	2	PA	CINRYZE SOLR IV	2	SP; PA
IDELVION	2	PA	RUCONEST	2	SP; PA
IXINITY SOLR	2	PA	SOLIRIS	2	SP; PA
JIVI	2	PA	Hemataologic - Tyrosine Kinase Inhibitors		
KCENTRA	2	PA	TAVALISSE	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	PA	Hematorheologic Agents		
KOATE SOLR	2	PA	<i>pentoxifylline</i>	1	MP
KOGENATE FS KIT	2	PA	Human Protein C		
KOVALTRY	2	PA	CEPROTIN	2	SP; PA
NOVOEIGHT	2	PA	Plasma Kallikrein Inhibitors		
NOVOSEVEN RT	2	PA	KALBITOR	2	SP; PA
NUWIQ KIT	2	PA	TAKHZYRO SOLN	2	SP; PA
NUWIQ SOLR	2	PA	Plasma Proteins		
OBIZUR	2	PA	THROMBATE III	2	SP; PA
			Platelet Aggregation Inhibitors		
			ASPIRIN/OMEPRazole 81 MG-40 MG	2	

Drug Name	Drug Tier	Requirements/Limits
ASPIRIN/OMEPRazole ER	2	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 ea daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
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	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 ea daily)
Hematopoietic Gene Therapy		

Drug Name	Drug Tier	Requirements/Limits
ZYNTEGLO	2	PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 ea daily)
<b>Iron</b>		
FERRETTIS TABS	2	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	1	QL(2 ea daily)
<i>ferrous gluconate TABS 27 MG, 240 MG</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR 160 MG</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 324 MG</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)
<b>Stem Cell Mobilizers</b>		
<i>plerixafor</i>	1	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<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) TBDP</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS</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	
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1	
<b>Non-Barbiturate Hypnotics</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 ea daily)
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
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	NP	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %</i>	1	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 ea daily)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
SORBITOL OR 70 %	2	
Saline Laxatives		
<i>magnesium citrate</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>sodium phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
<i>sennosides TABS 8.6 MG</i>	1	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium LIQD</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Azithromycin</b>			1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)	1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)	ACCUTREND PLUS	2	
<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 day(s) retail)	ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC
<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)	AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)	AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC
<b>Clarithromycin</b>			AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)	AURORA LANCET SUPER THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)	AURORA LANCET THIN 23G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)	CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<b>Erythromycins</b>			CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2		CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2		CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC
<i>erythromycin base CPEP</i>	1		CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin base TABS</i>	1		CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1		CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1		CLEANLET LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
<b>MEDICAL DEVICES AND SUPPLIES</b>					
<b>Bandages-Dressings-Tape</b>					
ALCOHOL PREP PADS-MISC	2	OTC			
<b>Contraceptives</b>					
CONDOMS-MISC	2	QL(36 ea per fill retail)			
<b>Diabetic Supplies</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 per month; QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL THIN LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA	GNP STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA	GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 day(s) retail); PA	GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 day(s) retail); PA	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC
			GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	200 per month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	200 per month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS SUPER THIN 28G	2	200 per month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS STANDARD	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PHARMACY COUNTER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PRECISION THINS GP LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
MONOLET OPD LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PSS SELECT GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS MICROTHIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	2		QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
PERFECT LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
			RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
REALITY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily); RX/OTC	SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SURELITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE AST LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
SB LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SB LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	THINLETS GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	TODAYS HEALTH SUPER THINLANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS STANDARD 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
ULILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET G.P. LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET LANCETS SUPER-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	Misc. Devices		
			ALCOHOL PREP PADS	2	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL SWABS	2	RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC
BD SWABS SINGLE USE	2	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)
CVS PREP PADS	2	RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC
DROPSAFE ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
FIFTY50 ALCOHOL PREP PADS	2	RX/OTC	<b>Respiratory Therapy Supplies</b>		
GNP ALCOHOL SWABS	2	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
HM STERILE ALCOHOL PREP PADS	2	RX/OTC	ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT ALCOHOL PADS	2	RX/OTC	ADULT MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
QC ALCOHOL SWABS	2	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
RA ALCOHOL SWABS	2	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
REALITY SWABS	2	RX/OTC	AEROCHAMBER MV MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
RELION ALCOHOL SWABS	2	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
SB ALCOHOL PREP PADS	2	RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
SM ALCOHOL PREP PADS	2	RX/OTC	<b>Parenteral Therapy Supplies</b>		
WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily); RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK 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 FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD 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	BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA 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
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM 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
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT 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
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK 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
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC 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
			FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
			INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET 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 EXPIRATORY FILTER VALVE SET DEVI	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 MASK SET 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 SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK 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	PARI VORTEX ADULT MASK	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	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	PFLEX MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	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 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 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
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POCKET SPACER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT 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	SOOTHENE NB 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SOOTHENE NB 100 MEDICATION CUP 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	SOOTHENE NB 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENE NB 100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY 100 MG/ML	NP	SP; PA
EMGALITY SOSY 120 MG/ML	2	SP; PA
NURTEC	2	PA
QULIPTA	2	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
<b>Migraine Combinations</b>		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
<b>Serotonin Agonists</b>		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	
<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 day(s) retail)
ZOMIG SOLN 2.5 MG	NP	
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
<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)
MAGNEBIND 400	NP	
<i>oyster shell</i>	1	
<b>Fluoride</b>		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	
SOLUVITA SOLN	2	RX/OTC
<b>Magnesium</b>		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	1	
<b>Phosphate</b>		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	QL(8 ea daily)
<b>Potassium</b>		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 ea daily); MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
<b>Zinc</b>		
<i>zinc sulfate CAPS</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
<b>Enzymes</b>		
XIAFLEX	2	SP; PA
<b>Fecal Incontinence Bulking Agents</b>		
SOLESTA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Immunomodulators</b>		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>azathioprine TABS 50 MG</i>	1	MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil CAPS</i>	1	PA
<i>mycophenolate mofetil SUSR</i>	1	PA
<i>mycophenolate mofetil TABS</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS (Use cyclosporine)	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPB	2	PA
Potassium Removing Agents		
LOKELMA	2	
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
PREVIDENT RINSE SOLN	2	
<i>sodium fluoride (dental) CREA</i>	1	QL(57 gm per fill retail)
<i>sodium fluoride (dental) GEL</i>	1	QL(60 gm per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
<i>stannous fluoride CONC</i>	1	RX/OTC
Periodontal Products		

Drug Name	Drug Tier	Requirements/Limits
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ea per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>b-complex vitamins TABS</i>	1	QL(1 ea daily)	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
B-Complex w/ C			PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
<i>b complex w/ c CAPS</i>	1	QL(1 ea daily)	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
B-Complex w/ Folic Acid			PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>b-complex w/ c &amp; folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
<i>b-complex w/ c &amp; folic acid TABS</i>	1	QL(1 ea daily); RX/OTC	SOLUVITA SOLN	2	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Multiple Vitamins w/ Iron			Ped MV w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 ea daily)	BPROTECTED PEDIA POLY-VITE/IRON SOLN	2	QL(60 ml per fill retail)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	2	QL(1 ea daily)	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	2	QL(60 ml per fill retail)
Multiple Vitamins w/ Minerals			POLY-VITA/IRON SOLN	2	QL(60 ml per fill retail)
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC	Pediatric Multiple Vitamins		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN OR	2	
Multivitamins			MULTIVITAMIN INFANT & TODDLER SOLN OR	2	
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)	MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	2	
Ped Multi Vitamins w/Fl & FE			POLY-VI-SOL SOLN OR	2	
<i>ped multivitamins w/fl &amp; iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC			
Ped Multiple Vitamins w/ Minerals					
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	2				
Ped MV w/ Fluoride					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLY-VITA SOLN OR	2		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 ea daily)
POLY-VITE PEDIATRIC SOLN OR	2		<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)
Prenatal Vitamins			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 ea daily)
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	2	SP; PA
Vitamins w/ Lipotropics			LYVISPAH PACK	NP	
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 ea daily)	<i>metaxalone</i>	1	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>			<i>methocarbamol TABS 750 MG</i>	1	
Articular Cartilage Repair Therapy			<i>methocarbamol TABS 500 MG</i>	1	MP
MACI	2	SP; PA	<i>orphenadrine citrate TB12</i>	1	
Central Muscle Relaxants			OZOBAX DS SOLN OR (Use baclofen)	NP	
<i>baclofen SOLN OR 5 MG/5ML</i>	1		OZOBAX SOLN OR (Use baclofen)	2	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA	<i>tizanidine hcl CAPS</i>	1	
<i>baclofen SOLN OR 10 MG/5ML</i>	2		<i>tizanidine hcl TABS</i>	1	
<i>baclofen SUSP</i>	1		Direct Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP	<i>dantrolene sodium CAPS</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
<i>baclofen TABS 15 MG</i>	1		SOHONOS 5 MG	2	SP; PA
<i>carisoprodol TABS 250 MG</i>	1	PA	Muscle Relaxant Combinations		
<i>carisoprodol TABS 350 MG</i>	1	MP; PA	<i>orphenadrine w/ aspirin &amp; caff</i>	1	
<i>chlorzoxazone TABS 500 MG</i>	1	MP	<i>orphenadrine w/ aspirin &amp; caff 385 MG-30 MG-25 MG</i>	NP	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1		Viscosupplements		
<i>cyclobenzaprine hcl CP24</i>	1		EUFLEXXA SOSY	2	SP; PA
			GEL-ONE	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)
<i>saline SOLN</i>	1	QL(90 ml per fill retail)
Nasal Antiallergy		
<i>azelastine hcl</i>	1	QL(30 ml per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ml per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ml per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
Nasal Steroids		
<i>flunisolide (nasal) 0.025 %</i>	1	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ml per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	PA
ELEVIDYS 10.5-11.4 KG	2	PA
ELEVIDYS 11.5-12.4 KG	2	PA
ELEVIDYS 12.5-13.4 KG	2	PA
ELEVIDYS 13.5-14.4 KG	2	PA
ELEVIDYS 14.5-15.4 KG	2	PA
ELEVIDYS 15.5-16.4 KG	2	PA
ELEVIDYS 16.5-17.4 KG	2	PA

Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 17.5-18.4 KG	2	PA
ELEVIDYS 18.5-19.4 KG	2	PA
ELEVIDYS 19.5-20.4 KG	2	PA
ELEVIDYS 20.5-21.4 KG	2	PA
ELEVIDYS 21.5-22.4 KG	2	PA
ELEVIDYS 22.5-23.4 KG	2	PA
ELEVIDYS 23.5-24.4 KG	2	PA
ELEVIDYS 24.5-25.4 KG	2	PA
ELEVIDYS 25.5-26.4 KG	2	PA
ELEVIDYS 26.5-27.4 KG	2	PA
ELEVIDYS 27.5-28.4 KG	2	PA
ELEVIDYS 28.5-29.4 KG	2	PA
ELEVIDYS 29.5-30.4 KG	2	PA
ELEVIDYS 30.5-31.4 KG	2	PA
ELEVIDYS 31.5-32.4 KG	2	PA
ELEVIDYS 32.5-33.4 KG	2	PA
ELEVIDYS 33.5-34.4 KG	2	PA
ELEVIDYS 34.5-35.4 KG	2	PA
ELEVIDYS 35.5-36.4 KG	2	PA
ELEVIDYS 36.5-37.4 KG	2	PA
ELEVIDYS 37.5-38.4 KG	2	PA
ELEVIDYS 38.5-39.4 KG	2	PA
ELEVIDYS 39.5-40.4 KG	2	PA
ELEVIDYS 40.5-41.4 KG	2	PA
ELEVIDYS 41.5-42.4 KG	2	PA
ELEVIDYS 42.5-43.4 KG	2	PA
ELEVIDYS 43.5-44.4 KG	2	PA
ELEVIDYS 44.5-45.4 KG	2	PA
ELEVIDYS 45.5-46.4 KG	2	PA
ELEVIDYS 46.5-47.4 KG	2	PA
ELEVIDYS 47.5-48.4 KG	2	PA
ELEVIDYS 48.5-49.4 KG	2	PA
ELEVIDYS 49.5-50.4 KG	2	PA
ELEVIDYS 50.5-51.4 KG	2	PA
ELEVIDYS 51.5-52.4 KG	2	PA
ELEVIDYS 52.5-53.4 KG	2	PA
ELEVIDYS 53.5-54.4 KG	2	PA

Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 54.5-55.4 KG	2	PA
ELEVIDYS 55.5-56.4 KG	2	PA
ELEVIDYS 56.5-57.4 KG	2	PA
ELEVIDYS 57.5-58.4 KG	2	PA
ELEVIDYS 58.5-59.4 KG	2	PA
ELEVIDYS 59.5-60.4 KG	2	PA
ELEVIDYS 60.5-61.4 KG	2	PA
ELEVIDYS 61.5-62.4 KG	2	PA
ELEVIDYS 62.5-63.4 KG	2	PA
ELEVIDYS 63.5-64.4 KG	2	PA
ELEVIDYS 64.5-65.4 KG	2	PA
ELEVIDYS 65.5-66.4 KG	2	PA
ELEVIDYS 66.5-67.4 KG	2	PA
ELEVIDYS 67.5-68.4 KG	2	PA
ELEVIDYS 68.5-69.4 KG	2	PA
ELEVIDYS 69.5 KG PLUS	2	PA
EXONDYS 51	2	SP; PA
VILTEPSO	2	SP; PA
VYONDYS 53	2	SP; PA
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX IJ	2	SP; PA
DYSPOORT	2	SP; PA
MYOBLOC	2	SP; PA
XEOMIN	2	SP; PA
<b>Spinal Muscular Atrophy Agents (SMA)</b>		
EVRYSDI	2	SP
SPINRAZA	2	SP; PA
ZOLGENSMA 10.1-10.5 KG	2	PA
ZOLGENSMA 10.6-11.0 KG	2	PA
ZOLGENSMA 11.1-11.5 KG	2	PA
ZOLGENSMA 11.6-12.0 KG	2	PA
ZOLGENSMA 12.1-12.5 KG	2	PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 12.6-13.0 KG	2	PA
ZOLGENSMA 13.1-13.5 KG	2	PA
ZOLGENSMA 13.6-14.0 KG	2	PA
ZOLGENSMA 14.1-14.5 KG	2	PA
ZOLGENSMA 14.6-15.0 KG	2	PA
ZOLGENSMA 15.1-15.5 KG	2	PA
ZOLGENSMA 15.6-16.0 KG	2	PA
ZOLGENSMA 16.1-16.5 KG	2	PA
ZOLGENSMA 16.6-17.0 KG	2	PA
ZOLGENSMA 17.1-17.5 KG	2	PA
ZOLGENSMA 17.6-18.0 KG	2	PA
ZOLGENSMA 18.1-18.5 KG	2	PA
ZOLGENSMA 18.6-19.0 KG	2	PA
ZOLGENSMA 19.1-19.5 KG	2	PA
ZOLGENSMA 19.6-20.0 KG	2	PA
ZOLGENSMA 2.6-3.0 KG	2	PA
ZOLGENSMA 20.1-20.5 KG	2	PA
ZOLGENSMA 20.6-21.0 KG	2	PA
ZOLGENSMA 3.1-3.5 KG	2	PA
ZOLGENSMA 3.6-4.0 KG	2	PA
ZOLGENSMA 4.1-4.5 KG	2	PA
ZOLGENSMA 4.6-5.0 KG	2	PA
ZOLGENSMA 5.1-5.5 KG	2	PA
ZOLGENSMA 5.6-6.0 KG	2	PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 6.1-6.5 KG	2	PA
ZOLGENSMA 6.6-7.0 KG	2	PA
ZOLGENSMA 7.1-7.5 KG	2	PA
ZOLGENSMA 7.6-8.0 KG	2	PA
ZOLGENSMA 8.1-8.5 KG	2	PA
ZOLGENSMA 8.6-9.0 KG	2	PA
ZOLGENSMA 9.1-9.5 KG	2	PA
ZOLGENSMA 9.6-10.0 KG	2	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
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)
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )	2	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TIMOLOL/BRIMONIDE/DORZOLAMIDE	2	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	NP	
<b>Cycloplegic Mydriatics</b>		
atropine sulfate (ophthalmic) OINT	1	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) SOLN	1	QL(5 ml per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 ea per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ml per fill retail)
cyclopentolate hcl 1 %	1	QL(5 ml per fill retail)
cyclopentolate hcl 0.5 %	1	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	1	QL(5 ml per fill retail)
tropicamide SOLN 1 %	1	QL(3 ml per fill retail)
tropicamide SOLN 0.5 %	1	QL(15 ml per fill retail)
<b>Miotics</b>		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEVACIZUMAB IO 2.75 MG/0.11ML	2	PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOLN 0.3 MG/0.05ML	2	SP; PA
LUCENTIS SOSY	2	SP; PA
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P (Use brimonidine tartrate)	2	

Drug Name	Drug Tier	Requirements/Limits
apraclonidine hcl	1	
brimonidine tartrate 0.1 %, 0.15 %	1	
brimonidine tartrate 0.2 %	1	QL(5 ml per fill retail)
SIMBRINZA	2	
<b>Ophthalmic Anti-infectives</b>		
bacitracin-polymyxin b (ophth)	1	QL(4 gm per fill retail)
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ml per fill retail)
ERYTHROMYCIN	2	QL(4 gm per fill retail)
erythromycin (ophth)	1	QL(4 gm per fill retail)
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) OINT	1	QL(4 gm per fill retail)
gentamicin sulfate (ophth) SOLN	1	QL(5 ml per fill retail)
levofloxacin (ophth) 0.5 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin	1	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin	1	QL(10 ml per fill retail)
ofloxacin (ophth)	1	QL(5 ml per fill retail)
polymyxin b-trimethoprim	1	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) SOLN	1	QL(15 ml per fill retail)
tobramycin (ophth) SOLN	1	QL(5 ml per fill retail)
TOBREX OINT	2	QL(4 gm per fill retail)
<b>Ophthalmic Decongestants</b>		
naphazoline w/ pheniramine 0.3 %-0.025 %	1	1 max fill(s) per 30 day(s) retail

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
BIVIGAM SOLN 5 GM/50ML	2	PA
BIVIGAM SOLN 10 %	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD LIQUID	2	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMMAPLEX SOLN 5 GM/50ML	2	PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA



Drug Name	Drug Tier	Requirements/Limits
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
OCTAGAM SOLN 5 GM/50ML	2	PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN 5 GM/50ML	2	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
<b>Monoclonal Antibodies</b>		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	2	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Natural Penicillins</b>		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	QL(1.34 ea daily)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
<b>Liquid Vehicles</b>		
<i>glycine diluent</i>	1	SP; PA
PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA
<b>Semi Solid Vehicles</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>Ilanolin XX</i>	1		EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i> )	2	QL(1 ea daily)
LANOLIN XX	2		<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>			<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)
Progestins			<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA	<i>memantine hcl CP24</i>	1	
MAKENA SOAJ	NP	SP; PA	<i>memantine hcl SOLN</i>	1	QL(10 ml daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP	<i>memantine hcl TABS</i>	2	QL(1 ea per 28 day(s) retail)
<i>norethindrone acetate TABS</i>	1	MP	<i>memantine hcl TABS</i>	1	QL(2 ea daily); MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily)	NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i> )	NP	QL(1 ea per 28 day(s) retail)
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 30 day(s) retail)	<i>rivastigmine 13.3 MG/24HR</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>			<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)
Agents for Chemical Dependency			<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)
<i>acamprosate calcium</i>	1		Cerebral Adrenoleukodystrophy (CALD) Agents		
<i>disulfiram 250 MG</i>	1		SKYSONA	2	PA
Anti-Cataplectic Agents			Combination Psychotherapeutics		
SODIUM OXYBATE SOLN	2	SP; PA	LYBALVI	NP	
XYREM SOLN	2	SP; PA	<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
Antidementia Agents			Fibromyalgia Agents		
ADLARITY PTWK	NP		SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 day(s) retail); PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP	SAVELLA TABS	2	QL(2 ea daily); PA
<i>donepezil hydrochloride TABS 23 MG</i>	1		Movement Disorder Drug Therapy		
<i>donepezil hydrochloride TBDP</i>	1		AUSTEDO PATIENT TITRATION KIT TBPk	2	PA
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i> )	2		AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 6 MG, 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
<i>tetrabenazine</i>	1	SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	2	SP; PA
AVONEX PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	2	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i>fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 13 yrs old)
<i>nicotine MISC XX</i>	0	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
NICOTROL INHALER INHA	NP	AL(At least 13 yrs old); PA
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Cystic Fibrosis Agents</b>		
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
<b>Pulmonary Fibrosis Agents</b>		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
<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	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
<b>Thyroid Hormones</b>		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS	2	MP
<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	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	2	MP
NP THYROID 120 TABS	2	MP
NP THYROID 15 TABS	2	MP
NP THYROID 30 TABS	2	MP
NP THYROID 60 TABS	2	MP
NP THYROID 90 TABS	2	MP
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG ( <i>Use levothyroxine sodium</i> )	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFANRIX	0		<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
KINRIX SUSY	0		<i>famotidine TABS 10 MG</i>	1	
PEDIARIX SUSY	0		<i>ranitidine hcl TABS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
PENTACEL	0		Misc. Anti-Ulcer		
QUADRACEL SUSP	0		<i>sucralfate SUSP</i>	1	QL(420 ml per fill retail)
QUADRACEL SUSY	0		<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
TDVAX SUSP	0		Proton Pump Inhibitors		
TENIVAC INJ	0		<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0		<i>esomeprazole magnesium PACK</i>	1	
VAXELIS SUSP	0		<i>lansoprazole CPDR</i>	1	RX/OTC
VAXELIS SUSY	0		<i>lansoprazole TBDD</i>	1	PA; RX/OTC
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)</i>	NP	RX/OTC
Antispasmodics			<i>NEXIUM 24HR CPDR (Use esomeprazole magnesium)</i>	NP	RX/OTC
<i>dicyclomine hcl CAPS</i>	1		<i>NEXIUM CPDR 20 MG (Use esomeprazole magnesium)</i>	NP	RX/OTC
<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)	<i>NEXIUM PACK (Use esomeprazole magnesium)</i>	2	
<i>dicyclomine hcl TABS</i>	1		<i>NEXIUM PACK</i>	2	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)	<i>omeprazole CPDR</i>	1	QL(2 ea daily)
<i>hyoscyamine sulfate ELIX</i>	1		<i>omeprazole TBEC</i>	1	QL(1 ea daily)
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1		<i>pantoprazole sodium PACK</i>	1	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 ea daily)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 ea daily)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		<i>PROTONIX PACK (Use pantoprazole sodium)</i>	2	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
H-2 Antagonists					
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC			
<i>cimetidine TABS 300 MG, 400 MG</i>	1				
<i>cimetidine TABS 800 MG</i>	1	QL(500 ea per fill retail)			

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24	2	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BCG VACCINE	0	
BEXSERO	0	
BIOTHRAX	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	
TRUMENBA	0	
TYPHIM VI SOLN	0	
TYPHIM VI SOSY	0	
VAXCHORA	0	
VAXNEUVANCE	0	
VIVOTIF	0	
Viral Vaccines		
ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)
ACAM2000	0	
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	FLUBLOK QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
AREXVY	0	QL(1 ea per fill retail)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSP	CO		FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	CO		FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
COMIRNATY SUSP	CO		FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
DENGVAXIA	0		FLUMIST QUADRIVALENT	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail	FLUZONE HIGH-DOSE 2024-2025 SUSY	0	AL (19 years old and older); 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 package(s) per 180 day(s) retail
FLUAD 2024-2025	0	AL (19 years old and older); 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE HIGH-DOSE PF 2023-2024	0	1 package(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail			
FLUBLOK QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	CO	
GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	CO	
GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	CO	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	CO	
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	CO	
IMOVAX RABIES (H.D.C.V.) SUSR	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	CO	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	CO	
IXCHIQ	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	CO	
IXIARO	0		PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail
JANSSEN COVID-19 VACCINE	CO		PRIORIX SUSR	0	
JYNNEOS	0		PROQUAD SUSR	0	
M-M-R II SOLR	0		RABAVERT	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	CO		RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	CO		RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	CO		ROTARIX SUSP	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	CO		ROTARIX SUSR	0	
MODERNA COVID-19 VACCINE SUSP	CO		ROTATEQ SOLN	0	
NOVAVAX COVID-19 VACCINE	CO				
NOVAVAX COVID-19 VACCINE/2023-24	CO				
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	CO				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SANOVI COVID-19 VACCINE/ANTIGEN COMPONENT	CO		<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	CO		<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	CO		<i>miconazole nitrate vaginal KIT</i>	1	QL(24 ea per fill retail)
SPIKEVAX COVID-19 VACCINE SUSP	CO		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)
STAMARIL SUSR	0		<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill retail)
TICOVAC	0		NUVESSA	2	
TWINRIX SUSY	0		<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)
VAQTA	0		<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)
VARIVAX INJ	0	2 max fill(s) per 999 day(s) retail	<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)
YF-VAX INJ	0		<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)
<b>VAGINAL AND RELATED PRODUCTS</b>			VANDAZOLE	NP	QL(70 gm per fill retail)
Spermicides			XACIATO GEL	NP	
ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)	Vaginal Anti-inflammatory Agents		
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	2	QL(86 gm per fill retail)	<i>hydrocortisone vaginal</i>	1	QL(85.2 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)	Vaginal Estrogens		
VCF VAGINAL CONTRACEPTIVE GEL	2		<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 day(s) retail)
Vaginal Anti-infectives			<i>estradiol vaginal TABS</i>	1	
<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)	PREMARIN	2	QL(43 gm per 30 day(s) retail)
CLINDESSE	2		Vaginal Progestins		
<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)	CRINONE GEL	2	AL(At least 15 yrs old)
<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
GYNAZOLE-1	2		FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)	<b>VASOPRESSORS - Drugs to Treat Heart and</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 ea per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 ea per 180 day(s) retail; 6 ea per 180 days mail)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 ea per 180 day(s) retail)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 ea per 180 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
<i>ergocalciferol CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KEY-E CHEW	2	QL(2 ea daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD OR 5000 UNIT/ML	2	
<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
VITAMIN E CAPS 200 UNIT	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)
NIACIN TR CPCR	2	
NIACIN TR TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 ea daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 ea daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 ea daily)

# INDEX

1ST TIER UNILET COMFORTOUCH LANCETS 28G .....	61	acetaminophen ELIX .....	6	ACTIVITY POUCH MISC .....	68
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....	61	acetaminophen LIQD 160 MG/5ML .....	6	acyclovir CAPS .....	36
abacavir sulfate SOLN .....	34	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .....	6	acyclovir SUSP .....	36
abacavir sulfate TABS .....	34	acetaminophen SUPP 120 MG, 650 MG .....	6	acyclovir TABS OR 400 MG .....	36
abacavir sulfate-lamivudine .....	34	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML .....	6	acyclovir TABS OR 800 MG .....	36
ABILIFY ASIMTUFII PRSY .....	34	acetaminophen TABS 325 MG, 500 MG .....	6	acyclovir topical CREA .....	46
ABILIFY MAINTENA PRSY .....	34	acetaminophen w/ codeine SOLN ..	7	acyclovir topical OINT .....	46
ABILIFY MAINTENA SRER .....	34	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG .....	7	ADACEL SUSP .....	87
ABILIFY MYCITE MAINTENANCE KIT .....	34	acetazolamide CP12 .....	52	ADALIMUMAB-AACF (2 PEN) AJKT .	3
ABILIFY MYCITE STARTER KIT ..	34	acetazolamide TABS .....	52	ADALIMUMAB-AATY 1-PEN KIT	
abiraterone acetate .....	30	acetic acid (otic) .....	83	AJKT .....	3
ABRAXANE .....	32	acetylcysteine SOLN .....	43	ADALIMUMAB-AATY 2-PEN KIT	
ABRILADA 1-PEN KIT AJKT .....	3	ACIDOPHILUS HIGH-POTENCY CAPS .....	18	AJKT .....	3
ABRILADA 2-PEN KIT AJKT .....	3	ACIDOPHILUS PEARLS CAPS ...	18	ADALIMUMAB-AATY 2-SYRINGE	
ABRILADA PSKT .....	3	ACIDOPHILUS PROBIOTIC BLEND CAPS .....	18	KIT PSKT .....	3
ABRYSVO .....	89	ACIDOPHILUS SUPER PROBIOTIC CAPS .....	18	ADALIMUMAB-ADAZ SOAJ .....	3
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) .....	43	ACIDOPHILUS/GOAT MILK CAPS 18		ADALIMUMAB-ADAZ SOSY .....	3
ACAM2000 .....	89	ACNE MEDICATION 10 LOTN ...	43	ADALIMUMAB-ADBAM AJKT .....	3
acamprosate calcium .....	85	ACNE MEDICATION 5 LOTN ...	43	ADALIMUMAB-ADBAM	
acarbose .....	16	ACTHAR GEL .....	53	CROHNS/UC/HS STARTER AJKT .	3
ACCULA SARS-COV-2 .....	50	ACTHIB SOLR IM .....	89	ADALIMUMAB-ADBAM PSKT .....	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) .....	26	ACTIMMUNE 100 MCG/0.5ML ...	31	ADALIMUMAB-ADBAM	
ACUTREND PLUS .....	61	ACTIPHLORA CAPS .....	18	PSORIASIS/UEVITIS STARTER	
ACE AEROSOL CLOUD ENHANCER MISC .....	68			AJKT .....	3
acebutolol hcl CAPS .....	37			ADALIMUMAB-ADBAM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3
acetaminophen CHEW .....	6			ADALIMUMAB-ADBAM STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT .....	3
				ADALIMUMAB-FKJP AJKT .....	3
				ADALIMUMAB-FKJP PSKT 40 MG/0.8ML .....	3

ADALIMUMAB-FKJP PSKT .....	3	TEST KIT .....	50	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC .....	69
ADALIMUMAB-RYVK (2 PEN) AJKT .	3	ADYNOVATE .....	57	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC .....	69
adapalene CREA .....	43	AEROCHAMBER HOLDING CHAMBER DEVI .....	68	AEROCHAMBER/FLOWSIGNAL MISC .....	69
adapalene GEL .....	43	AEROCHAMBER MINI AEROSOLCHAMBER DEVI .....	68	AEROTRACH PLUS MISC .....	69
ADAPALENE SOLN .....	44	AEROCHAMBER MV MISC .....	68	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI .	69
adapalene-benzoyl peroxide GEL .	43	AEROCHAMBER PLUS FLOW VU MISC .....	68	AFLURIA QUADRIVALENT 2022-2023 SUSP .....	89
ADBRY SOSY .....	48	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI .....	68	AFLURIA QUADRIVALENT 2022-2023 SUSY .....	90
ADCETRIS .....	29	AEROCHAMBER PLUS FLOW-VU MISC .....	69	AFLURIA QUADRIVALENT 2023-2024 SUSP .....	90
ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI .	69	AFLURIA QUADRIVALENT 2023-2024 SUSY .....	90
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI .....	69	AFSTYLA .....	57
ADLARITY PTWK .....	85	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC .....	69	AGAMATRIX ULTRA-THIN LANCETS 33G .....	61
ADLYXIN SOPN .....	17	AEROCHAMBER PLUS FLOW-VU/MASK MISC .....	69	AIMSCO TWIST LANCETS 32G .	61
ADLYXIN STARTER PACK PNKT	17	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI .....	69	AIMSCO TWIST LANCETS 33G .	61
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG .....	87	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI .....	69	AIRDUO DIGIHALER 113/14 .....	11
ADULT AEROSOL MASK MISC ..	68	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC .....	69	AIRDUO DIGIHALER 232/14 .....	11
ADULT MASK LARGE MISC .....	68	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC .....	69	AIRDUO DIGIHALER 55/14 .....	11
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) .....	11	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC .....	69	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVAIR HFA AERO (Use fluticasone-salmeterol) .....	11	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC .....	69	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVANCED MOBILE LANCET 30G 61		AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC .....	69	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) .....	11
ADVANCED PROBIOTIC CAPS ..	19			AIRDUO RESPICLICK 55/14 AEPB	11
ADVANCED PROBIOTIC-14 CAPS 18				AIRS PEDIATRIC AEROSOL MASK MISC .....	69
ADVATE .....	57				
ADVIL TABS (Use ibuprofen) .....	5				
ADVIN COVID-19 ANTIGEN HOME					

AIRSUPRA .....	11	almotriptan malate .....	73	amantadine hcl SOLN .....	32
AJOVY SOAJ .....	73	ALOE 10000 & PROBIOTICS CAPS .	19	amantadine hcl TABS .....	32
AJOVY SOSY .....	73	alogliptin benzoate .....	17	ambrisentan .....	38
albuterol sulfate AERS .....	11	alogliptin-metformin hcl .....	16	amcinonide CREA .....	46
albuterol sulfate NEBU 0.083 % ...	11	alogliptin-pioglitazone 15 MG-25 MG,	30 MG-12.5 MG, 30 MG-25 MG, 45	amcinonide LOTN .....	46
albuterol sulfate NEBU 0.5 %, 2.5	MG/0.5ML .....	MG-25 MG .....	16	amcinonide OINT .....	46
albuterol sulfate NEBU 0.63	MG/3ML, 1.25 MG/3ML .....	ALORA PTTW 0.025 MG/24HR,	0.075 MG/24HR, 0.1 MG/24HR ...	amiloride & hydrochlorothiazide ...	52
ALBUTEROL SULFATE NEBU ....	11	alosetron hcl .....	55	amiloride hcl TABS .....	52
albuterol sulfate SYRP .....	11	ALPHAGAN P (Use brimonidine	tartrate) .....	aminocaproic acid SOLN OR 0.25	GM/ML .....
albuterol sulfate TABS .....	11	ALPHANATE SOLR .....	57	aminocaproic acid TABS 1000 MG	59
alclometasone dipropionate CREA	46	ALPHANINE SD 500 UNIT, 1000	UNIT, 1500 UNIT .....	aminocaproic acid TABS 500 MG .	59
alclometasone dipropionate OINT .	46	ALPRAZOLAM INTENSOL CONC .	9	amiodarone hcl TABS 200 MG ....	10
ALCOHOL PREP PADS .....	67	alprazolam TABS .....	9	amitriptyline hcl TABS .....	15
ALCOHOL PREP PADS-MISC ...	61	alprazolam TB24 .....	9	AMJEVITA SOAJ .....	3
ALCOHOL SWABS .....	68	alprazolam TBDP .....	10	AMJEVITA SOSY .....	3
ALDURAZYME .....	53	ALPROLIX .....	57	amlodipine besylate TABS .....	37
ALECENSA .....	31	ALTUVIIIIO .....	57	amlodipine besylate-atorvastatin	calcium .....
alendronate sodium SOLN .....	52	alum & mag hydrox-simethicone	LIQD .....	amlodipine besylate-benazepril hcl	26
alendronate sodium TABS 35 MG, 70	MG .....	alum & mag hydrox-simethicone	SUSP 1200 MG/30ML-120	amlodipine besylate-olmesartan	medoxomil .....
alendronate sodium TABS 5 MG, 10	MG .....	MG/30ML-1200 MG/30ML, 200	MG/5ML-20 MG/5ML-200 MG/5ML,	amlodipine besylate-valsartan ....	26
ALFERON N .....	31	200 MG/5ML-200 MG/5ML-20	MG/5ML-20 MG/5ML-200 MG/5ML-	amlodipine-valsartan-	hydrochlorothiazide .....
alfuzosin hcl .....	56	200 MG/5ML, 400 MG/10ML-40	MG/10ML-400 MG/10ML .....	AMONDYS 45 .....	78
ALIGN CAPS .....	19	ALUMINUM HYDROXIDE SUSP 320	MG/5ML .....	amoxapine .....	15
ALIGN EXTRA STRENGTH CAPS	19	amoxicillin & pot clavulanate CHEW .	84	amoxicillin & pot clavulanate SUSR	84
ALL FLOW 1000 PULMONARY	FUNCTION FILTER MISC .....	69			
allopurinol .....	56				

amoxicillin & pot clavulanate TABS 125 MG-250 MG .....84	apomorphine hydrochloride SOCT 32 APONVIE EMUL .....24	aspirin buffered (cal carb-mag carb- mag oxide) .....6
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 84	APO-VARENICLINE TABS .....86	aspirin CHEW .....6
amoxicillin & pot clavulanate TB12 84	apraclonidine hcl .....81	ASPIRIN SUPP 300 MG .....6
amoxicillin CAPS .....84	aprepitant CAPS .....24	aspirin TABS 325 MG .....6
amoxicillin CHEW 125 MG, 250 MG . 84	aprepitant MISC .....24	aspirin TBEC 81 MG, 325 MG .....6
amoxicillin SUSR .....84	APTIVUS CAPS .....34	ASPIRIN/OMEPRAZOLE 81 MG-40 MG .....57
amoxicillin TABS 875 MG .....84	AQUORAL SOLN .....75	ASPIRIN/OMEPRAZOLE ER .....58
amphetamine sulfate TABS .....1	ARALAST NP SOLR 500 MG, 1000 MG .....86	aspirin-dipyridamole .....58
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....1	ARESTIN .....75	ASPRUZYO SPRINKLE PACK .....9
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG .....1	AREXVY .....90	ASTAGRAF XL CP24 .....74
amphetamine-dextroamphetamine TABS .....1	aripiprazole SOLN OR .....34	atazanavir sulfate CAPS .....34
ampicillin CAPS 500 MG .....84	aripiprazole TABS .....34	atenolol & chlorthalidone .....26
anastrozole .....30	aripiprazole TBDP .....34	atenolol TABS .....37
ANDEXXA 200 MG .....23	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML .....34	ATGAM .....74
ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (Use testosterone) ....8	ARMONAIR DIGIHALER .....10	atomoxetine hcl .....2
ANUSOL-HC EX (Use hydrocortisone (rectal)) .....8	ARMOUR THYROID TABS .....87	ATORVALIQ SUSP .....25
APLIGRAF DISK .....50	arsenic trioxide 12 MG/6ML .....31	atorvastatin calcium TABS .....25
APOKYN SOCT .....32	ARZERRA .....29	atropine sulfate (ophthalmic) OINT 81
	ASACOL HD TBEC (Use mesalamine) .....55	atropine sulfate (ophthalmic) SOLN 81
	ascorbic acid TABS .....93	ATROPINE SULFATE SOLN 1 % .81
	ASMANEX TWISTHALER 120 METERED DOSES AEPB .....11	ATROVENT HFA .....10
	ASMANEX TWISTHALER 14 METERED DOSES AEPB .....11	AURORA LANCET SUPER THIN30G .....61
	ASMANEX TWISTHALER 30 METERED DOSES AEPB .....11	AURORA LANCET THIN 23G ....61
	ASMANEX TWISTHALER 60 METERED DOSES AEPB .....11	AUSTEDO PATIENT TITRATION KIT TBPK .....85
		AUSTEDO TABS .....86
		AUSTEDO XR PATIENT TITRATION KIT TEPK .....85

AUSTEDO XR TB24 6 MG, 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG .....	86	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML .....	77	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM .....	68
AUVELITY .....	14	baclofen SOLN OR 10 MG/5ML .....	77	BD PEN NEEDLES .....	68
AUVI-Q SOAJ 0.3 MG/0.3ML .....	93	baclofen SOLN OR 5 MG/5ML .....	77	BD SWABS SINGLE USE .....	68
AVASTIN .....	29	baclofen SUSP .....	77	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 .....	50
AVEED SOLN .....	8	baclofen TABS 10 MG, 20 MG .....	77	BELEODAQ .....	31
AVONEX PEN AJKT .....	86	baclofen TABS 15 MG .....	77	BELRAPZO SOLN .....	28
AVONEX PSKT .....	86	baclofen TABS 5 MG .....	77	BENADRYL ALLERGY EXTRA STRENGTH TABS .....	24
azacitidine SUSR .....	28	BAFIERTAM .....	86	benazepril & hydrochlorothiazide .....	26
azathioprine TABS 50 MG .....	74	balsalazide disodium CAPS .....	55	benazepril hcl 40 MG .....	26
azathioprine TABS 75 MG, 100 MG 74		BAQSIMI ONE PACK POWD .....	16	benazepril hcl 5 MG, 10 MG, 20 MG .....	26
AZEDRA DOSIMETRIC .....	31	BAQSIMI TWO PACK POWD .....	16	bendamustine hcl SOLR .....	28
AZEDRA THERAPEUTIC .....	31	BASAGLAR TEMPO PEN SOPN .....	17	BENDAMUSTINE HYDROCHLORIDE SOLN .....	28
azelastine hcl (ophth) .....	82	BCG VACCINE .....	89	BENDEKA SOLN .....	28
azelastine hcl .....	78	b-complex vitamins CAPS .....	75	BENEFIX KIT .....	57
azelastine hcl-fluticasone propionate SUSP .....	78	b-complex vitamins TABS .....	76	BENLYSTA SOLR .....	75
azithromycin SUSR 100 MG/5ML .....	61	b-complex w/ c & folic acid CAPS .....	76	BENZNIDAZOLE .....	9
azithromycin SUSR 200 MG/5ML .....	61	b-complex w/ c & folic acid TABS .....	76	benzonatate 100 MG .....	43
azithromycin TABS 250 MG .....	61	BD AUTOSHIELD DUO 30G X 5MM .....	68	benzonatate 200 MG .....	43
azithromycin TABS 500 MG .....	61	BD GLUCOSE CHEW .....	16	benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....	44
azithromycin TABS 600 MG .....	61	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM .....	68	benzoyl peroxide LIQD 5 %, 10 % .....	44
AZSTARYS .....	2	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM .....	68	benztropine mesylate TABS .....	32
b complex w/ c CAPS .....	76	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....	68	BERINERT KIT .....	57
BACICAP CAPS .....	19	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM .....	68	betaine .....	53
BACID CAPS .....	19	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM .....	68	betamethasone dipropionate (topical) CREA .....	46
bacitracin (topical) OINT .....	44			betamethasone dipropionate (topical) LOTN .....	46
bacitracin zinc OINT .....	44				
bacitracin-polymyxin b (ophth) .....	81				

betamethasone dipropionate (topical) OINT .....	46	BILAC CAPS .....	19	bortezomib SOLR IJ .....	31
betamethasone dipropionate augmented CREA .....	46	bimatoprost SOLN .....	83	BORTEZOMIB SOLR IV 3.5 MG ..	31
betamethasone dipropionate augmented GEL 0.05 % .....	46	BIMZELX SOAJ .....	45	bosentan TABS .....	38
betamethasone dipropionate augmented LOTN .....	46	BIMZELX SOSY .....	45	BOSULIF TABS 100 MG, 500 MG	31
betamethasone dipropionate augmented OINT .....	46	BINAXNOW COVID-19 AG CARD 50		BOTOX IJ .....	79
betamethasone valerate CREA ...	46	BINAXNOW COVID-19 AG CARD HOME TEST KIT .....	50	BPROTECTED PEDIA POLY-VITE SOLN OR .....	76
betamethasone valerate FOAM ...	46	BIOHM PROBIOTIC SUPPLEMENT CAPS .....	19	BPROTECTED PEDIA POLY-VITE/IRON SOLN .....	76
betamethasone valerate LOTN ....	46	BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	19	BRAFTOVI 75 MG .....	31
betamethasone valerate OINT ....	46	BIO-KULT CAPS .....	19	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI .....	69
betaxolol hcl (ophth) SOLN .....	80	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	75	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI .....	69
betaxolol hcl .....	37	BIOTHRAX .....	89	BREATHE EASE NEBULIZER MASK/CHILD MISC .....	69
bethanechol chloride .....	89	bisacodyl SUPP .....	60	BREATHE EASE NEBULIZER MASK/INFANT MISC .....	69
BETHKIS NEBU (Use tobramycin) .3		bisacodyl TBEC .....	60	BREATHE EASE/LARGE MASK DEVI .....	69
BEVACIZUMAB IO 2.75 MG/0.11ML .81		bismuth subsalicylate CHEW 262 MG .....	19	BREATHE EASE/MEDIUM MASK DEVI .....	69
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	81	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML .....	19	BREATHE EASE/SMALL MASK DEVI .....	69
BEVESPI AEROSPHERE .....	11	bisoprolol & hydrochlorothiazide ..	26	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI .	69
bexarotene (topical) .....	45	bisoprolol fumarate .....	37	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....	69
bexarotene .....	31	BIVIGAM SOLN 10 % .....	83	BREO ELLIPTA .....	11
BEXSERO .....	89	BIVIGAM SOLN 5 GM/50ML .....	83	BREZTRI AEROSPHERE .....	11
BEYFORTUS .....	84	BLEPHAMIDE S.O.P. OINT .....	82	BRIDION SOLN .....	23
bicalutamide .....	30	BLINCYTO .....	29	BRILINTA .....	58
BIKTARVY 120 MG-30 MG-15 MG	34	BONJESTA TBCR .....	24		
BIKTARVY 200 MG-50 MG-25 MG	34	BOOSTRIX SUSP .....	87		
		BOOSTRIX SUSY .....	87		



brimonidine tartrate 0.1 %, 0.15 %	81	dihydrate FILM SL 2 MG-8 MG	7	caffeine citrate SOLN OR	1
brimonidine tartrate 0.2 %	81	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	calcipotriene CREA	45
brimonidine tartrate-timolol maleate	80	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	8	calcipotriene FOAM	45
BRIUMVI	86	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	8	CALCIPOTRIENE FOAM	45
BRIVIACT SOLN IV 50 MG/5ML	13	buprenorphine PTWK	8	calcipotriene OINT	45
BRIXADI SOSY	7	bupropion hcl (smoking deterrent)	86	calcipotriene SOLN	45
bromfenac sodium (ophth)	82	bupropion hcl TABS	14	calcipotriene-betamethasone dipropionate OINT	46
bromocriptine mesylate CAPS	32	bupropion hcl TB12 100 MG	14	calcipotriene-betamethasone dipropionate SUSP	46
bromocriptine mesylate TABS 2.5 MG	32	bupropion hcl TB12 150 MG	14	calcitonin (salmon) IJ	52
brompheniramine & phenyleph ELIX	43	bupropion hcl TB12 200 MG	14	calcitonin (salmon) NA	52
brompheniramine & pseudoeph ELIX	43	bupropion hcl TB24 150 MG	14	calcitriol CAPS	53
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	43	bupropion hcl TB24 300 MG	14	calcium acetate (phosphate binder) CAPS	56
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	70	bupropion hcl TB24 450 MG	14	calcium acetate (phosphate binder) TABS	56
budesonide (inhalation) SUSP	11	buspirone hcl	9	calcium carbonate (antacid) CHEW 500 MG	9
budesonide TB24	42	butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	73
budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium polycarbophil TABS	60
bumetanide TABS	52	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	CAMCEVI	30
BUPHENYL POWD (Use sodium phenylbutyrate)	53	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	camphor & menthol LOTN	45
BUPHENYL TABS (Use sodium phenylbutyrate)	53	butalbital-aspirin-caffeine CAPS	6	CANASA SUPP (Use mesalamine)	55
buprenorphine hcl SUBL	8	butalbital-aspirin-caffeine w/cod	7	candesartan cilexetil	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	7	BUTRANS PTWK (Use buprenorphine)	8	candesartan cilexetil- hydrochlorothiazide	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BYETTA SOPN 10 MCG/0.04ML	17	capecitabine	29
buprenorphine hcl-naloxone hcl		BYETTA SOPN 5 MCG/0.02ML	17	CAPHOSOL SOLN	75
		CABOMETYX TABS	31		

CAPLYTA .....	33	CARETOUCH TWIST LANCETS 30G .....	61	cefuroxime axetil TABS .....	39
CAPRELSA .....	31	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	61	celecoxib .....	5
capsaicin CREA 0.025 %, 0.075 % 49		carglumic acid .....	53	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	50
capsaicin CREA 0.1 % .....	49	carisoprodol TABS 250 MG .....	77	CELONTIN (Use methsuximide) ..	14
captopril & hydrochlorothiazide ...	26	carisoprodol TABS 350 MG .....	77	CENTANY OINT .....	44
captopril .....	26	carteolol hcl (ophth) .....	80	cephalexin CAPS 250 MG, 500 MG 39	
CAPZASIN-P CREA .....	49	carvedilol 25 MG .....	37	cephalexin SUSR .....	39
CARAC CREA (Use fluorouracil (topical)) .....	45	carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....	37	CEPROTIN .....	57
CARBAGLU (Use carglumic acid) 53		carvedilol phosphate .....	37	CEQUA SOLN .....	82
carbamazepine CHEW .....	13	CASGEVY .....	58	CERDELGA .....	58
carbamazepine CP12 .....	13	CASTIVA WARMING LOTN .....	49	CEREZYME 400 UNIT .....	58
carbamazepine SUSP .....	13	CAYSTON .....	27	cetirizine hcl CAPS .....	24
carbamazepine TABS .....	13	cefaclor CAPS .....	39	cetirizine hcl CHEW .....	24
carbamazepine TB12 .....	13	CEFACLOR ER TB12 .....	39	cetirizine hcl SOLN OR .....	24
carbamide peroxide (otic) 6.5 % ...	83	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	39	cetirizine hcl SYRP OR .....	24
CARBATROL CP12 (Use carbamazepine) .....	13	cefadroxil CAPS .....	39	cetirizine hcl TABS .....	24
carbidopa .....	32	cefadroxil SUSR .....	39	CETRAXAL (Use ciprofloxacin hcl (otic)) .....	83
carbidopa-levodopa TABS .....	32	cefadroxil TABS .....	39	CHEMET .....	23
carbidopa-levodopa TBCR .....	32	cefdinir CAPS .....	39	CHEMSTRIP-K STRP .....	50
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML .....	28	cefdinir SUSR .....	39	CHENODAL .....	55
CAREONE LANCET SUPER THIN/30G .....	61	cefixime CAPS .....	39	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	5
CAREONE LANCET THIN .....	61	cefixime SUSR .....	39	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	5
CARESENS LANCETS .....	61	cefepodoxime proxetil SUSR .....	39	chlordiazepoxide hcl CAPS .....	10
CARESTART COVID-19 ANTIGEN HOME TEST KIT .....	50	cefepodoxime proxetil TABS .....	39	chlorhexidine gluconate (mouth- throat) .....	75
CARETOUCH TWIST LANCETS 28G .....	61	cefprozil SUSR .....	39	chloroquine phosphate TABS 250 MG .....	28
		cefprozil TABS .....	39		
		ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....	39		

chloroquine phosphate TABS 500 MG .....	28	CINRYZE SOLR IV .....	57	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	.70
chlorpheniramine maleate SYRP ..	24	CIPRO SUSR .....	55	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	.....70
chlorpheniramine maleate TABS ..	24	CIPRODEX (Use ciprofloxacin-dexamethasone) .....	83	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	.70
chlorpromazine hcl TABS .....	34	ciprofloxacin hcl (ophth) SOLN ....	81	clindamycin hcl 150 MG, 300 MG .	27
chlorthalidone 25 MG, 50 MG .....	52	ciprofloxacin hcl (otic) .....	83	clindamycin palmitate hydrochloride .	27
chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....	77	ciprofloxacin hcl TABS 100 MG ...	55	clindamycin phosphate (topical) GEL	44
chlorzoxazone TABS 500 MG .....	77	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	55	clindamycin phosphate (topical) LOTN .....	44
CHOLBAM .....	55	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	55	clindamycin phosphate (topical) SOLN .....	44
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....	93	ciprofloxacin-dexamethasone ....	83	clindamycin phosphate vaginal CREA .....	92
cholecalciferol CAPS 125 MCG, 5000 UNIT .....	93	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....	28	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	44
cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT .....	93	CISPLATIN SOLR .....	28	clindamycin phosphate-benzoyl peroxide GEL .....	44
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML ...	93	CITALOPRAM HYDROBROMIDE CAPS .....	14	clindamycin phosphate-tretinoin ..	44
cholestyramine light PACK .....	25	cialopram hydrobromide SOLN ...	15	CLINDESSE .....	92
cholestyramine light POWD .....	25	cialopram hydrobromide TABS ...	15	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT .....	50
cholestyramine PACK .....	25	cladribine 10 MG/10ML .....	29	clobazam SUSP .....	13
cholestyramine POWD .....	25	clarithromycin SUSR .....	61	clobazam TABS .....	13
CHORIONIC GONADOTROPIN IM 53		clarithromycin TABS .....	61	clobetasol propionate CREA 0.05 % .	46
CIBINQO .....	48	clarithromycin TB24 .....	61	clobetasol propionate emollient base 0.05 % .....	46
ciclopirox SOLN .....	44	CLEANLET LANCETS 28G .....	61	clobetasol propionate emulsion ...	46
cilostazol .....	58	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT .....	50		
cimetidine TABS 200 MG .....	88	clemastine fumarate TABS 1.34 MG .	24		
cimetidine TABS 300 MG, 400 MG	88	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	.70		
cimetidine TABS 800 MG .....	88	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	.....70		
cinacalcet hcl .....	53				
CINQAIR .....	10				

clobetasol propionate FOAM	46	COAGADEX	57	MASK DEVI	70
clobetasol propionate GEL 0.05 %	46	coal tar extract SHAM 0.5 %	50	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	70
clobetasol propionate LIQD	46	COARTEM	28	COMPLERA	34
clobetasol propionate LOTN	46	COBAS LIAT SARS-COV-2 ASSAY	50	CONCERTA TBCR (Use methylphenidate hcl)	2
clobetasol propionate OINT 0.05 %	46	COBAS LIAT SARS-COV-2 CONTROL	50	CONDOMS-MISC	61
clobetasol propionate SHAM	46	codeine sulfate TABS 30 MG	6	CONJUPRI (Use levamlodipine maleate)	37
clobetasol propionate SOLN 0.05 %	46	CODEINE SULFATE TABS	6	CONZIP CP24 (Use tramadol hcl)	6
clocortolone pivalate	46	colchicine TABS	56	COPAXONE SOSY (Use glatiramer acetate)	86
CLODERM (Use clocortolone pivalate)	46	colchicine w/ probenecid	56	CORDRAN OINT	47
clomipramine hcl	15	colestipol hcl GRAN	25	CORIFACT	57
clonazepam TABS	13	colestipol hcl TABS	25	CORTISONE ACETATE TABS	42
clonazepam TBDP	13	COMBIGAN (Use brimonidine tartrate-timolol maleate)	80	CORTROPHIN GEL	53
clonidine hcl (adhd) TB12	2	COMBIPATCH PTTW	54	COSENTYX SENSOREADY PEN SOAJ	45
clonidine hcl TABS	26	COMBIVENT RESPIMAT AERS	11	COSENTYX SOLN	45
clopidogrel bisulfate 300 MG	58	COMBIVIR (Use lamivudine- zidovudine)	34	COSENTYX SOSY	45
clopidogrel bisulfate 75 MG	58	COMETRIQ KIT	31	COSENTYX UNOREADY SOAJ	45
clorazepate dipotassium TABS	10	COMFORT ASSURED LANCETS SUPER THIN 28G	62	cosyntropin SOLR	50
clotrimazole (topical) CREA	44	COMFORT LANCETS	62	COTELLIC	31
clotrimazole (topical) SOLN	44	COMIRNATY 2023-24 SUSP	90	COVID-19 AG TEST KIT	50
clotrimazole vaginal CREA 1 %	92	COMIRNATY 2023-24 SUSY	90	COVID-19 AT-HOME TEST KIT KIT	50
clotrimazole vaginal CREA 2 %	92	COMIRNATY SUSP	90	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	50
clotrimazole w/ betamethasone CREA	44	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	70	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	50
clotrimazole w/ betamethasone LOTN	44	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	70	CREON CPEP	51
clozapine TABS	33	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM	70	CRINONE GEL	92
clozapine TBDP	33				
CO MONITOR REPLACEMENT TPIECES MISC	70				

cromolyn sodium (nasal) 5.2 MG/ACT .....	78	CULTURELLE PROBIOTICS KIDS PACK .....	19	CVS PREP PADS .....	68
cromolyn sodium (ophth) .....	82	CULTURELLE PRO-WELL CAPS ..	19	CVS PROBIOTIC ADULT 50+ CAPS 19	
cromolyn sodium NEBU .....	10	CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..	23	CVS PROBIOTIC CAPS .....	19
CRYSVITA .....	53	CURITY ALCOHOL PREPS/MEDIUM 2 PLY .....	68	CVS PROBIOTIC MAXIMUM STRENGTH CAPS .....	19
CULTURELLE ADULT ULTIMATEBALANCE CAPS .....	22	CUVITRU SOLN .....	83	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS .....	19
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS .....	19	CVS ADULT 50+ PROBIOTIC CAPS 19		CVS SENIOR PROBIOTIC CAPS ..	19
CULTURELLE BLOATING & GAS DEFENSE CAPS .....	19	CVS ADULT PROBIOTIC CAPS ..	19	CVS SOFT GLUCOSE CHEW ....	16
CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS .....	22	CVS ALCOHOL PREP PADS ....	68	CVS ULTRA THIN LANCETS ....	62
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS .....	22	CVS COVID-19 AT HOME TESTKIT KIT .....	50	cyanocobalamin SOLN IJ 1000 MCG/ML .....	58
CULTURELLE DIGESTIVE HEALTH CAPS .....	22	CVS DAILY PROBIOTIC CAPS ...	19	cyclobenzaprine hcl CP24 .....	77
CULTURELLE DIGESTIVE HEALTH CHEW .....	22	CVS DIGESTIVE PROBIOTIC CAPS .....	19	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	77
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS .....	22	CVS DRY MOUTH SPRAY SOLN ..	75	cyclobenzaprine hcl TABS 7.5 MG	77
CULTURELLE HEALTH & WELLNESS CAPS .....	23	CVS EVERYDAY CARE PROBIOTIC CAPS .....	19	CYCLOGYL 0.5 % .....	81
CULTURELLE KIDS CHEW .....	19	CVS GLUCOSE CHEW .....	16	cyclopentolate hcl 0.5 % .....	81
CULTURELLE KIDS PACK .....	19	CVS LANCETS 21G .....	62	cyclopentolate hcl 1 % .....	81
CULTURELLE KIDS PROBIOTIC + FIBER PACK .....	19	CVS LANCETS MICRO THIN 33G 62		cyclophosphamide CAPS 50 MG ..	28
CULTURELLE KIDS PURELY PROBIOTICS CHEW .....	19	CVS LANCETS MICRO-THIN 33G 62		CYCLOPHOSPHAMIDE TABS ....	28
CULTURELLE KIDS PURELY PROBIOTICS PACK .....	19	CVS LANCETS ORIGINAL .....	62	cyclosporine (ophth) EMUL .....	82
CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS .....	19	CVS LANCETS THIN 26G .....	62	cyclosporine CAPS .....	74
		CVS LANCETS ULTRA THIN 30G 62		cyclosporine modified (for microemulsion) CAPS .....	74
		CVS LANCETS ULTRA-THIN 30G 62		cyclosporine modified (for microemulsion) SOLN .....	74
		CVS MOOD SUPPORT PROBIOTIC CAPS .....	19	cyclosporine SOLN IV 50 MG/ML ..	74
				CYLTEZO AJKT .....	4
				CYLTEZO PSKT 40 MG/0.4ML ....	4
				CYLTEZO PSKT .....	4

CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	4	HYDROCHLORIDE SOLN 50 MG/10ML .....	30	desmopressin acetate spray .....	54
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	4	DAURISMO .....	30	desmopressin acetate spray refrigerated .....	54
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT .....	4	DAYHIST ALLERGY 12 HOUR RELIEF TABS .....	24	desmopressin acetate TABS .....	54
CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl) .....	15	decitabine .....	29	desogestrel & ethinyl estradiol .....	39
CYMBALTA CPEP 60 MG (Use duloxetine hcl) .....	15	deferasirox PACK .....	23	desogestrel-ethinyl estradiol (biphasic) .....	39
cyproheptadine hcl SYRP .....	25	deferasirox TABS .....	23	desogestrel-ethinyl estradiol (triphasic) .....	39
cyproheptadine hcl TABS .....	25	deferiprone TABS .....	23	desonide CREA .....	47
CYRAMZA .....	29	deferoxamine mesylate .....	23	desonide LOTN .....	47
CYSTAGON CAPS .....	56	DEFITELIO .....	58	desonide OINT .....	47
CYSTARAN .....	82	deflazacort SUSP .....	42	desoximetasone CREA 0.05 % .....	47
cytarabine SOLN .....	29	deflazacort TABS .....	42	desoximetasone CREA 0.25 % .....	47
CYTOGAM .....	83	DEFLUX .....	56	desoximetasone GEL .....	47
dabigatran etexilate mesylate CAPS . 13		DELSTRIGO .....	34	desoximetasone LIQD .....	47
DAILY DIGESTIVE PROBIOTIC CAPS .....	19	DENAVIR (Use penciclovir) .....	46	desoximetasone OINT .....	47
DAILY PROBIOTIC CAPS .....	19	DENGVAXIA .....	90	DESVENLAFAXINE ER .....	15
dalfampridine .....	86	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....	14	desvenlafaxine succinate 100 MG .....	15
dantrolene sodium CAPS .....	77	DEPO-SUBQ PROVERA 104 SUSY SC .....	41	desvenlafaxine succinate 25 MG, 50 MG .....	15
dapagliflozin propanediol .....	18	DERMACINRX PROBISOL CAPS .....	19	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....	16
dapsone .....	27	DERMACINRX PROBITRAN CAPS .....	19	dexamethasone ELIX .....	42
DAPTACEL .....	87	DESCOVY 120 MG-15 MG .....	34	DEXAMETHASONE INTENSOL CONC .....	42
DARAPRIM (Use pyrimethamine) .....	28	DESCOVY 200 MG-25 MG .....	34	dexamethasone sodium phosphate (ophth) .....	82
darifenacin hydrobromide .....	89	desipramine hcl TABS .....	15	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	42
darunavir TABS .....	34	desloratadine TBP .....	24	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML .....	42
DARZALEX .....	29	desmopressin acetate SOLN IJ .....	54		
DAUNORUBICIN		DESMOPRESSIN ACETATE SOLN NA .....	54		

dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	30G ..... 62	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS .....	20
dexamethasone SOLN .....	42	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS .....	20
dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS .....	20
dexchlorpheniramine maleate SOLN . 24		DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS .....	20
dexmedetomidine hcl in sodium chloride SOLN .....	60	DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS .....	20
dexmedetomidine hcl SOLN .....	60	digoxin SOLN OR 0.05 MG/ML ....	38
dexmethylphenidate hcl CP24 .....	2	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	38
dexmethylphenidate hcl TABS .....	2	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	73
dexrazoxane hcl .....	32	DILANTIN (Use phenytoin sodium extended) .....	14
DEXTENZA INST .....	82	DILANTIN INFATABS CHEW (Use phenytoin) .....	14
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG .....	37
dextroamphetamine sulfate CP24 5 MG .....	1	diltiazem hcl coated beads CP24 240 MG .....	37
dextroamphetamine sulfate SOLN ..	1	diltiazem hcl coated beads CP24 360 MG .....	37
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....	1	diltiazem hcl CP12 .....	38
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	diltiazem hcl CP24 120 MG, 240 MG 38	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....	43	diltiazem hcl CP24 180 MG .....	38
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML, 200 MG/10ML-20 MG/10ML .....	43	diltiazem hcl extended release beads .....	38
DHIVY TABS .....	32	diltiazem hcl TABS .....	38
DIATHRIVE LANCETS .....	62	diltiazem hcl TB24 .....	38
DIATHRIVE LANCETS ULTRA THIN		dimethyl fumarate CDPK .....	86
30G .....	62		
diazepam CONC .....	10		
DIAZEPAM SOAJ .....	10		
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML .....	10		
DIAZEPAM SOLN IJ 5 MG/ML ....	10		
diazepam SOLN OR 5 MG/5ML ...	10		
diazepam TABS .....	10		
diazoxide .....	16		
dibucaine .....	49		
diclofenac potassium TABS 50 MG .	5		
diclofenac sodium (ophth) .....	82		
diclofenac sodium (topical) GEL EX 45			
diclofenac sodium TB24 .....	5		
diclofenac sodium TBEC .....	5		
dicloxacin sodium .....	84		
dicyclomine hcl CAPS .....	88		
dicyclomine hcl SOLN OR .....	88		
dicyclomine hcl TABS .....	88		
DIFFERIN LOTN .....	44		
DIFF-STAT CAPS .....	19		
diflorasone diacetate CREA .....	47		
diflorasone diacetate OINT .....	47		
diflunisal TABS .....	6		
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI- STRAIN SUPPORT CAPS .....	19		
DIGESTIVE ADVANTAGE CAPS .	20		
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS .....	20		

dimethyl fumarate CPDR .....	86	MG/8ML, 160 MG/16ML .....	32	doxycycline hyclate CAPS .....	87
diphenhydramine hcl (sleep) CAPS 59		docetaxel SOLN .....	32	doxycycline hyclate TABS 100 MG 87	
diphenhydramine hcl (sleep) LIQD 59		DOCIVYX SOLN .....	32	doxylamine succinate (sleep) .....	59
diphenhydramine hcl (sleep) TABS 25 MG .....	59	docusate sodium CAPS 100 MG, 250 MG .....	60	doxylamine-pyridoxine TBEC .....	24
diphenhydramine hcl (sleep) TABS 50 MG .....	59	docusate sodium CAPS 50 MG ...	60	droperidol SOLN 2.5 MG/ML .....	9
diphenhydramine hcl (sleep) TBDP 59		docusate sodium LIQD .....	60	DROPLET LANCETS ULTRA THIN 30G .....	62
diphenhydramine hcl CAPS .....	24	DOCUSATE SODIUM SYRP .....	60	DROPSAFE ALCOHOL PREP PADS .....	68
diphenhydramine hcl ELIX 12.5 MG/5ML .....	24	docusate sodium TABS .....	60	drospirenone-ethinyl estradiol ....	40
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	24	dofetilide .....	10	drospirenone-ethinyl estradiol- levomefolate calcium .....	40
diphenhydramine hcl TABS 25 MG 24		donepezil hydrochloride TABS 23 MG .....	85	DROXIA CAPS .....	58
diphenhydramine-acetaminophen (sleep) TABS .....	59	donepezil hydrochloride TABS 5 MG, 10 MG .....	85	droxidopa .....	93
diphenoxylate w/ atropine LIQD ...	23	donepezil hydrochloride TBDP ....	85	DRUG MART LANCETS THIN ...	62
diphenoxylate w/ atropine TABS ...	23	DOPTELET .....	58	DRUG MART UNILET LANCETSSUPER THIN 30G .....	62
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	87	dorzolamide hcl .....	82	DRUG MART UNILET LANCETSULTRA THIN 28G .....	62
dipyridamole .....	58	DORZOLAMIDE HCL .....	82	DRUG MART UNILET LANCETS MICRO THIN LANCETS 33G .....	62
disopyramide phosphate CAPS ...	10	DORZOLAMIDE HCL/TIMOLOL MALEATE .....	80	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT .....	11
disulfiram 250 MG .....	85	dorzolamide hcl-timolol maleate ..	80	DULERA 50 MCG/ACT-5 MCG/ACT . 11	
divalproex sodium CSDR .....	14	DOVATO .....	34	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG .....	15
divalproex sodium TB24 .....	14	doxazosin mesylate .....	26	duloxetine hcl CPEP 60 MG .....	15
divalproex sodium TBEC .....	14	doxepin hcl (sleep) .....	59	DUPIXENT SOPN .....	48
docetaxel CONC 160 MG/8ML .....	32	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG .....	15	DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML .....	48
DOCETAXEL CONC 160 MG/8ML 32		doxepin hcl CAPS 150 MG .....	15	dutasteride .....	56
DOCETAXEL SOLN 20 MG/2ML, 80		doxepin hcl CONC .....	15		
		doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	87		
		doxycycline (monohydrate) TABS 50 MG, 100 MG .....	87		



dutasteride-tamsulosin hcl	56	TBEC (Use aspirin)	6	ELEVIDYS 26.5-27.4 KG	79
DYANAVEL XR CHER	1	ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 27.5-28.4 KG	79
DYSPORT	79	EDURANT	34	ELEVIDYS 28.5-29.4 KG	79
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	61	efavirenz CAPS 200 MG	34	ELEVIDYS 29.5-30.4 KG	79
EASIVENT MISC	70	efavirenz CAPS 50 MG	34	ELEVIDYS 30.5-31.4 KG	79
EASIVENT/MASK-LARGE MISC	70	efavirenz TABS	34	ELEVIDYS 31.5-32.4 KG	79
EASIVENT/MASK-MEDIUM MISC	70	efavirenz-emtricitabine-tenofovir disoproxil fumarate	34	ELEVIDYS 32.5-33.4 KG	79
EASIVENT/MASK-SMALL MISC	70	efavirenz-lamivudine-tenofovir disoproxil fumarate	34	ELEVIDYS 33.5-34.4 KG	79
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	68	ELAPRASE	53	ELEVIDYS 34.5-35.4 KG	79
EASY TOUCH LANCETS 26G/PULL-TOP	62	ELELYSO	58	ELEVIDYS 35.5-36.4 KG	79
EASY TOUCH LANCETS 28G/PULL-TOP	62	ELEPSIA XR TB24	13	ELEVIDYS 36.5-37.4 KG	79
EASY TOUCH LANCETS 28G/TWIST	62	eletriptan hydrobromide	73	ELEVIDYS 37.5-38.4 KG	79
EASY TOUCH LANCETS 30G/PULL-TOP	62	ELEVIDYS 10.0-10.4 KG	78	ELEVIDYS 38.5-39.4 KG	79
EASY TOUCH LANCETS 30G/TWIST	62	ELEVIDYS 10.5-11.4 KG	78	ELEVIDYS 39.5-40.4 KG	79
EASY TOUCH LANCETS 32G/PULL-TOP	62	ELEVIDYS 11.5-12.4 KG	78	ELEVIDYS 40.5-41.4 KG	79
EASY TOUCH LANCETS 32G/TWIST	62	ELEVIDYS 12.5-13.4 KG	78	ELEVIDYS 41.5-42.4 KG	79
EASY TOUCH LANCETS 33G/TWIST	62	ELEVIDYS 13.5-14.4 KG	78	ELEVIDYS 42.5-43.4 KG	79
EBASE CONTROLLER KIT MISC	70	ELEVIDYS 14.5-15.4 KG	78	ELEVIDYS 43.5-44.4 KG	79
econazole nitrate CREA	44	ELEVIDYS 15.5-16.4 KG	78	ELEVIDYS 44.5-45.4 KG	79
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	50	ELEVIDYS 16.5-17.4 KG	78	ELEVIDYS 45.5-46.4 KG	79
ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6	ELEVIDYS 17.5-18.4 KG	79	ELEVIDYS 46.5-47.4 KG	79
ECOTRIN REGULAR STRENGTH		ELEVIDYS 18.5-19.4 KG	79	ELEVIDYS 47.5-48.4 KG	79
		ELEVIDYS 19.5-20.4 KG	79	ELEVIDYS 48.5-49.4 KG	79
		ELEVIDYS 20.5-21.4 KG	79	ELEVIDYS 49.5-50.4 KG	79
		ELEVIDYS 21.5-22.4 KG	79	ELEVIDYS 50.5-51.4 KG	79
		ELEVIDYS 22.5-23.4 KG	79	ELEVIDYS 51.5-52.4 KG	79
		ELEVIDYS 23.5-24.4 KG	79	ELEVIDYS 52.5-53.4 KG	79
		ELEVIDYS 24.5-25.4 KG	79	ELEVIDYS 53.5-54.4 KG	79
		ELEVIDYS 25.5-26.4 KG	79	ELEVIDYS 54.5-55.4 KG	79
				ELEVIDYS 55.5-56.4 KG	79

ELEVIDYS 56.5-57.4 KG .....	79	EMPLICITI .....	29	EPCLUSA TABS .....	36
ELEVIDYS 57.5-58.4 KG .....	79	emtricitabine CAPS .....	34	EPIFOAM FOAM .....	47
ELEVIDYS 58.5-59.4 KG .....	79	emtricitabine-tenofovir disoproxil fumarate .....	34	epinastine hcl (ophth) .....	82
ELEVIDYS 59.5-60.4 KG .....	79	EMTRIVA CAPS (Use emtricitabine) .	34	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....	93
ELEVIDYS 60.5-61.4 KG .....	79	EMTRIVA SOLN .....	34	epinephrine (anaphylaxis) SOAJ ..	93
ELEVIDYS 61.5-62.4 KG .....	79	EMVERM CHEW .....	9	epinephrine hcl (nasal) .....	78
ELEVIDYS 62.5-63.4 KG .....	79	enalapril maleate & hydrochlorothiazide .....	26	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	93
ELEVIDYS 63.5-64.4 KG .....	79	enalapril maleate TABS .....	26	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	93
ELEVIDYS 64.5-65.4 KG .....	79	ENBREL MINI SOCT .....	5	EPIVIR SOLN (Use lamivudine) ...	34
ELEVIDYS 65.5-66.4 KG .....	79	ENBREL SOLN .....	5	EPIVIR TABS 150 MG (Use lamivudine) .....	35
ELEVIDYS 66.5-67.4 KG .....	79	ENBREL SOSY .....	5	EPIVIR TABS 300 MG (Use lamivudine) .....	34
ELEVIDYS 67.5-68.4 KG .....	79	ENBREL SURECLICK SOAJ .....	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	58
ELEVIDYS 68.5-69.4 KG .....	79	ENCARE SUPP 100 MG .....	92	epoprostenol sodium .....	38
ELEVIDYS 69.5 KG PLUS .....	79	ENGERIX-B SUSP 20 MCG/ML ...	90	EPRONTIA SOLN .....	13
ELIDEL (Use pimecrolimus) .....	48	ENGERIX-B SUSY .....	90	EPZICOM (Use abacavir sulfate-lamivudine) .....	35
ELIGARD KIT SC 7.5 MG .....	30	enoxaparin sodium SOLN IJ 300 MG/3ML .....	12	EQ PROBIOTIC CPDR .....	20
ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	30	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS .....	20
ELIQUIS STARTER PACK TBPK .	12	enoxaparin sodium SOSY 30 MG/0.3ML .....	12	EQ SPACE CHAMBER ANTI-STATIC DEVI .....	70
ELIQUIS TABS .....	12	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....	12	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI .....	70
ELLA .....	41	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	12	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	70
ELLEENCE SOLN .....	30	ENTADFI .....	56	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI .....	70
ELLUME COVID-19 HOME TEST KIT .....	50	ENTRESTO TABS .....	38		
ELMIRON CAPS .....	56	ENTYVIO SOPN .....	55		
ELOCTATE .....	57	ENVIVE CAPS .....	20		
EMCYT .....	30	EPCLUSA PACK .....	36		
EMFLAZA SUSP .....	42				
EMGALITY SOAJ .....	73				
EMGALITY SOSY 100 MG/ML ....	73				
EMGALITY SOSY 120 MG/ML ....	73				

EQL COLOR LANCETS 21G	62	escitalopram oxalate TABS	15	EVENTITY	52
EQL COLOR LANCETS MICRO THIN 33G	62	esomeprazole magnesium CPDR	88	everolimus (immunosuppressant)	74
EQL DAILY PROBIOTIC CAPS	20	esomeprazole magnesium PACK	88	everolimus TABS	31
EQL DRY MOUTH ORAL RINSE SOLN	75	ESPEROCT	57	everolimus TBSO	31
EQL PROBIOTIC COLON SUPPORT CAPS	20	estazolam	60	EVOMELA IV	28
EQL SUPER THIN LANCETS 30G 62		estradiol & norethindrone acetate TABS	54	EVOTAZ	35
EQL THIN LANCETS 26G	62	estradiol PTTW	54	EVRYSDI	79
ERBITUX	30	estradiol PTWK	54	EXELON 13.3 MG/24HR (Use rivastigmine)	85
ergocalciferol CAPS	93	estradiol TABS	54	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	85
ergoloid mesylates TABS	86	estradiol vaginal CREA	92	exemestane	30
ergotamine w/ caffeine TABS	73	estradiol vaginal TABS	92	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	26
eribulin mesylate	32	ESTROVEN SLIMBIOTICS MENOPAUSE RELIEF/WEIGHT MANAGEMENT CAPS	20	EXONDYS 51	79
ERIVEDGE	30	eszopiclone	60	EYLEA SOLN	81
ERLEADA 60 MG	30	ethambutol hcl TABS	28	EYSUVIS SUSP	82
erlotinib hcl	30	ethosuximide CAPS	14	E-Z JECT LANCETS	62
ertapenem sodium IJ	27	ethosuximide SOLN	14	E-Z JECT LANCETS 21G	62
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	61	ethynodiol diacet & eth estrad	40	E-Z JECT LANCETS COLOR	63
erythromycin (acne aid) GEL	44	etodolac CAPS	5	E-Z JECT LANCETS SUPER THIN 30G	63
erythromycin (acne aid) SOLN	44	etodolac TABS	5	E-Z JECT LANCETS THIN 26G	63
erythromycin (ophth)	81	etodolac TB24	5	ezetimibe	25
ERYTHROMYCIN	81	etonogestrel-ethinyl estradiol	41	ezetimibe-simvastatin	25
erythromycin base CPEP	61	etoposide CAPS	32	E-ZJECT LANCETS MICRO-THIN 33G	63
erythromycin base TABS	61	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	EZ-LETS LANCETS 26G SUPER-SOFT	63
erythromycin ethylsuccinate SUSR 61		etravirine 100 MG	35	EZ-LETS LANCETS 28G ULTRA-SOFT	63
erythromycin ethylsuccinate TABS 61		etravirine 200 MG	35	EZ-LETS LANCETS 30G	63
escitalopram oxalate SOLN	15	EUFLEXXA SOSY	77		
		EULEXIN	30		

FABRAZYME .....	53	FERRIPROX SOLN .....	23	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP .....	92
famciclovir .....	36	ferrous fumarate TABS 324 MG ...	59	flavoxate hcl .....	89
famotidine TABS 10 MG .....	88	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS .....	59	FLEBOGAMMA DIF SOLN 5 GM/50ML .....	83
famotidine TABS 20 MG, 40 MG ..	88	ferrous gluconate TABS 27 MG, 240 MG .....	59	FLEBOGAMMA DIF SOLN .....	83
FARXIGA .....	18	FERROUS GLUCONATE TABS 324 MG .....	59	flecainide acetate .....	10
FASENRA PEN SOAJ .....	10	ferrous sulfate dried TBCR 160 MG 59		FLEXICHAMBER DEVI .....	70
FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN 15 MG/ML ...	59	FLORA VANCE CAPS .....	20
FASTEP COVID-19 ANTIGEN HOME TEST KIT .....	50	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML .....	59	FLORAJEN DIGESTION CAPS ...	20
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE .....	50	ferrous sulfate TABS 65 MG, 325 MG .....	59	FLORAJEN3 CAPS .....	20
FEIBA .....	57	ferrous sulfate TBEC 324 MG ....	59	FLORAJEN4KIDS CAPS .....	20
felbamate SUSP .....	13	ferrous sulfate TBEC 325 MG ....	59	FLORANEX ONE CAPS .....	20
felbamate TABS .....	13	fesoterodine fumarate .....	89	FLORASAVE CPDR .....	20
felodipine .....	38	FEVERALL JUNIOR STRENGTH SUPP .....	6	FLORASTOR ADVANCED CAPS .	20
FEM-DOPHILUS WOMENS CAPS 20		fexofenadine hcl SUSP .....	24	FLORASTOR SELECT GUT BOOST CAPS .....	20
fenofibrate CAPS .....	25	fexofenadine hcl TABS 180 MG ...	24	FLORASTOR SELECT IMMUNITY BOOST CAPS .....	20
fenofibrate micronized 134 MG, 200 MG .....	25	fexofenadine hcl TABS 60 MG ....	24	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	
fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG .....	25	FIBRICOR (Use fenofibric acid) ..	25	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....	50
fenofibrate micronized 67 MG ....	25	FIBRYGA .....	57	FLUAD 2024-2025 .....	90
fenofibrate TABS 40 MG, 120 MG .	25	FIFTY50 ALCOHOL PREP PADS	68	FLUAD QUADRIVALENT 2022-2023 .....	90
fenofibrate TABS 54 MG .....	25	FILTER AIR PP MISC .....	70	FLUAD QUADRIVALENT 2023-2024 .....	90
fenofibric acid .....	25	finasteride .....	56	FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	90
FENSOLVI SC .....	53	fingolimod hcl .....	86	FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	90
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	6	FIRDAPSE .....	28	FLUBLOK QUADRIVALENT 2022-	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	6	FIRMAGON .....	30		
FERRETT'S TABS .....	59	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP .....	92		

2023 .....	90	fluocinonide CREA 0.1 % .....	47	fluticasone propionate (nasal) SUSP .	78
FLUBLOK QUADRIVALENT 2023-2024 .....	90	fluocinonide emulsified base .....	47	fluticasone propionate CREA 0.05 %	47
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	90	fluocinonide GEL .....	47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	11
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	90	fluocinonide OINT .....	47	fluticasone propionate hfa 44 MCG/ACT .....	11
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	90	fluocinonide SOLN .....	47	fluticasone propionate LOTN .....	47
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	90	fluorometholone (ophth) SUSP ....	82	fluticasone propionate OINT .....	47
fluconazole SUSR .....	24	fluorouracil (topical) CREA 0.5 % .	45	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	12
fluconazole TABS 100 MG .....	24	fluorouracil (topical) CREA 5 % ...	45	fluticasone-salmeterol AERO .....	12
fluconazole TABS 150 MG .....	24	fluorouracil (topical) SOLN .....	45	fluvastatin sodium CAPS .....	25
fluconazole TABS 200 MG .....	24	fluoxetine hcl (pmd) TABS 10 MG 86		fluvastatin sodium TB24 .....	25
fluconazole TABS 50 MG .....	24	fluoxetine hcl (pmd) TABS 20 MG 86		fluvoxamine maleate CP24 .....	15
fludarabine phosphate SOLN .....	29	fluoxetine hcl CAPS .....	15	fluvoxamine maleate TABS .....	15
FLUDARABINE PHOSPHATE SOLN .....	29	fluoxetine hcl CPDR .....	15	FLUZONE HIGH-DOSE 2024-2025 SUSY .....	90
fludarabine phosphate SOLR .....	29	fluoxetine hcl SOLN .....	15	FLUZONE HIGH-DOSE PF 2022-2023 .....	90
fludrocortisone acetate TABS .....	43	fluoxetine hcl TABS 10 MG .....	15	FLUZONE HIGH-DOSE PF 2023-2024 .....	90
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	90	fluoxetine hcl TABS 20 MG .....	15	FLUZONE QUADRIVALENT 2022-2023 SUSP .....	90
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	90	fluoxetine hcl TABS 60 MG .....	15	FLUZONE QUADRIVALENT 2022-2023 SUSY .....	90
FLUMIST QUADRIVALENT .....	90	FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl) .....	15	FLUZONE QUADRIVALENT 2023-2024 SUSP .....	90
flunisolide (nasal) 0.025 % .....	78	fluphenazine decanoate .....	34	FLUZONE QUADRIVALENT 2023-2024 SUSY .....	91
fluocinolone acetonide (otic) .....	83	fluphenazine hcl TABS .....	34	FLYP HYPERSONIQ CARTRIDGE MISC .....	70
fluocinolone acetonide CREA .....	47	flurandrenolide CREA .....	47		
fluocinolone acetonide OIL .....	47	flurandrenolide LOTN .....	47		
fluocinolone acetonide OINT .....	47	flurazepam hcl .....	60		
fluocinolone acetonide SOLN .....	47	flurbiprofen sodium .....	82		
fluocinonide CREA 0.05 % .....	47	flurbiprofen TABS .....	5		
		flutamide .....	30		
		fluticasone propionate (inhalation) AEPB .....	11		

FML OINT .....	82	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G .....	63	tiagabine hcl) .....	14
FOCALIN XR CP24 (Use dexmethylphenidate hcl) .....	2	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G .....	63	GABITRIL 2 MG, 4 MG (Use tiagabine hcl) .....	14
folic acid TABS 1 MG .....	58	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	63	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	77
folic acid TABS 400 MCG, 800 MCG . 58		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	63	GALAFOLD .....	53
FOLOTYN .....	29	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	63	galantamine hydrobromide CP24 ..	85
fondaparinux sodium .....	12	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	63	galantamine hydrobromide SOLN ..	85
FORA LANCETS .....	63	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	63	galantamine hydrobromide TABS ..	85
FORFIVO XL TB24 (Use bupropion hcl) .....	14	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	63	GAMASTAN .....	83
FORTIFY 30 BILLION PROBIOTIC 50+ CPDR .....	20	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	63	GAMIFANT 10 MG/2ML, 50 MG/10ML .....	74
FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR ...	20	FROVATRIPTAN SUCCINATE .....	73	GAMMAGARD LIQUID .....	83
FORTIFY DAILY PROBIOTIC CAPS . 20		FULL KIT NEBULIZER SET MISC	70	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	83
FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR .....	20	FULPHILA .....	58	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	83
FORTIFY OPTIMA ADVANCED CARE WOMENS PROBIOTIC CPDR .....	20	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	52	GAMMAPLEX SOLN 5 GM/50ML ..	83
FORTIFY OPTIMA PROBIOTIC CPDR .....	20	furosemide TABS .....	52	GAMMAPLEX SOLN .....	83
FORTIFY PROBIOTIC WOMENS CPDR .....	20	FYLNETRA .....	58	GARDASIL 9 SUSP .....	91
FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR .....	20	gabapentin CAPS 100 MG .....	13	GARDASIL 9 SUSY .....	91
fosamprenavir calcium TABS .....	35	gabapentin CAPS 300 MG, 400 MG . 13		gatifloxacin (ophth) .....	81
fosinopril sodium & hydrochlorothiazide .....	26	gabapentin SOLN .....	13	GATTEX .....	56
fosinopril sodium .....	26	gabapentin TABS 600 MG, 800 MG 13		GAUZE SPONGES .....	63
FRAGMIN SOLN 10000 UNIT/4ML 12		GABITRIL 12 MG, 16 MG (Use		GAZYVA .....	29
				gefitinib .....	30
				GEL-ONE .....	77
				GELSYN-3 SOSY .....	78
				gemfibrozil TABS .....	25
				GEMTESA .....	89

GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....	50	glipizide TB24 .....	18	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	63
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	50	glipizide-metformin hcl .....	16	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL .....	63
GENORAVANCE CAPS .....	20	GLUCAGEN HYPOKIT .....	16	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL .....	64
GENOTROPIN CART SC .....	53	glucagon (rdna) .....	16	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL .....	64
GENOTROPIN MINIQUICK PRSY	53	GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....	16	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT .....	50
gentamicin sulfate (ophth) OINT ..	81	GLUCO TO GO CHEW .....	16	granisetron hcl TABS .....	23
gentamicin sulfate (ophth) SOLN ..	81	GLUCOSE CHEW .....	16	GRANIX SOLN .....	58
gentamicin sulfate (topical) CREA	44	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	18	GRANIX SOSY .....	58
gentamicin sulfate (topical) OINT ..	44	glyburide TABS .....	18	griseofulvin microsize SUSP .....	24
GENTLE-LET GP LANCETS .....	63	glyburide-metformin .....	16	griseofulvin microsize TABS .....	24
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	63	glycerin (laxative) SUPP 2 GM ....	60	griseofulvin ultramicrosize .....	24
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	63	glycine diluent .....	84	guaifenesin-codeine SOLN .....	43
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....	63	glycopyrrolate TABS 1 MG, 2 MG	88	guaifenesin-codeine SYRP .....	43
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .....	63	GLYXAMBI .....	16	guanfacine hcl (adhd) .....	2
GENVISC 850 SOSY .....	78	GNP ACIDOPHILUS HIGH POTENCY CAPS .....	20	guanfacine hcl .....	26
GENVOYA .....	35	GNP ADVANCED PROBIOTIC CAPS .....	20	GVOKE KIT SOLN .....	16
GILENYA .....	86	GNP ALCOHOL SWABS .....	68	GYNAZOLE-1 .....	92
GILOTRIF .....	30	GNP GLUCOSE CHEW .....	16	HADLIMA PUSHTOUCH SOAJ .....	4
ginger (zingiber officinalis) CAPS 250 MG .....	2	GNP LANCETS 21G .....	63	HADLIMA SOSY .....	4
GLASSIA SOLN .....	86	GNP LANCETS THIN 26G .....	63	halcinonide CREA .....	47
glatiramer acetate SOSY .....	86	GNP PROBIOTIC COLON SUPPORT CAPS .....	20	halobetasol propionate CREA .....	47
glimepiride 1 MG, 2 MG .....	18	GNP QUICK DISSOLVE GLUCOSE CHEW .....	16	halobetasol propionate FOAM .....	47
glimepiride 4 MG .....	18	GNP STERILE LANCETS 28G ..	63	halobetasol propionate OINT .....	47
glipizide TABS 2.5 MG .....	18	GNP STERILE LANCETS 30G ..	63	haloperidol decanoate .....	33
glipizide TABS 5 MG, 10 MG .....	18	GNP STERILE LANCETS 33G ..	63	haloperidol lactate CONC .....	33
		GOJJI STERILE LANCETS 30G ..	63	haloperidol lactate SOLN .....	33
				haloperidol TABS .....	33

HARVONI PACK .....	36	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	17	HYCANTIN CAPS .....	32
HARVONI TABS .....	36	HUMALOG MIX 50/50 KWIKPEN SUPN .....	17	hydralazine hcl TABS .....	27
HAVRIX .....	91	HUMALOG MIX 50/50 SUSP .....	17	hydrochlorothiazide CAPS .....	52
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....	64	HUMALOG MIX 75/25 KWIKPEN SUPN .....	17	hydrochlorothiazide TABS 25 MG, 50 MG .....	52
H-E-B INCONTROL LANCETS MICRO THIN 33G .....	64	HUMALOG MIX 75/25 SUSP .....	17	hydrocodone bitartrate CP12 .....	6
H-E-B INCONTROL LANCETS SUPER THIN 30G .....	64	HUMALOG SOLN IJ .....	17	hydrocodone bitartrate-homatropine methylbromide SOLN .....	43
H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	64	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	7
HEMGENIX .....	57	HUMATE-P SOLR .....	57	hydrocodone-acetaminophen TABS 325 MG-10 MG .....	7
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML .....	57	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	4	hydrocodone-acetaminophen TABS 325 MG-5 MG .....	7
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT .....	57	HUMIRA PEN PNKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....	7
HEPAGAM B SOLN IJ .....	83	HUMIRA PEN PNKT .....	4	hydrocortisone (intrarectal) .....	8
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	12	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	4	hydrocortisone (rectal) EX 1 % .....	9
HEPLISAV-B SOSY .....	91	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	4	hydrocortisone (rectal) EX 2.5 % ...	8
HERCEPTIN HYLECTA .....	30	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	4	hydrocortisone (topical) CREA 0.5 % 47	
HIBERIX SOLR IJ .....	89	HUMIRA PEN-PS/UV STARTER PNKT .....	4	hydrocortisone (topical) CREA 1 % 47	
HIGH POTENCY PROBIOTIC CAPS 20		HUMIRA PSKT .....	4	hydrocortisone (topical) CREA 2.5 % 47	
HIZENTRA SOLN .....	83	HUMULIN 70/30 SUSP .....	17	hydrocortisone (topical) LOTN 1 % 47	
HM STERILE ALCOHOL PREP PADS .....	68	HUMULIN N SUSP .....	17	hydrocortisone (topical) LOTN 2.5 % . 47	
HULIO AJKT .....	4	HUMULIN R SOLN IJ .....	17	hydrocortisone (topical) OINT 0.5 % . 47	
HULIO PSKT .....	4	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	17	hydrocortisone (topical) OINT 1 % .47	
HUMALOG JUNIOR KWIKPEN SOPN .....	17	HUMULIN R U-500 KWIKPEN SOPN SC .....	17	hydrocortisone (topical) OINT 2.5 % .	
		HYALGAN SOLN .....	78		
		HYALGAN SOSY .....	78		



47	hydroxyzine hcl TABS .....	9	HYRIMOZ SENSOREADY PENS SOAJ .....	4
hydrocortisone (topical) SOLN 1 % 47	hydroxyzine pamoate CAPS 25 MG, 100 MG .....	9	HYRIMOZ SOAJ .....	4
hydrocortisone acetate (topical) CREA 1 % .....	hydroxyzine pamoate CAPS 50 MG HYMOVIS .....	9 78	HYRIMOZ SOSY .....	4
hydrocortisone acetate (topical) OINT .....	hyoscyamine sulfate ELIX .....	88	HY-VEE LANCETS .....	64
hydrocortisone butyrate CREA .....	hyoscyamine sulfate SOLN OR 0.125 MG/ML .....	47 88	HY-VEE THIN LANCETS .....	64
hydrocortisone butyrate hydrophilic lipo base .....	hyoscyamine sulfate SUBL 0.125 MG .....	47 88	ibandronate sodium SOLN .....	52
hydrocortisone butyrate LOTN .....	hyoscyamine sulfate TABS 0.125 MG .....	47 88	ibandronate sodium TABS .....	52
hydrocortisone butyrate OINT .....	hyoscyamine sulfate TB12 0.375 MG 88	48	IBRANCE CAPS .....	31
hydrocortisone butyrate SOLN .....	hyoscyamine sulfate TBDP 0.125 MG .....	48 88	IBSRELA .....	55
HYDROCORTISONE CREA .....	HYPERHEP B SOLN IM .....	48	ibuprofen CHEW .....	5
hydrocortisone TABS .....	HYPERHEP B SOSY 110 UNIT/0.5ML .....	42	ibuprofen SUSP .....	5
hydrocortisone vaginal .....	HYPERRHO S/D MINI-DOSE SOSY IM .....	92	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG .....	5
hydrocortisone valerate CREA .....	HYPERRHO S/D SOSY IM 1500 UNIT .....	48	ibuprofen-diphenhydramine citrate 59	59
hydrocortisone valerate OINT .....	HYQVIA .....	48	ibuprofen-diphenhydramine hcl ...	59
hydrocortisone w/acetic acid .....	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ .....	83	icatibant acetate SOLN .....	57
HYDROMORPHONE HCL SUPP ...	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY .....	6	icatibant acetate SOSY .....	57
hydromorphone hcl TABS .....	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY .....	6	ICLUSIG 15 MG, 45 MG .....	31
hydromorphone hcl TB24 .....	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4	6	ID NOW COVID-19 .....	50
HYDROXATE GEL .....		48	ID NOW COVID-19 2.0 .....	50
HYDROXYM GEL .....		48	ID NOW COVID-19 2.0 CONTROL SWAB KIT .....	50
hydroxyprogesterone caproate (antineoplastic) .....		30	ID NOW COVID-19 CONTROL SWAB KIT .....	50
hydroxyprogesterone caproate OIL 85		85	IDACIO (2 PEN) AJKT .....	4
hydroxyurea .....		31	IDACIO (2 SYRINGE) PSKT .....	4
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....		9	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT .....	4
hydroxyzine hcl SYRP .....		9	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT .....	4

IDELVION .....	57	FILTER MISC .....	70	50000000 UNIT .....	31
IGALMI FILM .....	60	INPEFA .....	38	INVEGA HAFYERA .....	33
IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....	51	INSPIREASE DRUG DELIVERYSYSTEM MISC .....	70	INVEGA SUSTENNA .....	33
ILEVRO .....	82	INSPIREASE RESERVOIR BAGS 70		INVEGA TRINZA .....	33
ILUVIEN .....	82	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	17	INVOKANA .....	18
imatinib mesylate .....	31	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	17	IPOL INACTIVATED IPV .....	91
IMBRUVICA CAPS 140 MG .....	31	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	17	ipratropium bromide (nasal) 0.03 % 78	
IMBRUVICA CAPS 70 MG .....	31	INSULIN GLARGINE SOLN .....	18	ipratropium bromide (nasal) 0.06 % 78	
IMBRUVICA TABS .....	31	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML .....	17	ipratropium bromide SOLN 0.02 % 10	
IMCIVREE .....	1	INSULIN GLARGINE-YFGN SOLN .....	18	ipratropium-albuterol SOLN .....	12
imipramine hcl TABS .....	15	INSULIN GLARGINE-YFGN SOPN 18		irbesartan .....	26
imipramine pamoate .....	15	INSULIN GLARGINE-YFGN SOPN 18		irbesartan-hydrochlorothiazide ....	27
imiquimod 5 % .....	48	INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	18	irinotecan hcl .....	32
IMLYGIC .....	32	INSULIN LISPRO KWIKPEN SOPN . 18		IRON CHEWS PEDIATRIC CHEW 59	
IMOVAX RABIES (H.D.C.V.) SUSR 91		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	18	IRON TABS 28 MG .....	59
IMPEKLO LOTN .....	48	INSULIN LISPRO SOLN IJ .....	18	ISENTRESS CHEW 100 MG .....	35
INCRELEX .....	53	INSULIN SYRINGES .....	68	ISENTRESS CHEW 25 MG .....	35
indapamide TABS 1.25 MG, 2.5 MG . 52		INTELENCE (Use etravirine) .....	35	ISENTRESS PACK .....	35
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	51	INTELENCE .....	35	ISENTRESS TABS .....	35
indomethacin CAPS 25 MG, 50 MG 5		INTELENCE 200 MG (Use etravirine) .....	35	isoniazid SYRP .....	28
indomethacin CPR .....	5	INTELISWAB COVID-19 RAPID TEST KIT .....	51	isoniazid TABS .....	28
INFANRIX .....	88	INTRON A SOLR 10000000 UNIT,		ISOPTO ATROPINE SOLN .....	81
INFANTS ADVIL SUSP (Use ibuprofen) .....	5			isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	9
INFANTS SILAPAP SOLN OR .....	6			isosorbide mononitrate TABS .....	9
INGREZZA CAPS .....	86			isosorbide mononitrate TB24 .....	9
INLYTA .....	29			isotretinoin 10 MG, 20 MG, 40 MG	44
INNOSPIRE REPLACEMENT				isradipine CAPS .....	38

ITCH RELIEF CREA .....	45	JYNARQUE TBPK .....	54	ketotifen fumarate (ophth) 0.035 %	
itraconazole CAPS .....	24	JYNNEOS .....	91	83	
itraconazole SOLN .....	24	KADCYLA .....	29	KEY-E CHEW .....	93
ivermectin (pediculicide) .....	49	KALBITOR .....	57	KEYTRUDA .....	29
IXCHIQ .....	91	KALETRA SOLN (Use lopinavir-ritonavir) .....	35	KHAPZORY .....	32
IXEMPRA KIT .....	32	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir) .....	35	KINNEY LANCETS .....	64
IXIARO .....	91	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir) .....	35	KINNEY THIN LANCETS .....	64
IXINITY SOLR .....	57	KALYDECO PACK 50 MG, 75 MG	87	KINRIX SUSY .....	88
IYUZEH SOLN .....	83	KALYDECO TABS .....	87	KITABIS PAK NEBU (Use tobramycin) .....	3
JAKAFI .....	31	KANJINTI 420 MG .....	29	KLOXXADO LIQD .....	23
JANSSEN COVID-19 VACCINE ..	91	KANUMA .....	53	KOATE SOLR .....	57
JANUMET TABS .....	16	KAZANO (Use alogliptin-metformin hcl) .....	16	KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	57
JANUMET XR TB24 .....	16	KCENTRA .....	57	KOGENATE FS KIT .....	57
JANUVIA .....	17	KEMOPLAT SOLN .....	28	KOMBIGLYZE XR (Use saxagliptin-metformin hcl) .....	16
JARDIANCE .....	18	KEPIVANCE 6.25 MG .....	32	KONVOMEK SUSR .....	89
JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS .....	20	KESIMPTA .....	86	KOVALTRY .....	57
JARRO-DOPHILUS EPS CPDR ..	21	ketconazole (topical) CREA .....	45	KRINTAFEL .....	28
JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR ..	20	ketconazole (topical) SHAM 2 % ..	45	KROGER HEALTHPRO TWIST LANCETS/26G .....	64
JARRO-DOPHILUS EPS PROBIOTIC CPDR .....	21	KETONE STRP .....	51	KROGER LANCETS .....	64
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS .....	21	KETONE TEST STRIPS STRP ..	51	KROGER LANCETS 21G .....	64
JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR .....	21	ketoprofen CAPS 50 MG .....	5	KROGER LANCETS MICRO THIN33G .....	64
JENTADUETO TABS .....	16	ketoprofen CP24 .....	5	KROGER LANCETS SUPER THIN	64
JEVTANA .....	32	ketorolac tromethamine (ophth) 0.4 % .....	83	KROGER LANCETS THIN .....	64
JIVI .....	57	ketorolac tromethamine (ophth) 0.5 % .....	83	KROGER LANCETS THIN 26G ..	64
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....	25	ketorolac tromethamine TABS .....	5	KROGER LANCETS ULTRATHIN30G .....	64
JYNARQUE TABS .....	54	KETOSTIX STRP .....	51	KRYSTEXXA .....	56

KYLEENA .....	42	lanolin XX .....	85	LEUKINE SOLR IJ .....	58
KYMRIAH .....	30	LANOLIN XX .....	85	LEUPROLIDE ACETATE INJ .....	30
KYPROLIS .....	31	LANOLOR CREA .....	49	leuprolide acetate KIT IJ 1 MG/0.2ML .....	30
labetalol hcl TABS 100 MG .....	37	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....	38	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE .....	30
labetalol hcl TABS 200 MG .....	37	lanreotide acetate .....	54	levabuterol hcl .....	12
labetalol hcl TABS 300 MG .....	37	LANREOTIDE ACETATE .....	54	levabuterol tartrate .....	12
LACTEROL CAPS .....	21	lansoprazole CPDR .....	88	levamlodipine maleate .....	38
lactic acid (ammonium lactate) CREA .....	48	lansoprazole TBDD .....	88	LEVEMIR FLEXPEN SOPN .....	18
lactic acid (ammonium lactate) LOTN 12 % .....	48	lanthanum carbonate CHEW .....	56	LEVEMIR FLEXTOUCH SOPN .....	18
LACTO-PECTIN CAPS .....	21	LANTUS SOLOSTAR SOPN .....	18	LEVEMIR SOLN .....	18
lactulose (encephalopathy) .....	55	lapatinib ditosylate .....	31	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	13
lactulose SOLN .....	60	LEADER QUICK DISSOLVE GLUCOSE CHEW .....	16	levetiracetam TABS .....	13
LAGEVRIO .....	37	LEDIPASVIR/SOFOSBUVIR TABS 36 .....	36	levetiracetam TB24 .....	13
lamivudine SOLN .....	35	leflunomide .....	5	levobunolol hcl 0.5 % .....	80
lamivudine TABS 150 MG .....	35	lenalidomide .....	74	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	53
lamivudine TABS 300 MG .....	35	LENVIMA 10 MG DAILY DOSE .....	29	levocarnitine (metabolic modifiers) TABS .....	54
lamivudine-zidovudine .....	35	LENVIMA 12MG DAILY DOSE .....	29	levocetirizine dihydrochloride SOLN 24 .....	24
lamotrigine CHEW .....	13	LENVIMA 14 MG DAILY DOSE .....	29	levofloxacin (ophth) 0.5 % .....	81
lamotrigine KIT 25 MG .....	13	LENVIMA 18 MG DAILY DOSE .....	29	levofloxacin SOLN OR .....	55
lamotrigine TABS .....	13	LENVIMA 20 MG DAILY DOSE .....	29	levofloxacin TABS .....	55
lamotrigine TB24 .....	13	LENVIMA 24 MG DAILY DOSE .....	29	levoleucovorin calcium SOLN .....	32
lamotrigine TBDP .....	13	LENVIMA 4 MG DAILY DOSE .....	29	levoleucovorin calcium SOLR .....	32
LANCETS .....	64	LENVIMA 8 MG DAILY DOSE .....	29	levonorgestrel & eth estradiol TABS 40 .....	40
LANCETS 30G .....	64	LETAIRIS (Use ambrisentan) .....	38	levonorgestrel (emergency oc) 1.5 MG .....	41
LANCETS SUPER THIN 28G .....	64	letrozole .....	30		
LANCETS THIN .....	64	leucovorin calcium TABS 5 MG, 25 MG .....	32		
LANCETS ULTRA THIN .....	64	LEUKERAN .....	28		
lanolin (topical) CREA .....	49				
lanolin (topical) OINT .....	49				

levonorgestrel-eth estradiol (triphasic) .....	40	liraglutide .....	17	lopinavir-ritonavir SOLN .....	35
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG .....	40	lisdexamfetamine dimesylate CAPS 1		lopinavir-ritonavir TABS 25 MG-100 MG .....	35
levonorgestrel-ethinyl estradiol (continuous) .....	40	lisdexamfetamine dimesylate CHEW 1		lopinavir-ritonavir TABS 50 MG-200 MG .....	35
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG .....	87	lisinopril & hydrochlorothiazide ...	27	loratadine CAPS .....	24
levothyroxine sodium TABS .....	87	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	26	loratadine CHEW .....	24
LEVULAN KERASTICK SOLR ....	45	LITETOUCH MASK LARGE MISC	71	loratadine SOLN .....	25
LEXIVA SUSP .....	35	LITETOUCH MASK MEDIUM MISC 71		loratadine TABS .....	25
LEXIVA TABS (Use fosamprenavir calcium) .....	35	LITETOUCH MASK SMALL MISC .71		loratadine TBDP 10 MG .....	25
LIALDA TBEC (Use mesalamine) .	55	LITFULO .....	48	lorazepam CONC .....	10
LIBTAYO .....	29	lithium .....	33	lorazepam TABS 0.5 MG, 2 MG ...	10
LICEMD GEL .....	49	lithium carbonate CAPS .....	33	lorazepam TABS 1 MG .....	10
lidocaine CREA 4 % .....	49	lithium carbonate TABS .....	33	LORBRENA .....	31
LIDOCAINE CREA .....	49	lithium carbonate TBCR .....	33	LOREEV XR CS24 .....	10
lidocaine hcl (mouth-throat) 2 % ...	75	LITHOBID TBCR (Use lithium carbonate) .....	33	losartan potassium & hydrochlorothiazide .....	27
lidocaine hcl CREA 3 % .....	49	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN .....	78	losartan potassium .....	26
lidocaine hcl CREA 4 % .....	49	LIVE BETTER LANCET SUPERTHIN 30G .....	64	lovastatin TABS 10 MG, 20 MG ...	25
lidocaine hcl GEL 2 % .....	49	LIVE BETTER LANCET ULTRATHIN 28G .....	64	lovastatin TABS 40 MG .....	25
lidocaine hcl PRSY .....	49	LO LOESTRIN FE TABS .....	40	loxapine succinate .....	33
lidocaine-prilocaine CREA .....	49	LOCOID LIPOCREAM .....	48	LUCENTIS SOLN 0.3 MG/0.05ML	81
LILETTA 20.1 MCG/DAY .....	42	LOKELMA .....	75	LUCENTIS SOSY .....	81
LINZESS .....	55	LONGS LANCETS STANDARD ..	64	LUCIRA CHECK IT COVID-19TEST KIT KIT .....	51
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	77	LONGS LANCETS THIN .....	64	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT .....	51
liothyronine sodium TABS .....	87	LONSURF .....	30	luliconazole .....	45
LIPOFEN CAPS (Use fenofibrate) .	25	loperamide hcl CAPS .....	23	LUMIZYME .....	54
LIQREV SUSP .....	39	loperamide hcl TABS .....	23	LUMOXITI .....	29
				LUPRON DEPOT (1-MONTH) KIT IM .....	30

LUPRON DEPOT (3-MONTH) KIT IM .....30	maraviroc TABS 150 MG ..... 35	.....65
LUPRON DEPOT (4-MONTH) IM . 30	maraviroc TABS 300 MG ..... 35	MEIJER SUPER THIN LANCETS 65
LUPRON DEPOT (6-MONTH) IM . 30	MATULANE ..... 31	MEKINIST TABS .....31
LUPRON DEPOT-PED (1-MONTH) . 53	MAVYRET PACK ..... 36	MEKTOVI ..... 31
LUPRON DEPOT-PED (3-MONTH) . 53	MAVYRET TABS ..... 36	melatonin TABS 3 MG, 5 MG .....2
LUPRON DEPOT-PED (6-MONTH) IM ..... 53	MAXI-TUSS PE LIQD ..... 43	meloxicam TABS ..... 5
lurasidone hcl ..... 33	MAYZENT STARTER PACK TBPK 86	melphalan ..... 28
LUTATHERA ..... 31	MAYZENT TABS ..... 86	melphalan hcl IV ..... 28
LUZU (Use luliconazole) ..... 45	meclizine hcl CHEW ..... 23	memantine hcl CP24 ..... 85
LYBALVI ..... 85	meclizine hcl TABS 12.5 MG, 25 MG 23	memantine hcl SOLN ..... 85
LYFGENIA ..... 58	medroxyprogesterone acetate (contraceptive) SUSP IM ..... 41	memantine hcl TABS ..... 85
LYRA DIRECT SARS-COV-2 ASSAY ..... 51	medroxyprogesterone acetate (contraceptive) SUSY IM ..... 42	MENACTRA ..... 89
LYRA SARS-COV-2 ASSAY ..... 51	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG ..... 85	MENQUADFI ..... 89
LYSODREN ..... 30	mefloquine hcl ..... 28	MENVEO SOLN ..... 89
LYUMJEV TEMPO PEN SOPN ... 18	MEGA PROBIOTIC CAPS ..... 21	MENVEO SOLR ..... 89
LYVISPAH PACK ..... 77	megestrol acetate SUSP ..... 30	meperidine hcl SOLN OR 50 MG/5ML ..... 6
MACI ..... 77	megestrol acetate TABS ..... 30	meperidine hcl TABS 50 MG ..... 6
MAGE CPDR ..... 21	MEIJER ALCOHOL SWABS EXTRA- THICK ..... 68	meprobamate ..... 9
MAGNEBIND 400 ..... 73	MEIJER COLOR LANCETS	mercaptopurine TABS ..... 29
magnesium citrate ..... 60	UNIVERSAL 33G ..... 64	mesalamine ENEM ..... 55
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML ..... 60	MEIJER LANCETS ..... 64	mesalamine SUPP ..... 55
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG ..... 74	MEIJER LANCETS THIN ..... 64	mesalamine TBEC 1.2 GM ..... 55
magnesium oxide TABS 400 MG ... 9	MEIJER LANCETS UNIVERSAL21G ..... 64	mesalamine TBEC 800 MG ..... 55
MAKENA SOAJ ..... 85	MEIJER LANCETS UNIVERSAL30G ..... 64	mesalamine w/ cleanser ..... 55
malathion ..... 49	MEIJER LANCETS UNIVERSAL33G	mesna SOLN ..... 32
		MESNEX TABS ..... 32
		META BIOTIC/BIO-ACTIVE 12 CAPS ..... 21
		metaxalone ..... 77
		metformin hcl SOLN ..... 16

metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	16	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....	2	metronidazole (topical) GEL 0.75 %	49
metformin hcl TABS 625 MG .....	16	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) LOTN .....	49
metformin hcl TB24 500 MG, 1000 MG .....	16	methylphenidate hcl CP24 .....	2	metronidazole TABS .....	27
metformin hcl TB24 500 MG, 750 MG .....	16	methylphenidate hcl CPCR .....	2	metronidazole vaginal .....	92
methadone hcl TABS 10 MG .....	6	methylphenidate hcl SOLN .....	2	metyrosine .....	26
methadone hcl TABS 5 MG .....	6	methylphenidate hcl TABS .....	2	miconazole nitrate (topical) CREA	.45
methamphetamine hcl .....	1	methylphenidate hcl TB24 .....	2	miconazole nitrate vaginal CREA 2 %	92
methazolamide TABS .....	52	methylphenidate hcl TBCR 10 MG, 20 MG .....	2	miconazole nitrate vaginal CREA 4 %	92
methenamine mandelate 0.5 GM, 1 GM .....	28	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG .....	2	miconazole nitrate vaginal KIT .....	92
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG .....	27	methylphenidate hcl TBCR 45 MG, 63 MG .....	2	miconazole nitrate vaginal SUPP 100 MG .....	92
methimazole TABS .....	87	methylprednisolone TABS 4 MG, 8 MG .....	42	miconazole nitrate vaginal SUPP 200 MG .....	92
METHITEST TABS .....	8	methylprednisolone TBPK .....	42	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM .....	84
methocarbamol TABS 500 MG ....	77	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	55	MICROCHAMBER DEVI .....	71
methocarbamol TABS 750 MG ....	77	metoclopramide hcl TABS 10 MG	.55	MICROCHAMBER MISC .....	71
METHOTREXATE .....	3	metoclopramide hcl TABS 5 MG	.55	MICROFLOR 33 CAPS .....	21
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	29	metolazone .....	52	MICROSPACER MISC .....	71
methotrexate sodium TABS 2.5 MG	29	metoprolol & hydrochlorothiazide TABS .....	27	midazolam hcl SOLN IJ .....	60
methsuximide .....	14	metoprolol succinate TB24 200 MG	37	midodrine hcl .....	93
methyldopa TABS .....	26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	37	MIEBO .....	83
methylergonovine maleate TABS	.83	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	37	mifepristone (hyperglycemia) .....	16
METHYLIN SOLN (Use methylphenidate hcl) .....	2	metoprolol tartrate TABS 100 MG	.37	miglitol .....	16
methylphenidate hcl CHEW .....	2	metoprolol tartrate TABS 25 MG, 50 MG .....	37	miglustat .....	58
		metoprolol tartrate TABS 25 MG, 50 MG .....	37	MINIELITE FILTER REPLACEMENTS MISC .....	71
		metoprolol tartrate TABS 37.5 MG, 75 MG .....	37	minocycline hcl CAPS .....	87
		metronidazole (topical) CREA .....	49	minoxidil 2.5 MG, 10 MG .....	27

mirabegron TB24 .....	89	montelukast sodium TABS .....	10	GENERIC .....	76
MIRCERA .....	58	morphine sulfate beads .....	6	MULTIVITAMIN INFANT & TODDLER SOLN OR .....	76
MIRENA .....	42	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	6	MULTIVITAMIN INFANT/TODDLER SOLN OR .....	76
mirtazapine TABS .....	14	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML .....	7	mupirocin calcium (topical) .....	44
mirtazapine TBDP .....	14	morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML .....	7	mupirocin OINT .....	44
misoprostol .....	89	morphine sulfate SUPP .....	7	MVASI .....	29
mitoxantrone hcl 2 MG/ML .....	30	morphine sulfate TABS .....	7	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 76	
M-M-R II SOLR .....	91	morphine sulfate TBCR .....	7	MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR .....	21
MODERNA COVID-19 VACCINE SUSP .....	91	MOTPOLY XR CP24 .....	13	MVW COMPLETE PROBIOTIC FORMULATION CPDR .....	21
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 91		MOTRIN CHILDRENS CHEW (Use ibuprofen) .....	5	MYALEPT .....	54
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...	91	MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....	5	mycophenolate mofetil CAPS .....	74
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	91	MOUNJARO .....	17	mycophenolate mofetil hcl .....	74
MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	91	MOUTH KOTE REMINT SOLN ...	75	mycophenolate mofetil SUSR .....	74
moexipril hcl .....	26	MOUTH KOTE SOLN .....	75	mycophenolate mofetil TABS .....	74
MOI-STIR SOLN .....	75	MOVANTIK .....	55	mycophenolate sodium .....	74
mometasone furoate (nasal) SUSP 78		moxifloxacin hcl (ophth) SOLN OP	81	MYFEMBREE .....	54
mometasone furoate CREA .....	48	moxifloxacin hcl TABS .....	55	MYLERAN TABS .....	28
mometasone furoate OINT .....	48	MULPLETA .....	58	MYOBLOC .....	79
mometasone furoate SOLN .....	48	MULTIPLE VITAMINS TABS- ASSORTED BRAND .....	76	MYRBETRIQ TB24 (Use mirabegron) .....	89
MOMMYS BLISS PROBIOTIC PACK .....	21	MULTIPLE VITAMINS TABS- ASSORTED GENERIC .....	76	MYRBETRIQ TB24 .....	89
MONOLET LANCETS .....	65	multiple vitamins w/ iron TABS ...	76	NABI-HB SOLN IM .....	84
MONOLET OPD LANCETS .....	65	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND .....	76	nabumetone .....	5
MONOVISC .....	78	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED		nadolol TABS 20 MG, 40 MG, 80 MG .....	37
montelukast sodium CHEW .....	10			NAGLAZYME .....	54
montelukast sodium PACK .....	10				



naloxone hcl LIQD .....	23	MISC .....	71	esomeprazole magnesium) .....	88
naloxone hcl SOCT .....	23	nefazodone hcl .....	15	NEXIUM PACK (Use esomeprazole magnesium) .....	88
naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin sulfate TABS .....	3	NEXIUM PACK .....	88
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin-bacitracin zn-polymyxin	81	NEXPLANON .....	41
naloxone hcl SOSY 2 MG/2ML ....	23	neomycin-bacitracin-polymyxin OINT	44	NGENLA .....	53
naltrexone hcl .....	23	neomycin-polymy-dexameth OINT	82	niacin (antihyperlipidemic) TBCR ..	25
NAMENDA TITRATION PAK TABS (Use memantine hcl) .....	85	neomycin-polymy-dexameth SUSP	82	niacin CPCR 250 MG, 500 MG ....	93
naphazoline w/ pheniramine 0.3 %- 0.025 % .....	81	neomycin-polymyxin w/ pramoxine	44	niacin TABS 500 MG .....	93
naphazoline w/ pheniramine 0.315 %-0.027 % .....	82	neomycin-polymyxin-gramicidin ..	81	niacin TBCR .....	93
naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-hc (ophth) ..	82	NIACIN TR CPCR .....	93
naproxen sodium TABS 275 MG, 550 MG .....	5	neomycin-polymyxin-hc (otic) SOLN .	83	NIACIN TR TBCR .....	93
naproxen sodium-diphenhydramine hcl .....	59	neomycin-polymyxin-hc (otic) SUSP .	83	nicardipine hcl CAPS .....	38
naproxen SUSP .....	5	NESINA (Use alogliptin benzoate)	17	nicotine MISC XX .....	86
naproxen TABS .....	5	NEULASTA ONPRO KIT PSKT ...	58	nicotine polacrilex GUM .....	86
naproxen TBEC .....	5	NEULASTA SOSY .....	58	nicotine polacrilex LOZG .....	86
naproxen-esomeprazole magnesium .....	5	NEUPOGEN SOLN .....	58	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	86
naratriptan hcl .....	73	NEUPOGEN SOSY .....	58	NICOTINE TRANSDERMAL SYSTEM KIT .....	86
NARCAN LIQD (Use naloxone hcl)	23	nevirapine SUSP .....	35	NICOTROL INHALER INHA .....	86
NATAZIA .....	40	nevirapine TABS .....	35	NICOTROL NS SOLN .....	86
nateglinide .....	18	nevirapine TB24 100 MG .....	35	nifedipine CAPS .....	38
NATPARA .....	52	nevirapine TB24 400 MG .....	35	nifedipine TB24 30 MG, 90 MG ...	38
NATROBA (Use spinosad) .....	49	NEXABIOTIC CPDR .....	21	nifedipine TB24 60 MG .....	38
NATRUL PROBIOTIC CAPS .....	21	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	88	nimodipine CAPS .....	38
NATURAL FIBER LAXATIVE POWD 60		NEXIUM 24HR CPDR (Use esomeprazole magnesium) .....	88	NINLARO .....	31
NEBULIZER AIR TUBE/PLUGS		NEXIUM CPDR 20 MG (Use		nisoldipine .....	38

nitrofurantoin macrocrystal 50 MG, 100 MG .....	28	estradiol-fe .....	41	NP THYROID 15 TABS .....	87
nitrofurantoin monohyd macro .....	28	norethindrone-eth estradiol (triphasic) .....	41	NP THYROID 30 TABS .....	87
nitroglycerin CPR .....	9	norgestimate-ethinyl estradiol (triphasic) .....	41	NP THYROID 60 TABS .....	87
nitroglycerin PT24 .....	9	norgestimate-ethinyl estradiol .....	41	NP THYROID 90 TABS .....	87
nitroglycerin SUBL .....	9	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	41	NPLATE 250 MCG, 500 MCG .....	58
NIVA THYROID TABS .....	87	NORLIQVA SOLN .....	38	NUCALA SOAJ .....	10
NIVESTYM SOLN .....	58	NORPACE CAPS (Use disopyramide phosphate) .....	10	NUCALA SOLR .....	10
NIVESTYM SOSY .....	58	nortriptyline hcl CAPS .....	15	NUCALA SOSY .....	10
NIX LICE KILLING SPRAY LIQD XX . 49		nortriptyline hcl SOLN .....	15	NULOJIX .....	74
NIZORAL SHAM .....	45	NORVIR CAPS .....	35	NUMOISYN LIQD .....	75
NORDITROPIN FLEXPLO SOPN .53		NORVIR PACK .....	35	NUPLAZID CAPS .....	33
norelgestromin-ethinyl estradiol ...	41	NORVIR SOLN .....	35	NUPLAZID TABS 10 MG .....	33
norethin acet & estrad-fe CAPS ...	40	NORVIR TABS (Use ritonavir) .....	35	NURTEC .....	73
norethin acet & estrad-fe CHEW ...	40	NOSE CLIP MISC .....	71	NUVESSA .....	92
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	40	NOVA SUREFLEX LANCETS .....	65	NUWIQ KIT .....	57
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG .....	40	NOVAREL IM 5000 UNIT .....	53	NUWIQ SOLR .....	57
norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...	40	NOVAVAX COVID-19 VACCINE .	91	nystatin (mouth-throat) .....	75
norethindrone & eth estradiol 35 MCG-1 MG .....	40	NOVAVAX COVID-19 VACCINE/2023-24 .....	91	nystatin (topical) CREA .....	45
norethindrone & ethinyl estradiol-fe 40		NOVOEIGHT .....	57	nystatin (topical) OINT .....	45
norethindrone (contraceptive) .....	42	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN .....	18	nystatin (topical) POWD EX .....	45
norethindrone acet & eth estra ...	40	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN .....	18	nystatin TABS .....	24
norethindrone acetate TABS .....	85	NOVOLOG MIX 70/30 RELION SUSP .....	18	nystatin-triamcinolone CREA .....	45
norethindrone acetate-ethinyl estradiol .....	54	NOVOLOG MIX 70/30 SUSP .....	18	nystatin-triamcinolone OINT .....	45
norethindrone acetate-ethinyl		NOVOSEVEN RT .....	57	NYVEPRIA .....	58
		NP THYROID 120 TABS .....	87	OBIZUR .....	57
				OCALIVA .....	55
				OCTAGAM SOLN 5 GM/50ML .....	84
				OCTAGAM SOLN .....	84
				octreotide acetate SOLN .....	54
				octreotide acetate SOSY .....	54

ODEFSEY .....	35	TEST KIT .....	51	OPTICHAMBER	
ODOMZO .....	30	ON/GO ONE COVID-19 ANTIGEN		DIAMOND/LARGEFACE MASK	
OFEV .....	87	HOME TEST KIT .....	51	DEVI .....	71
ofloxacin (ophth) .....	81	ONCASPAR .....	31	OPTICHAMBER DIAMOND/MEDIUM	
ofloxacin (otic) .....	83	ondansetron hcl SOLN OR 4		FACE MASK MISC .....	71
ofloxacin 300 MG, 400 MG .....	55	MG/5ML .....	23	OPTICHAMBER	
OHC COVID-19 ANTIGEN SELF		ondansetron hcl TABS 4 MG, 8 MG		DIAMOND/SMALLFACE MASK	
TEST KIT .....	51	23		MISC .....	71
olanzapine SOLR .....	33	ondansetron TBDP 4 MG, 8 MG ..	23	OPTIONS GYNOL II	
olanzapine TABS .....	33	ONETOUCH DELICA PLUS		VAGINALCONTRACEPTIVE GEL	92
olanzapine TBDP .....	33	LANCETS EXTRA FINE 33G .....	65	OPVEE NA .....	23
olmesartan medoxomil .....	26	ONETOUCH DELICA PLUS		OPZELURA .....	48
olmesartan medoxomil-amlodipine-		LANCETS FINE 30G .....	65	ORAL RELIEF SPRAY FOR	
hydrochlorothiazide .....	27	ONETOUCH ULTRA 2 KIT .....	65	DRYMOUTH & DISCOMFORT	
olmesartan medoxomil-		ONETOUCH ULTRA STRP .....	51	SOLN .....	75
hydrochlorothiazide .....	27	ONETOUCH ULTRASOFT 2		ORALAIR ADULT STARTER PACK	
olopatadine hcl (nasal) .....	78	LANCETS FINE 30G .....	65	SUBL .....	2
olopatadine hcl .....	83	ONETOUCH ULTRASOFT		ORALAIR SUBL .....	2
OLPRUVA THPK .....	54	LANCETS .....	65	ORENITRAM TITRATION KIT	
OLUMIANT .....	3	ONETOUCH VERIO FLEX BLOOD		MONTH 1 TEPK .....	38
omega-3-acid ethyl esters .....	25	GLUCOSE MONITORING SYSTEM		ORENITRAM TITRATION KIT	
omeprazole CPDR .....	88	KIT .....	65	MONTH 2 TEPK .....	38
omeprazole TBEC .....	88	ONETOUCH VERIO LEVEL 4		ORENITRAM TITRATION KIT	
omeprazole-sodium bicarbonate		CONTROL SOLUTION LIQD .....	65	MONTH 3 TEPK .....	38
CAPS .....	89	ONETOUCH VERIO REFLECT KIT		ORFADIN SUSP .....	54
omeprazole-sodium bicarbonate		65		ORIAHNN .....	54
PACK .....	89	ONETOUCH VERIO TEST STRIPS		ORILISSA .....	53
OMNITROPE SOCT .....	53	STRP .....	51	ORKAMBI PACK .....	87
OMVOH SOAJ .....	55	ONGLYZA (Use saxagliptin hcl) ..	17	ORKAMBI TABS .....	87
OMVOH SOLN .....	55	ONPATTRO .....	86	orphenadrine citrate TB12 .....	77
OMVOH SOSY .....	55	OPDIVO 40 MG/4ML, 100 MG/10ML,		orphenadrine w/ aspirin & caff ....	77
ON/GO COVID-19 ANTIGEN SELF-		240 MG/24ML .....	29	orphenadrine w/ aspirin & caff 385	
Index 33		OPTICHAMBER DIAMOND DEVI	71	MG-30 MG-25 MG .....	77
		OPTICHAMBER DIAMOND MISC	71	ORTHOVISC .....	78

oseltamivir phosphate CAPS 30 MG . 37	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7	2 MISC .....71
oseltamivir phosphate CAPS 45 MG, 75 MG .....37	oyster shell ..... 73	PARI BABY CONVERSION KITSIZE 3 MISC .....71
oseltamivir phosphate SUSR .....37	OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML ..... 17	PARI ERAPID NEBULIZER HANDSET MISC .....71
OSENI (Use alogliptin-pioglitazone) . 16	OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML ..... 17	PARI EXPIRATORY FILTER VALVE SET DEVI ..... 71
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 OR (Use baclofen) ..... 77	PARI MASK SET MISC .....71
oxaprozin TABS .....5	OZOBAX SOLN OR (Use baclofen) 77	PARI SOFT PLASTIC ADULT MASK MISC ..... 71
OXAYDO TABS 5 MG .....7	OZURDEX IMPL ..... 82	PARI SOFT PLASTIC PEDIATRIC MASK MISC .....71
oxazepam CAPS .....10	paclitaxel protein-bound particles .32	PARI VORTEX ADULT MASK ....71
oxcarbazepine SUSP ..... 13	PACLITAXEL PROTEIN- BOUNDPARTICLES ..... 32	paricalcitol SOLN ..... 54
oxcarbazepine TABS ..... 13	paliperidone ..... 33	paroxetine hcl TABS ..... 15
OXERVATE ..... 82	PALYNZIQ .....54	paroxetine hcl TB24 .....15
oxiconazole nitrate CREA ..... 45	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML ..... 52	paroxetine mesylate (vasomotor) .86
oxybutynin chloride SOLN .....89	PAMIDRONATE DISODIUM SOLN 52	PARSABIV ..... 54
oxybutynin chloride TABS 2.5 MG .89	pantoprazole sodium PACK ..... 88	PAXLOVID 100 MG-150 MG ..... 36
oxybutynin chloride TABS 5 MG ...89	pantoprazole sodium TBEC 20 MG 88	pazopanib hcl ..... 31
oxybutynin chloride TB24 .....89	pantoprazole sodium TBEC 40 MG 88	PC LANCETS SUPER THIN 30G .65
oxycodone hcl CAPS .....7	PANZYGA ..... 84	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....76
oxycodone hcl CONC 100 MG/5ML 7	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....41	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN .....76
oxycodone hcl SOLN .....7	PARI ALTERA NEBULIZER HANDSET MISC .....71	PEARLS IC CAPS ..... 21
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....7	PARI BABY CONVERSION KITSIZE 1 MISC .....71	ped multivitamins w/fl & iron SOLN 76
oxycodone hcl T12A 80 MG .....7	PARI BABY CONVERSION KITSIZE 1 MISC .....71	PEDIARIX SUSY ..... 88
oxycodone hcl TABS .....7	PARI BABY CONVERSION KITSIZE 1 MISC .....71	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 71
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....7	PARI BABY CONVERSION KITSIZE 1 MISC .....71	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND .....76
oxymorphone hcl TB12 15 MG .....7		

PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	76	PFIZER-BIONTECH COVID-19VACCINE SUSP .....	91	2.5 % .....	81
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND .....	76	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	91	phenylephrine hcl (oral) TABS .....	78
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC ...	76	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	91	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....	43
pediatric vitamins acd w/ fluoride SOLN .....	76	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	91	phenylephrine-dm SOLN .....	43
PEDVAX HIB SUSP .....	89	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	91	phenylephrine-shark liver oil-cocoa butter .....	8
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....	60	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	91	phenylephrine-shark liver oil-mineral oil-petrolatum .....	8
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	60	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ...	91	phenytoin CHEW .....	14
PEGASYS SOLN .....	36	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	91	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	14
PEGASYS SOSY .....	36	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	91	phenytoin sodium extended 200 MG, 300 MG .....	14
pemetrexed disodium SOLR 100 MG, 500 MG .....	29	PFLEX MISC .....	71	phenytoin SUSP .....	14
PENBRAYA .....	89	PH 12 STERILE DILUENT FORFLOLAN .....	84	PHILLIPS COLON HEALTH CAPS 21	
penciclovir .....	46	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC ..	71	PHOTOFRIN .....	31
penicillamine TABS .....	74	PHARMACY COUNTER LANCETS .	65	phytonadione TABS 5 MG .....	93
penicillin v potassium SOLR .....	84	PHEBURANE PLLT .....	54	PIFELTRO .....	35
penicillin v potassium TABS .....	84	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	56	PILLOW MASK/ADULT MISC .....	71
PENTACEL .....	88	phenelzine sulfate .....	14	PILLOW MASK/CHILD MISC .....	71
pentoxifylline .....	57	phenobarbital ELIX .....	59	PILLOW MASK/PEDIATRIC MISC	71
PERFECT LANCETS 30G .....	65	phenobarbital TABS .....	59	pilocarpine hcl (oral) 5 MG .....	75
perindopril erbumine .....	26	phenylephrine hcl (mydriatic) SOLN		pilocarpine hcl SOLN 1 %, 2 %, 4 % .	81
PERJETA .....	29			PILOT COVID-19 AT-HOME TEST KIT .....	51
permethrin AERO .....	49			pimecrolimus .....	48
permethrin CREA .....	49			pindolol TABS .....	37
permethrin LIQD EX .....	49			pioglitazone hcl .....	18
perphenazine TABS .....	34			pioglitazone hcl-glimepiride .....	16
perphenazine-amitriptyline .....	85			pioglitazone hcl-metformin hcl TABS .	

16	potassium chloride CPCR 10 MEQ 74	prednicarbate OINT .....48
pirfenidone CAPS .....87	potassium chloride CPCR 8 MEQ .74	prednisolone acetate (ophth) .....82
pirfenidone TABS 534 MG .....87	potassium chloride microencapsulated crystals er ....74	PREDNISOLONE ACETATE P-F .82
piroxicam CAPS .....5	potassium chloride PACK OR 20 MEQ .....74	PREDNISOLONE SODIUM PHOSPHATE .....82
PLEGRIDY SOSY IM .....86	potassium chloride SOLN OR 10 %, 20 % .....74	prednisolone sodium phosphate SOLN 15 MG/5ML .....42
plerixafor .....59	potassium chloride TBCR 8 MEQ, 10 MEQ .....74	prednisolone sodium phosphate SOLN 20 MG/5ML .....42
PNEUMOVAX 23 .....89	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG .....56	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML ....42
PNEUMOVAX 23/1 DOSE .....89	potassium citrate-citric acid PACK .56	prednisolone SOLN .....42
POCKET CHAMBER DEVI .....71	potassium iodide (expectorant) SOLN .....43	PREDNISONE INTENSOL CONC .42
POCKET SPACER DEVI .....72	POTELIGEO .....29	prednisone SOLN .....42
podofilox SOLN .....49	PRADAXA CAPS (Use dabigatran etexilate mesylate) .....13	prednisone TABS .....42
POLIVY 140 MG .....29	PRADAXA CAPS .....13	prednisone TBPK .....42
polyethylene glycol 3350 PACK ...60	PRADAXA PACK .....13	PREFERRED PLUS LANCETS COLORED 21G .....65
polyethylene glycol 3350 POWD ..60	pralatrexate .....29	PREFERRED PLUS LANCETS SUPER THIN 30G .....65
polymyxin b-trimethoprim .....81	PRALUENT SOAJ .....26	PREFERRED PLUS LANCETS THIN 26G .....65
polysaccharide iron complex CAPS 150 MG .....59	pramipexole dihydrochloride TABS 32	pregabalin CAPS .....13
polyvinyl alcohol 1.4 % .....80	pramipexole dihydrochloride TB24 32	pregabalin SOLN .....13
POLY-VI-SOL SOLN OR .....76	pramoxine hcl (rectal) FOAM EX ...8	PREGNYL IM .....53
POLY-VITA SOLN OR .....77	prasugrel hcl .....58	PREGNYL W/DILUENT BENZYLALCOHOL/NAACL IM .....53
POLY-VITA/IRON SOLN .....76	pravastatin sodium .....25	PREHEVBRIO .....91
POLY-VITE PEDIATRIC SOLN OR 77	prazosin hcl CAPS .....26	PREMARIN .....92
POMALYST .....30	PRECISION THINS GP LANCET .65	PREMARIN TABS .....54
PONVORY 14-DAY STARTER PACK TBPK .....86	PRED MILD .....82	PREMPHASE .....54
PONVORY TABS .....86	PRED-G SUSP .....82	PREMPRO .....54
PORTRAZZA .....30		PRENATAL VITAMINS-ASSORTED
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..74		
potassium bicarbonate TBEF .....74		

BRAND .....	77	PROAIR DIGIHALER .....	12	PROBIOTIC PEARLS ADVANTAGE CAPS .....	21
PRENATAL VITAMINS-ASSORTED GENERIC .....	77	PROAIR HFA AERS (Use albuterol sulfate) .....	12	PROBIOTIC PEARLS CAPS .....	21
PREORBOTIC CAPS .....	21	probenecid .....	56	PROBIOTIC PEARLS MAX POTENCY CAPS .....	21
PREVIDENT RINSE SOLN .....	75	PROBINATE CAPS .....	21	PROBIOTIC PEARLS WOMENS CAPS .....	21
PREVNAR 13 .....	89	PROBIO DEFENSE CAPS .....	21	PROBIOTIC/PREBIOTIC/CRANBERRY CAPS .....	21
PREVNAR 20 .....	89	PROBIOFLEXX CAPS .....	21	PROBIOTIC+TURMERIC EXTRACT CAPS .....	21
PREVYMIS SOLN .....	36	PROBIOMAX COMPLETE DF CAPS .....	21	PROBIOTIC-10 ULTIMATE CAPS .....	21
PREVYMIS TABS .....	36	PROBIOMAX DAILY DF CAPS .....	21	PROBITROL CAPS .....	22
PREZCOBIX .....	35	PROBIOMAX IG 26 DF CAPS .....	21	PROBIZEN CAPS .....	22
PREZISTA SUSP .....	35	PROBIOMAX LEAN DF CAPS .....	21	PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....	72
PREZISTA TABS (Use darunavir) .....	35	PROBIOMAX SB DF CAPS .....	21	PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....	72
PREZISTA TABS 150 MG .....	35	PROBIONEXX CAPS .....	21	PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....	72
PREZISTA TABS 75 MG, 600 MG, 800 MG .....	35	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS .....	21	prochlorperazine .....	34
PRIALT .....	6	PROBIOTIC + OMEGA-3 CAPS .....	21	prochlorperazine edisylate 10 MG/2ML .....	34
PRIMADOPHILUS BIFIDUS CPDR .....	21	PROBIOTIC 10 ULTRA STRENGTH CAPS .....	21	prochlorperazine maleate TABS .....	34
PRIMIDAR CAPS .....	21	PROBIOTIC BLEND CAPS .....	21	PROCRIT .....	58
primidone 125 MG .....	13	PROBIOTIC CAPS .....	22	PROCYSBI CPDR .....	56
primidone 50 MG, 250 MG .....	13	PROBIOTIC COLON SUPPORT CAPS .....	21	PROCYSBI PACK .....	56
PRIORIX SUSR .....	91	PROBIOTIC DAILY CAPS .....	21	PRODIGY TWIST TOP LANCETS .....	65
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....	84	PROBIOTIC DIGESTIVE SUPPORT CAPS .....	21	PROFILNINE .....	57
PRIVIGEN SOLN 5 GM/50ML .....	84	PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS .....	23	PRO-FLORA IMMUNE CAPS .....	22
PRO COMFORT ALCOHOL PADS .....	68	PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS .....	21	progesterone CAPS 100 MG .....	85
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....	72	PROBIOTIC MATURE ADULT CAPS .....	21	progesterone CAPS 200 MG .....	85
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....	72				
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....	72				

PROGLYCEM (Use diazoxide) ... 16	albuterol sulfate) ..... 12	QC ALCOHOL SWABS ..... 68
PROGRAF PACK ..... 74	pseudoephedrine hcl TABS ..... 78	QC LANCETS SUPER THIN ..... 65
PROGRAF SOLN ..... 74	pseudoephedrine hcl TB12 ..... 78	QC LANCETS ULTRA THIN ..... 65
PROLEUKIN ..... 31	pseudoephedrine-ibuprofen TABS 43	QC UNILET LANCETS 28G/ULTRA THIN ..... 65
PROLIA SOSY ..... 52	PSS SELECT GP LANCETS ..... 65	QC UNILET LANCETS 33G/MICRO THIN ..... 65
PROMACTA PACK 12.5 MG ..... 58	PSS SELECT SAFETY LANCETS 65	QDOLO SOLN (Use tramadol hcl) .. 7
PROMACTA TABS ..... 58	psyllium CAPS 0.52 GM ..... 60	QELBREE ..... 2
PROMELLA IN PREBIOTIC CAPS 22	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 % .... 60	QUAD-PROBIOTIC CAPS ..... 22
PROMEROL CAPS ..... 22	PULMICORT FLEXHALER AEPB .11	QUADRACEL SUSP ..... 88
promethazine & phenylephrine SYRP ..... 43	PULMOZYME ..... 87	QUADRACEL SUSY ..... 88
promethazine hcl SOLN OR 6.25 MG/5ML ..... 25	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 72	quetiapine fumarate TABS ..... 33
promethazine hcl SUPP ..... 25	PURIXAN SUSP ..... 29	quetiapine fumarate TB24 ..... 33
promethazine hcl TABS ..... 25	PX LANCETS MICROTHIN 33G .65	QUICKVUE AT-HOME COVID-19 TEST KIT ..... 51
promethazine w/codeine SOLN ... 43	PX LANCETS ULTRA THIN ..... 65	QUICKVUE SARS ANTIGEN TEST . 51
promethazine w/codeine SYRP ... 43	pyrantel pamoate SUSP 144 MG/ML 9	quinapril hcl ..... 26
PRONEB ULTRA FILTER SET MISC ..... 72	pyrazinamide ..... 28	quinapril-hydrochlorothiazide 12.5 MG-10 MG ..... 27
propafenone hcl TABS ..... 10	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 % ..... 49	quinapril-hydrochlorothiazide 12.5 MG-20 MG ..... 27
propranolol hcl CP24 ..... 37	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ... 49	quinapril-hydrochlorothiazide 25 MG-20 MG ..... 27
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML ..... 37	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 % ..... 49	quinidine gluconate TBCR ..... 10
propranolol hcl TABS ..... 37	pyridostigmine bromide TABS 60 MG ..... 28	quinidine sulfate TABS ..... 10
propylthiouracil ..... 87	pyridostigmine bromide TBCR ..... 28	QULIPTA ..... 73
PROQUAD SUSR ..... 91	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG ..... 93	QUVIVIQ ..... 60
PROTONIX PACK (Use pantoprazole sodium) ..... 88	pyrimethamine ..... 28	RA ALCOHOL SWABS ..... 68
protriptyline hcl ..... 16		RA ARTHRITIS PAIN RELIEF CREA 49
PROVENGE ..... 30		RA DRY MOUTH SOLN ..... 75
PROVENTIL HFA AERS (Use		



RA E-ZJECT LANCETS 28G ..... 65	REALITY SWABS ..... 68	REPATHA SURECLICK SOAJ .... 26
RA E-ZJECT LANCETS THIN 26G 65	REBINYN ..... 57	REPLACEMENT AIR FILTER MISC . 72
RA E-ZJECT LANCETS THIN 28G 66	RECOMBINATE SOLR ..... 57	REPLACEMENT FILTERS MISC . 72
RA E-ZJECT LANCETS ULTRATHIN 30G ..... 66	RECOMBIVAX HB SUSP ..... 91	RESTASIS EMUL (Use cyclosporine (ophth)) ..... 82
RA PROBIOTIC COLON CARE CAPS ..... 22	RECOMBIVAX HB SUSY ..... 91	RESTASIS MULTIDOSE EMUL ... 82
RA PROBIOTIC COMPLEX CAPS 22	RELEUKO SOLN ..... 58	RESTORA CAPS ..... 22
RA PROBIOTIC DIGESTIVE SUPPORT CAPS ..... 22	RELEUKO SOSY ..... 58	RETACRIT ..... 58
RA PROBIOTIC MAXIMUM STRENGTH CAPS ..... 22	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG ..... 2	RETIN-A CREA (Use tretinoin) .... 44
RABAVERT ..... 91	RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl) ..... 2	RETIN-A GEL 0.01 % (Use tretinoin) 44
rabeprazole sodium TBEC ..... 89	RELION ALCOHOL SWABS ..... 68	RETIN-A GEL 0.025 % (Use tretinoin) ..... 44
raloxifene hcl ..... 53	RELION KETONE TEST STRIPS STRP ..... 51	RETISERT ..... 82
ramelteon ..... 60	RELION LANCETS MICRO- THIN33G ..... 66	RETROVIR CAPS (Use zidovudine) . 35
ramipril CAPS ..... 26	RELION LANCETS THIN 26G ... 66	RETROVIR SYRP (Use zidovudine) . 35
ranitidine hcl TABS 75 MG, 150 MG . 88	RELION LANCETS ULTRA- THIN30G ..... 66	REVCОВI ..... 54
ranolazine TB12 ..... 9	RELION ULTRA THIN LANCETS/30G ..... 66	REVLIMID ..... 74
RAPAFLO 4 MG (Use silodosin) ... 56	RELION ULTRA THIN LANCETS30G ..... 66	REXALL LANCETS ULTRA THIN 66
RAPID RESPONSE COVID-19 ... 51	RELION ULTRA THIN PLUS LANCETS 32G ..... 66	REXTOVY LIQD ..... 23
RAPID SARS-COV-2 ANTIGENTEST CARD KIT ..... 51	RELION ULTRA THIN PLUS LANCETS 33G ..... 66	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) ..... 35
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	REMODULIN SOLN IJ ..... 38	REYATAZ PACK ..... 35
RAVICTI ..... 54	RENAGEL (Use sevelamer hcl) ... 56	REZVOGLAR KWIKPEN ..... 18
REALITY LANCETS ..... 66	RENVELA TABS (Use sevelamer carbonate) ..... 56	RHOGAM ULTRA-FILTERED PLUS SOSY IM ..... 84
	repaglinide ..... 18	RHOPHYLAC SOSY IJ ..... 84
	REPATHA SOSY ..... 26	RIASTAP ..... 57
		ribavirin (hepatitis c) CAPS ..... 36
		ribavirin (hepatitis c) TABS 200 MG

36	rizatriptan benzoate TBP	73	SANDOSTATIN LAR DEPOT KIT	.54
riboflavin TABS	ROCKLATAN	82	SANOVI COVID-19 VACCINE/ANTIGEN COMPONENT	92
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	ROCTAVIAN	57	sapropterin dihydrochloride PACK	.54
rifampin CAPS	ROLVEDON	58	sapropterin dihydrochloride TABS	.54
RIGHTEST GL300 LANCETS	romidepsin SOLR	31	SAVELLA TABS	85
riluzole TABS	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	33	SAVELLA TITRATION PACK MISC	85
rimantadine hydrochloride TABS	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	33	saxagliptin hcl	17
RINVOQ TB24	ropinirole hydrochloride TB24	33	saxagliptin-metformin hcl	16
RISAQUAD CAPS	rosuvastatin calcium TABS	25	SAXENDA	1
RISAQUAD-2 CAPS	ROTARIX SUSP	91	SB ALCOHOL PREP PADS	68
risedronate sodium TABS 150 MG	ROTARIX SUSR	91	SB LANCETS THIN	66
risedronate sodium TABS 35 MG	ROTATEQ SOLN	91	SB LANCETS ULTRA THIN	66
risedronate sodium TABS 5 MG, 30 MG	RUBRACA	31	SCHOOLTIME SHAMPOO SHAM	49
risedronate sodium TBEC	RUCONEST	57	SD PROBIOTIC-10 COMPLEXULTRA CAPS	22
RISPERDAL CONSTA (Use risperidone microspheres)	rufinamide SUSP	13	selegiline hcl CAPS	33
risperidone microspheres	RUKOBIA	35	selegiline hcl TABS	33
risperidone SOLN	RYALTRIS	78	selenium sulfide LOTN 1 %	45
risperidone TABS	RYBELSUS TABS	17	selenium sulfide LOTN 2.5 %	45
risperidone TBP	RYKINDO SRER	33	selenium sulfide SHAM 1 %	46
RITEFLO DEVI	SABRIL PACK (Use vigabatrin)	14	SELZENTRY SOLN	35
ritonavir TABS	SABRIL TABS (Use vigabatrin)	14	SELZENTRY TABS 25 MG, 75 MG	35
RITUXAN	salicylic acid GEL 6 %	49	SEMGLEE SOLN	18
rivastigmine 13.3 MG/24HR	saline SOLN	78	SEMGLEE SOPN	18
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	salsalate	6	sennosides TABS 8.6 MG	60
rivastigmine tartrate CAPS	SAMI THE SEAL REPLACEMENTFILTERS MISC	72	sennosides-docusate sodium TABS	60
RIXUBIS SOLR	SANDIMMUNE CAPS (Use cyclosporine)	74	SEREVENT DISKUS	12
rizatriptan benzoate TABS	SANDIMMUNE SOLN IV 50 MG/ML	74		

sertraline hcl CONC .....	15	MISC .....	72	SKYRIZI SOCT .....	55
sertraline hcl TABS .....	15	SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC .....	72	SKYRIZI SOLN .....	55
SERTRALINE HYDROCHLORIDE CAPS .....	15	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC .....	72	SKYRIZI SOSY .....	45
sevelamer carbonate PACK .....	56	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC .....	72	SKYSONA .....	85
sevelamer carbonate TABS .....	56	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC .....	72	SKYTROFA .....	53
sevelamer hcl .....	56	silodosin .....	56	SM ACIDOPHILUS PEARLS CAPS 22	
SEVENFACT .....	57	silver sulfadiazine .....	46	SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS .....	22
SHOPKO UNILET LANCETS SUPER THIN 30G .....	66	SIMBRINZA .....	81	SM ALCOHOL PREP PADS .....	68
SHOPKO UNILET LANCETS ULTRA THIN 28G .....	66	simethicone CHEW 80 MG .....	55	SM GLUCOSE CHEW .....	16
SIDESTREAM ADULT FACE MASK MISC .....	72	simethicone LIQD OR 20 MG/0.3ML 55		SM IPECAC SYRUP .....	23
SIDESTREAM PEDIATRIC FACEMASK MISC .....	72	simethicone SUSP .....	55	SM MICRO THIN LANCETS 33G	66
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC 72		SIMLANDI 1-PEN KIT AJKT .....	4	SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	66
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC .....	72	SIMLANDI 2-PEN KIT AJKT .....	4	SMART SENSE STANDARD LANCETS UNIVERSAL 21G .....	66
SIDESTREAM PLUS ADULT FACE MASK MISC .....	72	SIMPLYTHICK .....	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	66
SIGNIFOR .....	54	SIMPLYTHICK EASY MIX .....	84	SMART SENSE THIN LANCETSUNIVERSAL 26G .....	66
SIGNIFOR LAR .....	54	SIMPLYTHICK EASYMIX .....	84	SOAANZ TABS 20 MG .....	52
SIKLOS TABS .....	58	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG .....	25	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	9
sildenafil citrate (pulmonary hypertension) SOLN .....	39	simvastatin TABS 80 MG .....	25	sodium chloride (gu irrigant) 0.9 %	56
sildenafil citrate (pulmonary hypertension) SUSR .....	39	sirolimus SOLN .....	74	sodium chloride (inhalant) AERS ..	43
sildenafil citrate (pulmonary hypertension) TABS .....	39	sirolimus TABS .....	74	sodium chloride (inhalant) NEBU 0.9 %, 7 % .....	43
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT		SITAGLIPTIN .....	17	sodium citrate & citric acid .....	56
		SIVEXTRO TABS .....	28	sodium fluoride (dental) CREA ....	75
		SKLICE (Use ivermectin (pediculicide)) .....	49	sodium fluoride (dental) GEL .....	75
		SKYLA .....	42	sodium fluoride (dental) SOLN 0.2 % 75	
		SKYRIZI PEN SOAJ .....	45		

sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	73	MASK MISC	72	STERILANCE TL	66
sodium fluoride SOLN 0.125 MG/DROP	74	sorafenib tosylate	31	STIMATE SOLN NA	54
sodium fluoride SOLN 0.5 MG/ML	73	SORBITOL OR 70 %	60	STIMUFEND	58
SODIUM OXYBATE SOLN	85	SORILUX FOAM	45	STIOLTO RESPIMAT	12
sodium phenylbutyrate POWD	54	sotalol hcl (afib/afI)	37	STIVARGA	31
sodium phenylbutyrate TABS	54	sotalol hcl TABS 240 MG	37	STRENSIQ	54
sodium phosphates ENEM	60	sotalol hcl TABS 80 MG, 120 MG, 160 MG	37	STRIBILD	35
sodium polystyrene sulfonate POWD 75		SOTYKTU	45	SUBLOCADE SOSY	8
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	75	SOVALDI PACK	36	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8
SOFIA SARS ANTIGEN FIA	51	SOVALDI TABS	36	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8
SOFIA2 SARS ANTIGEN FIA	51	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	51	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8
SOFOSBUVIR/VELPATASVIR TABS	36	SPEVIGO SOLN	45	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8
SOGROYA	53	SPEVIGO SOSY	45	SUCRAID	51
SOHONOS 5 MG	77	SPIKEVAX COVID-19 VACCINE SUSP	92	sucralfate SUSP	88
SOLESTA	74	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	92	sucralfate TABS	88
solifenacin succinate TABS	89	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	92	SUDAFED CHILDRENS LIQD	78
SOLIRIS	57	spinosad	50	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	78
SOLUVITA SOLN	74	SPINRAZA	79	sulfacetamide sodium (acne)	44
SOLUVITA SOLN	76	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	10	sulfacetamide sodium (ophth) SOLN	81
SOMATULINE DEPOT	54	spironolactone & hydrochlorothiazide	52	sulfacetamide sodium LIQD	46
SOMAVERT	53	spironolactone TABS	52	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	44
SOOTHENE NB 100 CHILD MASK MISC	72	SPRYCEL	31	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	44
SOOTHENE NB 100 MEDICATION CUP MISC	72	STAMARIL SUSR	92		
SOOTHENE NB 100 MESH CAP MISC	72	stannous fluoride CONC	75		
SOOTHENE NB 100 ADULT		stavudine CAPS	35		

sulfacetamide sod-prednisolone SOLN .....	82	SURELITE LANCETS .....	66	tadalafil (pulmonary hypertension) TABS .....	39
sulfamethoxazole-trimethoprim SUSP .....	27	SUSTIVA CAPS 200 MG (Use efavirenz) .....	36	TADLIQ SUSP .....	39
sulfamethoxazole-trimethoprim TABS .....	27	SUSTIVA CAPS 50 MG (Use efavirenz) .....	36	TAFINLAR CAPS .....	31
sulfasalazine TABS .....	55	SUSTIVA TABS (Use efavirenz) .....	36	TAGRISSE .....	30
sulfasalazine TBEC .....	55	SYLVANT .....	75	TAKHZYRO SOLN .....	57
sulindac TABS .....	5	SYMBICORT (Use budesonide-formoterol fumarate dihydrate) .....	12	TALZENNA 0.25 MG, 1 MG .....	31
sumatriptan .....	73	SYMDEKO .....	87	tamoxifen citrate TABS .....	30
sumatriptan succinate SOAJ 4 MG/0.5ML .....	73	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	36	tamsulosin hcl .....	56
sumatriptan succinate SOAJ 6 MG/0.5ML .....	73	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	36	TASCENSO ODT .....	86
sumatriptan succinate SOCT 4 MG/0.5ML .....	73	SYMTUZA .....	36	TASIGNA .....	31
sumatriptan succinate SOCT 6 MG/0.5ML .....	73	SYNAGIS SOLN .....	84	tasimelteon CAPS .....	60
sumatriptan succinate SOLN 6 MG/0.5ML .....	73	SYNAREL .....	53	TAVALISSE .....	57
sumatriptan succinate TABS .....	73	SYNOJOYNT SOSY .....	78	tazarotene CREA .....	45
sumatriptan-naproxen sodium .....	73	SYNRIBO .....	31	TDVAX SUSP .....	88
sunitinib malate .....	31	SYNTHROID TABS (Use levothyroxine sodium) .....	87	TECENTRIQ .....	29
SUNLENCA TBPB .....	35	SYNVISC ONE SOSY .....	78	TECHLITE AST LANCETS .....	66
SUPARTZ FX SOSY .....	78	SYNVISC SOSY .....	78	TECHLITE LANCETS .....	66
SUPER PROBIOTIC CAPS .....	22	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .....	76	TEGLUTIK SUSP .....	78
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS .....	22	TABLOID .....	29	TEGRETOL-XR TB12 (Use carbamazepine) .....	13
SUPER THIN LANCETS .....	66	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....	48	TEGSEDI .....	86
SUPERIOR PROBIOTIC CAPS .....	22	tacrolimus (topical) OINT 0.03 % .....	48	telmisartan .....	26
SUPPRELIN LA .....	53	tacrolimus (topical) OINT 0.1 % .....	49	telmisartan-amlodipine .....	27
SUREBIOTIC PROBIOTIC SUPPORT CAPS .....	22	tacrolimus CAPS .....	74	telmisartan-hydrochlorothiazide .....	27
				temazepam 15 MG, 30 MG .....	60
				temazepam 7.5 MG, 22.5 MG .....	60
				TEMODAR SOLR .....	28
				temozolomide CAPS .....	28
				temsirolimus .....	31
				TENIVAC INJ .....	88

tenofovir disoproxil fumarate TABS 36	THEO-24 CP24 100 MG .....12	TIMOLOL/BRIMONIDE/DORZOLAMI DE ..... 80
terazosin hcl .....26	THEO-24 CP24 200 MG, 300 MG, 400 MG .....12	TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth)) ..... .81
terbinafine hcl (topical) CREA ..... 45	theophylline ELIX ..... 12	tioconazole vaginal 6.5 % ..... .92
terbinafine hcl TABS .....24	theophylline SOLN .....12	tiopronin TABS .....56
terbutaline sulfate TABS ..... 12	theophylline TB12 100 MG, 200 MG, 300 MG .....12	tiotropium bromide monohydrate CAPS .....10
terconazole vaginal CREA 0.4 % ..92	theophylline TB12 450 MG ..... 12	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) ..... .87
terconazole vaginal CREA 0.8 % ..92	theophylline TB24 .....12	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG ..... .87
terconazole vaginal SUPP .....92	thiamine hcl TABS ..... 93	TIVICAY PD TBSO ..... 36
teriparatide (recombinant) SOPN ..53	thiamine mononitrate TABS 100 MG . 93	TIVICAY TABS .....36
TESTOPEL PLLT ..... 8	THINLETS GP LANCETS .....66	tizanidine hcl CAPS .....77
testosterone cypionate SOLN IM 200 MG/ML .....8	thioridazine hcl ..... 34	tizanidine hcl TABS ..... 77
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....8	thiothixene .....34	TOBI NEBU (Use tobramycin) ..... 3
testosterone GEL TD 1 % .....8	THRESHOLD IMT MISC .....72	TOBRADEX OINT ..... 82
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM .....8	THROMBATE III .....57	tobramycin (ophth) SOLN ..... .81
testosterone SOLN .....8	THYMOGLOBULIN .....75	tobramycin NEBU ..... 3
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....88	THYROGEN 0.9 MG .....50	tobramycin sulfate SOLN IJ .....3
tetrabenazine .....86	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....87	tobramycin sulfate SOLR ..... 3
tetracaine hcl (ophth) .....82	tiagabine hcl 12 MG, 16 MG .....14	tobramycin-dexamethasone SUSP 82
tetrahydrozoline hcl (ophth) 0.05 % 82	tiagabine hcl 2 MG, 4 MG .....14	TOBREX OINT .....81
TEZSPIRE SOAJ ..... 10	TIBSOVO .....31	TODAYS HEALTH SUPER THINLANCETS 30G ..... 66
TEZSPIRE SOSY .....10	TICOVAC .....92	TODAYS HEALTH ULTRA THINLANCETS 28G ..... 66
TGT LANCET MICRO THIN 33G .66	TIGLUTIK SUSP .....78	
TGT LANCET THIN 26G .....66	timolol maleate (ophth) SOLG 0.25 % .....80	
TGT LANCET ULTRA THIN 30G .66	timolol maleate (ophth) SOLN 0.5 % . 80	
THALOMID .....74	timolol maleate (ophth) SOLN ..... 80	
	timolol maleate TABS .....37	

TOLECTIN 600 TABS	5	tramadol hcl TB24	7	AERS	48
tolmetin sodium CAPS	5	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	7	triamcinolone acetonide (topical) CREA 0.025 %	48
tolmetin sodium TABS 600 MG	5	tramadol-acetaminophen	7	triamcinolone acetonide (topical) CREA 0.1 %	48
tolnaftate CREA	45	trandolapril 1 MG, 2 MG	26	triamcinolone acetonide (topical) CREA 0.5 %	48
tolterodine tartrate CP24	89	trandolapril 4 MG	26	triamcinolone acetonide (topical) LOTN	48
tolterodine tartrate TABS	89	trandolapril-verapamil hcl	27	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	48
tolvaptan TABS	54	tranexamic acid TABS	59	triamcinolone acetonide (topical) OINT 0.05 %	48
TOPAMAX SPRINKLE CPSP (Use topiramate)	13	tranylcypromine sulfate	14	triamcinolone acetonide (topical) OINT 0.5 %	48
topiramate CPSP	13	TRAVATAN Z SOLN (Use travoprost)	83	triamcinolone acetonide (topical) silicone	48
topiramate TABS 25 MG	13	travoprost SOLN	83	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52
topiramate TABS 50 MG, 100 MG, 200 MG	13	trazodone hcl TABS 300 MG	15	triamterene & hydrochlorothiazide TABS	52
topotecan hcl SOLN	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15	triazolam	60
TOPOTECAN HCL SOLN	32	TRECATOR	28	trientine hcl 250 MG	74
topotecan hcl SOLR	32	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30	trifluoperazine hcl TABS	34
toremifene citrate	30	TRELSTAR MIXJECT 3.75 MG	30	trihexyphenidyl hcl SOLN	32
torsemidate TABS 20 MG	52	treprostinil SOLN IJ	38	trihexyphenidyl hcl TABS	32
torsemidate TABS 5 MG, 10 MG, 100 MG	52	tretinoin (chemotherapy)	31	TRIKAFTA TBPK 100 MG-50 MG	87
TOTECT	32	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44	TRILEPTAL SUSP (Use oxcarbazepine)	13
TOVIAZ (Use fesoterodine fumarate)	89	tretinoin GEL 0.01 %	44	TRILURON SOSY	78
TPOXX CAPS	37	tretinoin GEL 0.025 %	44	trimethoprim TABS	27
TRACLEER TABS (Use bosentan)	39	tretinoin GEL 0.05 %	44	trimipramine maleate CAPS	16
TRADJENTA	17	tretinoin microsphere	44	TRIUMEQ PD TBSO	36
tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	TRETEN	57	TRIUMEQ TABS	36
tramadol hcl SOLN	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29		
tramadol hcl TABS 25 MG, 100 MG	7	triamcinolone acetonide (mouth)	75		
tramadol hcl TABS 50 MG	7	triamcinolone acetonide (topical)			

TRIVISC SOSY .....	78	TYPHIM VI SOSY .....	89	UP4 PROBIOTICS ULTRA CAPS ..	22
TRIZIVIR .....	36	UBRELVY .....	73	UP4 PROBIOTICS WOMENS CAPS	22
tropicamide SOLN 0.5 % .....	81	UDENYCA ONBODY SOSY .....	58	urea CREA 40 % .....	48
tropicamide SOLN 1 % .....	81	UDENYCA SOAJ .....	58	urea LOTN 40 % .....	48
tropium chloride CP24 .....	89	UDENYCA SOSY .....	58	ursodiol CAPS .....	55
tropium chloride TABS .....	89	ULTILET CLASSIC LANCETS ...	67	ursodiol TABS 250 MG .....	55
TRUBIOTICS CAPS .....	22	ULTRAFLOA IMMUNE HEALTH		UZEDY SUSY 100 MG/0.28ML, 150	
TRUBIOTICS DIGESTIVE +		CAPS .....	22	MG/0.42ML, 200 MG/0.56ML, 250	
IMMUNE HEALTH CAPS .....	22	UNILET COMFORTOUCH LANCET		MG/0.7ML .....	33
TRUEPLUS GLUCOSE CHEW ...	17	67		UZEDY SUSY 50 MG/0.14ML, 75	
TRUEPLUS GLUCOSE ON THE GO		UNILET EXCELITE .....	67	MG/0.21ML, 125 MG/0.35ML .....	33
CHEW .....	16	UNILET EXCELITE II .....	67	valacyclovir hcl 1 GM, 1000 MG ...	37
TRUEPLUS LANCETS 26G .....	67	UNILET G.P. LANCET .....	67	valacyclovir hcl 500 MG .....	37
TRUEPLUS LANCETS 28G .....	67	UNILET G.P. SUPERLITE LANCET .		valganciclovir hcl TABS .....	36
TRUEPLUS LANCETS 28G SUPER		67		valproate sodium SOLN OR 250	
THIN .....	67	UNILET GP 28 ULTRA THIN .....	67	MG/5ML .....	14
TRUEPLUS LANCETS 30G .....	67	UNILET LANCET .....	67	valproic acid CAPS .....	14
TRUEPLUS LANCETS 30G ULTRA		UNILET LANCETS MICRO-THIN33G		valrubicin .....	30
THIN .....	67	.....	67	valsartan SOLN .....	26
TRUEPLUS LANCETS 33G .....	67	UNILET LANCETS SUPER-		valsartan TABS .....	26
TRULICITY .....	17	THIN30G .....	67	valsartan-hydrochlorothiazide .....	27
TRUMENBA .....	89	UNILET LANCETS ULTRA-THIN		VALTOCO 10 MG DOSE LIQD ....	13
TRUVADA (Use emtricitabine-		28G .....	67	VALTOCO 15 MG DOSE LQPK ...	13
tenofovir disoproxil fumarate) .....	36	UNILET SUPERLITE LANCET ...	67	VALTOCO 20 MG DOSE LQPK ...	13
TUBING/WING TIP MISC .....	72	UNITUXIN .....	29	VALTOCO 5 MG DOSE LIQD .....	13
TWINRIX SUSY .....	92	UNIVERSAL 1 LANCETS THIN26G .		VALUE PLUS LANCETS	
TYBLUME CHEW .....	41	67		STANDARD 21G .....	67
TYBOST .....	36	UNIVERSAL 1 LANCETS ULTRA		VALUE PLUS LANCETS	
TYLENOL CHILDRENS		THIN 30G .....	67	SUPERTHIN 30G .....	67
CHEWABLES/PAIN + FEVER CHEW		UNIVERSAL 1		VALUE PLUS LANCETS THIN 26G .	
(Use acetaminophen) .....	6	LANCETS/33G/MICRO-THIN .....	67	67	
TYPHIM VI SOLN .....	89	UP4 PROBIOTICS ADULT CAPS ..	22	VALUMARK LANCET SUPER THIN	
		UP4 PROBIOTICS MENS CAPS ..	22		



30G .....	67	VENCLEXTA TABS .....	29	VIEKIRA PAK TBPK .....	36
VALUMARK LANCET ULTRA THIN 28G .....	67	VENLAFAXINE BESYLATE ER ...	15	vigabatrin PACK .....	14
vancomycin hcl CAPS 125 MG ....	27	venlafaxine hcl CP24 150 MG ....	15	vigabatrin TABS .....	14
vancomycin hcl CAPS 250 MG ....	27	venlafaxine hcl CP24 37.5 MG ....	15	VIJOICE TBPK .....	75
vancomycin hcl SOLR IV 1 GM, 1000 MG .....	27	venlafaxine hcl CP24 75 MG .....	15	VILTEPSO .....	79
vancomycin hcl SOLR IV 500 MG .	27	venlafaxine hcl TABS .....	15	VIMIZIM .....	54
vancomycin hcl SOLR OR 25 MG/ML .....	27	venlafaxine hcl TB24 .....	15	vincristine sulfate .....	32
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....	27	VENTOLIN HFA AERS (Use albuterol sulfate) .....	12	VIRACEPT TABS 250 MG .....	36
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....	27	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	38	VIRACEPT TABS 625 MG .....	36
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....	27	verapamil hcl CP24 300 MG .....	38	VIREAD POWD .....	36
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....	27	verapamil hcl CP24 360 MG .....	38	VIREAD TABS (Use tenofovir disoproxil fumarate) .....	36
VANDAZOLE .....	92	verapamil hcl CP24 360 MG .....	38	VIREAD TABS .....	36
VAQTA .....	92	verapamil hcl TABS .....	38	VISBIOME PROBIOTIC HIGH POTENCY CAPS .....	22
varenicline tartrate TABS .....	86	verapamil hcl TBCR .....	38	VISCO-3 SOSY .....	78
varenicline tartrate TBPK .....	86	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) .....	38	VISTOGARD .....	23
VARIVAX INJ .....	92	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) .....	38	VISUDYNE .....	82
VAXCHORA .....	89	VERELAN PM CP24 300 MG (Use verapamil hcl) .....	38	VITAMIN D3 LIQD OR 5000 UNIT/ML .....	93
VAXELIS SUSP .....	88	VESICARE LS SUSP .....	89	VITAMIN E CAPS 200 UNIT .....	93
VAXELIS SUSY .....	88	VEVYE SOLN .....	82	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT .....	93
VAXNEUVANCE .....	89	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS .....	22	VITAMIN E CHEW .....	93
VCF VAGINAL CONTRACEPTIVE FILM FILM .....	92	VIActiv DIGESTIVE HEALTH CHEW .....	23	vitamins w/ lipotropics CAPS .....	77
VCF VAGINAL CONTRACEPTIVEGEL GEL .....	92	VICTOZA .....	17	VITRAKVI CAPS .....	31
VECAMYL .....	27	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	67	VITRAKVI SOLN .....	31
VECTIBIX 100 MG/5ML, 400 MG/20ML .....	30	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	67	VIVIMUSTA SOLN .....	28
VELSIPITY .....	55			VIVITROL .....	23
VENCLEXTA STARTING PACK TBPK .....	29			VIVOTIF .....	89
				VIZIMPRO .....	30

VOCABRIA .....	36	2 PLY .....	68	XOLAIR SOLR .....	10
VOGELXO PUMP GEL TD (Use testosterone) .....	8	WEBCOL ALCOHOL PREP MEDIUM 2 PLY .....	68	XOLAIR SOSY .....	10
VONVENDI .....	57	WEGOVI .....	1	XOPENEX HFA (Use levalbuterol tartrate) .....	12
VORAXAZE .....	32	WELLPRO 31 CAPS .....	22	XOSPATA .....	31
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	72	white petrolatum-mineral oil .....	80	XPERT XPRESS SARS-COV-2 ..	51
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	72	WILATE KIT .....	57	XPHOZAH .....	54
VORTEX VALVED HOLDING CHAMBER DEVI .....	73	WINDMILL TRAINER MISC .....	73	XTANDI CAPS .....	30
VOSEVI .....	36	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	84	XYBIOTIC CAPS .....	22
VPRIV .....	58	WOMENS 50 BILLION CAPS .....	22	XYNTHA .....	57
VSL#3 CAPS .....	22	XACIATO GEL .....	92	XYNTHA SOLOFUSE .....	57
VTAMA .....	45	XALKORI CAPS .....	31	XYREM SOLN .....	85
VYNDAMAX .....	39	XARELTO STARTER PACK TBPK 12		YERVOY .....	29
VYNDAQEL .....	39	XARELTO SUSR .....	12	YESCARTA .....	30
VYONDYS 53 .....	79	XARELTO TABS 10 MG, 20 MG ..	12	YF-VAX INJ .....	92
VYVANSE CAPS .....	1	XARELTO TABS 15 MG .....	12	YONDELIS .....	28
VYVANSE CHEW .....	1	XARELTO TABS 2.5 MG .....	12	YOSPRALA 81 MG-40 MG .....	58
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	67	XARELTO TABS 15 MG .....	12	YUFLYMA 1-PEN KIT AJKT .....	4
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	67	XARELTO TABS 2.5 MG .....	12	YUFLYMA 2-PEN KIT AJKT .....	4
WALGREENS GLUCOSE CHEW ..	17	XCOPRI TABS .....	13	YUFLYMA 2-SYRINGE KIT PSKT 20 MG/0.2ML .....	4
WALGREENS THIN LANCETS ...	67	XCOPRI TBPK .....	14	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML .....	4
warfarin sodium TABS .....	12	XELJANZ SOLN .....	3	YUFLYMA CD/UC/HS STARTER AJKT .....	4
WEBCOL ALCOHOL PREP LARGE 1 PLY .....	68	XELSTRYM .....	1	YUSIMRY .....	4
WEBCOL ALCOHOL PREP LARGE		XEOMIN .....	79	YUTIQ .....	82
		XEROSTOMIA RELIEF SPRAY SOLN .....	75	zafirlukast .....	10
		XGEVA SOLN .....	53	zaleplon .....	60
		XIAFLEX .....	74	ZALTRAP .....	29
		XIIDRA .....	82	ZARXIO .....	59
		XOFLUZA 40 MG, 80 MG .....	37		
		XOLAIR SOAJ .....	10		

ZAVZPRET .....	73	ziprasidone hcl .....	33	ZOLGENSMA 2.6-3.0 KG .....	80	
ZEGALOGUE SOAJ .....	17	ziprasidone mesylate .....	33	ZOLGENSMA 20.1-20.5 KG .....	80	
ZEGALOGUE SOSY .....	17	ZITUVIO .....	17	ZOLGENSMA 20.6-21.0 KG .....	80	
ZELAC CAPS .....	22	ZOLADEX 10.8 MG .....	30	ZOLGENSMA 3.1-3.5 KG .....	80	
ZELBORAF .....	31	ZOLADEX 3.6 MG .....	30	ZOLGENSMA 3.6-4.0 KG .....	80	
ZEMAIRA SOLR 1000 MG .....	86	zoledronic acid CONC .....	53	ZOLGENSMA 4.1-4.5 KG .....	80	
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	zoledronic acid SOLN 4 MG/100ML 53	ZOLGENSMA 4.6-5.0 KG .....	80	ZOLGENSMA 5.1-5.5 KG .....	80
		zoledronic acid SOLN 5 MG/100ML 53	ZOLGENSMA 5.6-6.0 KG .....	80	ZOLGENSMA 6.1-6.5 KG .....	80
		ZOLEDRONIC ACID SOLN .....	53	ZOLGENSMA 6.6-7.0 KG .....	80	
		ZOLGENSMA 10.1-10.5 KG .....	79	ZOLGENSMA 7.1-7.5 KG .....	80	
		ZOLGENSMA 10.6-11.0 KG .....	79	ZOLGENSMA 7.6-8.0 KG .....	80	
		ZOLGENSMA 11.1-11.5 KG .....	79	ZOLGENSMA 8.1-8.5 KG .....	80	
ZEPATIER .....	36	ZOLGENSMA 11.6-12.0 KG .....	79	ZOLGENSMA 8.6-9.0 KG .....	80	
ZEPBOUND SOAJ .....	1	ZOLGENSMA 12.1-12.5 KG .....	79	ZOLGENSMA 9.1-9.5 KG .....	80	
ZEPOSIA STARTER KIT CPPK ...	86	ZOLGENSMA 12.6-13.0 KG .....	80	ZOLGENSMA 9.6-10.0 KG .....	80	
ZEVALIN Y-90 .....	29	ZOLGENSMA 13.1-13.5 KG .....	80	ZOLINZA .....	31	
ZIAGEN SOLN (Use abacavir sulfate) .....	36	ZOLGENSMA 13.6-14.0 KG .....	80	zolmitriptan SOLN 2.5 MG .....	73	
ZIAGEN TABS (Use abacavir sulfate) .....	36	ZOLGENSMA 14.1-14.5 KG .....	80	zolmitriptan TABS .....	73	
zidovudine CAPS .....	36	ZOLGENSMA 14.6-15.0 KG .....	80	zolmitriptan TBDP .....	73	
zidovudine SYRP .....	36	ZOLGENSMA 15.1-15.5 KG .....	80	ZOLPIDEM TARTRATE CAPS ....	60	
zidovudine TABS .....	36	ZOLGENSMA 15.6-16.0 KG .....	80	zolpidem tartrate SUBL .....	60	
ZIEXTENZO .....	59	ZOLGENSMA 16.1-16.5 KG .....	80	zolpidem tartrate TABS .....	60	
zileuton TB12 .....	10	ZOLGENSMA 16.6-17.0 KG .....	80	zolpidem tartrate TBCR .....	60	
ZILRETTA SRER .....	42	ZOLGENSMA 17.1-17.5 KG .....	80	ZOMIG SOLN 2.5 MG .....	73	
ZIMHI SOSY .....	23	ZOLGENSMA 17.6-18.0 KG .....	80	ZONISADE SUSP .....	13	
zinc oxide (topical) OINT 20 % ....	49	ZOLGENSMA 18.1-18.5 KG .....	80	zonisamide CAPS .....	13	
zinc sulfate CAPS .....	74	ZOLGENSMA 18.6-19.0 KG .....	80	ZORYVE 0.3 % .....	45	
ZINPLAVA .....	84	ZOLGENSMA 19.1-19.5 KG .....	80	ZOVIRAX CREA (Use acyclovir		
		ZOLGENSMA 19.6-20.0 KG .....	80			

topical) .....	46
ZOVIRAX OINT (Use acyclovir topical) .....	46
ZTALMY .....	13
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	8
ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZULRESSO .....	14
ZURZUVAE .....	14
ZYDELIG .....	31
ZYKADIA TABS .....	31
ZYNTEGLO .....	58
ZYPREXA RELPREVV .....	34