

## **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)	2	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 ea daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 12.5 MG-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, 9.375 MG-9.375 MG-9.375 MG	1	MP
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 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, 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 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 15 MG, 20 MG, 30 MG	1	MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); 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); MP
<b>Anti-Obesity Agents</b>		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	Generic for Kapvay; MP
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
<b>Stimulants - Misc.</b>		
AZSTARYS	NP	MP
CONCERTA TBCR ( <i>Use methylphenidate hcl</i> )	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 ea daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 ( <i>Use dexmethylphenidate hcl</i> )	2	Generic for Focalin XR; MP; PA
METHYLIN SOLN ( <i>Use methylphenidate hcl</i> )	2	Generic for Methylin; MP; PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBI NEBU ( <i>Use tobramycin</i> )	NP	SP; PA	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	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>					
<b>Antirheumatic - Enzyme Inhibitors</b>					
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	2	SP; PA
RINVOQ TB24	NP	SP; PA	ADALIMUMAB-ADBM AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM PSKT	2	SP; PA
<b>Antirheumatic Antimetabolites</b>					
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	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	AMJEVITA SOAJ	NP	SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>					
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	CYLTEZO AJKT	NP	SP; PA
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA	CYLTEZO PSKT	NP	SP; PA
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
			HADLIMA SOSY	NP	SP; PA
			HULIO AJKT	NP	SP; PA
			HULIO PSKT	NP	SP; PA
			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA
			HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2	SP; PA



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA PEN PNKT	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA PEN PNKT 40 MG/0.8ML	2	SP; PA	<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA	ADVIL TABS ( <i>Use ibuprofen</i> )	0	MP
HUMIRA PSKT	2	SP; PA	<i>celecoxib</i>	1	QL(2 ea daily); PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA	CHILDRENS ADVIL SUSP 100 MG/5ML ( <i>Use ibuprofen</i> )	0	MP; RX/OTC
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML ( <i>Use ibuprofen</i> )	0	MP; RX/OTC
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	1	MP
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP; PA	<i>diclofenac sodium TB24</i>	1	MP
HYRIMOZ SENSOREADY PENS SOAJ	NP	SP; PA	<i>diclofenac sodium TBEC</i>	1	MP
HYRIMOZ SOAJ	NP	SP; PA	<i>etodolac CAPS</i>	1	MP
HYRIMOZ SOSY	NP	SP; PA	<i>etodolac TABS</i>	1	MP
IDACIO (2 PEN) AJKT	NP	SP; PA	<i>etodolac TB24</i>	1	MP
IDACIO (2 SYRINGE) PSKT	NP	SP; PA	<i>flurbiprofen TABS</i>	1	MP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA	<i>ibuprofen CHEW</i>	0	MP
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA	<i>ibuprofen SUSP</i>	0	MP; RX/OTC
YUFLYMA 1-PEN KIT AJKT	NP	SP; PA	<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
YUFLYMA 2-PEN KIT AJKT	NP	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
			<i>indomethacin CPCR</i>	1	MP
			INFANTS ADVIL SUSP ( <i>Use ibuprofen</i> )	0	MP
			<i>ketoprofen CAPS 50 MG</i>	1	MP
			<i>ketoprofen CP24</i>	1	MP
			<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail); AL(At least 17 yrs old); MP
			<i>meloxicam TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
MOTRIN CHILDRENS CHEW (Use ibuprofen)	0	MP
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	0	MP
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
Pyrimidine Synthesis Inhibitors		
leflunomide	1	QL(1 ea daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOLR	2	SP; PA
ENBREL SOSY	2	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	QL(4 ea daily)
Analgesics Other		
acetaminophen CHEW	0	
acetaminophen ELIX	0	
acetaminophen LIQD 160 MG/5ML	0	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	0	
acetaminophen SUPP 120 MG, 650 MG	0	QL(12 ea per fill retail)
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	1	
acetaminophen TABS 325 MG, 500 MG	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 ea per fill retail)
INFANTS SILAPAP SOLN OR	0	QL(30 ml per fill retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	0	
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	1	
aspirin CHEW	0	
ASPIRIN SUPP 300 MG	0	QL(12 ea per fill retail)
aspirin TABS 325 MG	0	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin TBEC 81 MG, 325 MG</i>	0	
<i>diflunisal TABS</i>	1	MP
ECOTRIN ARTHRITIS PAIN TBEC ( <i>Use aspirin</i> )	0	
ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	0	
ECOTRIN TBEC ( <i>Use aspirin</i> )	0	
<i>salsalate</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 ea daily)
CODEINE SULFATE TABS	2	QL(2 ea daily)
CONZIP CP24 ( <i>Use tramadol hcl</i> )	NP	PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 ea daily)
<i>hydrocodone bitartrate CP12</i>	1	
HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)
<i>hydromorphone hcl TABS</i>	1	QL(8 ea daily)
<i>hydromorphone hcl TB24</i>	1	PA
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>meperidine hcl TABS 50 MG</i>	1	QL(6 ea daily)
<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily); PA
<i>methadone hcl TABS 5 MG</i>	1	QL(4 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads</i>	1	PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ml daily)
<i>morphine sulfate SUPP</i>	1	QL(24 ea per fill retail)
<i>morphine sulfate TABS</i>	1	QL(6 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
OXAYDO TABS 5 MG	2	QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ml daily)
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	1	QL(2 ea daily); PA
<i>oxycodone hcl T12A 80 MG</i>	1	PA
<i>oxycodone hcl TABS</i>	1	QL(6 ea daily)
<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
QDOLO SOLN ( <i>Use tramadol hcl</i> )	2	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA
<i>tramadol hcl SOLN</i>	1	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>tramadol hcl TABS 100 MG</i>	1	
<i>tramadol hcl TB24</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	2		buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 ea daily)
Opioid Combinations			buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	1	QL(6 ea daily)
acetaminophen w/ codeine SOLN	1	QL(30 ml daily)	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	1	QL(12 ea daily)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	QL(6 ea daily)	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	1	QL(3 ea daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	QL(4 ea daily)	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	1	QL(12 ea daily)
butalbital-aspirin-caffeine w/cod	1	QL(4 ea daily)	buprenorphine hcl SUBL	1	PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(180 ml daily)	buprenorphine PTWK	1	PA
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	1	QL(8 ea daily)	BUTRANS PTWK (Use buprenorphine)	2	PA
hydrocodone-acetaminophen TABS 325 MG-10 MG	1	QL(6 ea daily)	SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP; PA
hydrocodone-acetaminophen TABS 325 MG-5 MG	1	QL(12 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(12 ea daily); PA
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(6 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(2 ea daily); PA
tramadol-acetaminophen	1	QL(4 ea daily)	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(3 ea daily); PA
Opioid Partial Agonists			SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(6 ea daily); PA
BRIXADI SOSY	2	SP	ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	1	QL(3 ea daily)	ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 ea daily)
			ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 ea daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 ea daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Androgens		
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	NP	
AVEED SOLN	2	SP; PA
METHITEST TABS	2	
TESTOPEL PLLT	2	SP; PA
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ml per 30 day(s) retail)
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	1	PA
testosterone GEL TD 1 %	2	
testosterone SOLN	1	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
hydrocortisone (intrarectal)	1	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter	1	QL(48 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		

Drug Name	Drug Tier	Requirements/Limits
pramoxine hcl (rectal) FOAM EX	1	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	2	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 1 %	1	RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	QL(30 gm per fill retail)
<b>ANTACIDS</b>		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	1	QL(16.53 ml daily)
alum & mag hydrox-simethicone SUSP	1	QL(16.53 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	QL(16.53 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	1	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	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)
pyrantel pamoate SUSP 144 MG/ML	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>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	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 IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)
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)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (Use <i>disopyramide phosphate</i> )	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
<b>ANTIASTHMATIC AND BRONCHODILATOR</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>AGENTS - Drugs to Treat Lung Conditions</b>					
Antiasthmatic - Monoclonal Antibodies					
CINQAIR	NP	SP; PA	ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
FASENRA PEN SOAJ	2	SP; PA	ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
NUCALA SOAJ	NP	SP; PA	ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
NUCALA SOLR	NP	SP; PA	<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
NUCALA SOSY	NP	SP; PA	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 day(s) retail)
TEZSPIRE SOAJ	NP	SP; PA	FLOVENT HFA 44 MCG/ACT	2	QL(11 gm per 30 day(s) retail)
TEZSPIRE SOSY	NP	SP; PA	<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 ea daily)
XOLAIR SOLR	2	SP; PA	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 gm per 30 day(s) retail)
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	2	SP; PA	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 gm per 30 day(s) retail)
Anti-Inflammatory Agents					
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)	PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 day(s) retail)
Bronchodilators - Anticholinergics			Sympathomimetics		
ATROVENT HFA	2	QL(0.867 gm daily)	ADVAIR DISKUS AEPB (Use <i>fluticasone- salmeterol</i> )	2	QL(2 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)	AIRDUO DIGIHALER 113/14	NP	
SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i> )	2		AIRDUO DIGIHALER 232/14	NP	
<i>tiotropium bromide monohydrate CAPS</i>	1		AIRDUO DIGIHALER 55/14	NP	
Leukotriene Modulators			AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i> )		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP	AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i> )	NP	
<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				
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 55/14 AEPB	NP		<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i> )	NP		<i>fluticasone-salmeterol AERO</i>	1	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 gm daily)	<i>ipratropium-albuterol SOLN</i>	1	QL(12 ml daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 gm daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 gm daily)	<i>levalbuterol tartrate</i>	1	
<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ml per 25 day(s) retail)	PROAIR DIGIHALER	NP	
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ml per 30 day(s) retail)	PROAIR HFA AERS (Use <i>albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.57 gm daily)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1	QL(2 ea daily)	PROVENTIL HFA AERS (Use <i>albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.45 gm daily)
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)	SEREVENT DISKUS	2	QL(2 ea daily)
<i>albuterol sulfate SYRP</i>	1	MP	STIOLTO RESPIMAT	2	
<i>albuterol sulfate TABS</i>	1		SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i> )	2	QL(11 gm per 30 day(s) retail)
BEVESPI AEROSPHERE	NP		<i>terbutaline sulfate TABS</i>	1	MP
BREO ELLIPTA	2		VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.54 gm daily)
BREZTRI AEROSPHERE	NP		VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(1.2 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 gm per 30 day(s) retail)	XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	2	
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 day(s) retail)	Xanthines		
DULERA 50 MCG/ACT-5 MCG/ACT	2		THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 gm per 30 day(s) retail)	THEO-24 CP24 100 MG	2	MP
			<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	QL(475 ml per fill retail); MP



Drug Name	Drug Tier	Requirements/Limits
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>theophylline TB12 450 MG</i>	1	
<i>theophylline TB24</i>	1	MP
<b>ANTICOAGULANTS - Blood Thinners</b>		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPB	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
XARELTO STARTER PACK TBPB	2	
XARELTO SUSR	2	
XARELTO TABS 2.5 MG	2	
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ml per 30 day(s) retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ml per 30 day(s) retail)
<i>fondaparinux sodium</i>	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS	2	
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i> )	2	
PRADAXA PACK	2	SP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
Anticonvulsants - Benzodiazepines		
<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)
Anticonvulsants - Misc.		
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 (Use <i>carbamazepine</i> )	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin SOLN</i>	1	MP	<b>GABA Modulators</b>		
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP	<i>GABITRIL 12 MG, 16 MG (Use tiagabine hcl)</i>	2	
<i>lamotrigine CHEW</i>	1	MP	<i>GABITRIL 2 MG, 4 MG (Use tiagabine hcl)</i>	2	MP
<i>lamotrigine KIT 25 MG</i>	1		<i>SABRIL PACK (Use vigabatrin)</i>	2	SP; PA
<i>lamotrigine TABS</i>	1	MP	<i>SABRIL TABS (Use vigabatrin)</i>	2	SP; PA
<i>lamotrigine TB24</i>	1		<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>lamotrigine TBP</i>	1		<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP	<i>vigabatrin PACK</i>	1	SP; PA
<i>levetiracetam TABS</i>	1	MP	<i>vigabatrin TABS</i>	1	SP; PA
<i>levetiracetam TB24</i>	1	MP	<b>Hydantoins</b>		
<i>oxcarbazepine SUSP</i>	1	MP	<i>DILANTIN (Use phenytoin sodium extended)</i>	NP	MP
<i>oxcarbazepine TABS</i>	1	MP	<i>DILANTIN INFATABS CHEW (Use phenytoin)</i>	2	MP
<i>pregabalin CAPS</i>	1	PA	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>pregabalin SOLN</i>	1	PA	<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>primidone 125 MG</i>	1		<i>phenytoin CHEW</i>	1	MP
<i>primidone 50 MG, 250 MG</i>	1	MP	<i>phenytoin SUSP</i>	1	MP
<i>rufinamide SUSP</i>	1	SP	<b>Succinimides</b>		
<i>TEGRETOL-XR TB12 (Use carbamazepine)</i>	2	MP	<i>CELONTIN (Use methsuximide)</i>	2	
<i>TOPAMAX SPRINKLE CPSP (Use topiramate)</i>	2	MP	<i>ethosuximide CAPS</i>	1	MP
<i>topiramate CPSP</i>	1	MP	<i>ethosuximide SOLN</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 ea daily); MP	<i>methsuximide</i>	1	
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP	<b>Valproic Acid</b>		
<i>TRILEPTAL SUSP (Use oxcarbazepine)</i>	2	MP	<i>DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)</i>	2	MP
<i>ZONISADE SUSP</i>	NP		<i>divalproex sodium CSDR</i>	1	MP
<i>zonisamide CAPS</i>	1	MP			
<i>ZTALMY</i>	NP				
<b>Carbamates</b>					
<i>felbamate SUSP</i>	1				
<i>felbamate TABS</i>	1				
<i>XCOPRI TBP</i>	NP				

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

Drug Name	Drug Tier	Requirements/Limits
<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 60 MG</i>	1	
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
FLUOXETINE HYDROCHLORIDE TABS ( <i>Use fluoxetine hcl</i> )	2	
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	
<i>paroxetine hcl TABS</i>	1	MP
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl 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)		
CYMBALTA CPEP ( <i>Use duloxetine hcl</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	

Drug Name	Drug Tier	Requirements/Limits
<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</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 75 MG</i>	1	QL(5 ea daily); MP
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily); MP
<i>venlafaxine hcl TABS</i>	1	MP
<i>venlafaxine hcl TB24</i>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<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 150 MG</i>	1	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1	
<i>miglitol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1	QL(2 ea daily); MP
<i>alogliptin-pioglitazone</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
KAZANO ( <i>Use alogliptin-metformin hcl</i> )	2	QL(2 ea daily); MP
KOMBIGLYZE XR ( <i>Use saxagliptin-metformin hcl</i> )	2	
OSENI ( <i>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 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>metformin hcl TABS 625 MG</i>	1	
<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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	NESINA (Use alogliptin benzoate)	2	QL(1 ea daily); MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily); MP	ONGLYZA (Use saxagliptin hcl)	2	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	saxagliptin hcl	1	
diazoxide	1		TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
GLUCAGEN HYPOKIT	2	MP	<b>Incretin Mimetic Agents</b>		
glucagon (rdna)	1	QL(1 ea per fill retail); MP	BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 day(s) retail); AL(At least 18 yrs old)
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	2	QL(1 ea per fill retail); MP	BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 day(s) retail); AL(At least 18 yrs old)
GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP	MOUNJARO	NP	PA
GLUCOSE CHEW	2	QL(1.67 ea daily); MP	OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML	2	PA
GNP GLUCOSE CHEW	2	QL(1.67 ea daily); MP	OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML	2	PA
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	TRULICITY	2	PA
GVOKE KIT SOLN	NP		VICTOZA	2	QL(0.3 ml daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP	<b>Insulin</b>		
mifepristone (hyperglycemia)	1	SP; PA	BASAGLAR TEMPO PEN SOPN	NP	
PROGLYCEM (Use diazoxide)	2		HUMALOG JUNIOR KWIKPEN SOPN	2	
SM GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 day(s) retail)
WALGREENS GLUCOSE CHEW	2	QL(1.67 ea daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)
ZEGALOGUE SOAJ	NP		HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 day(s) retail)
ZEGALOGUE SOSY	NP		HUMALOG TEMPO PEN SOPN	2	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>					
alogliptin benzoate	1	QL(1 ea daily); MP			
JANUVIA	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	2	QL(40 ml per 30 day(s) retail)	LYUMJEV TEMPO PEN SOPN	NP	
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(30 ml per 30 day(s) retail)
HUMULIN N SUSP	2	QL(40 ml per 30 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 day(s) retail)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2		NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ml per 30 day(s) retail)
HUMULIN R U-500 KWIKPEN SOPN SC	2		NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 day(s) retail)
HUMULIN R SOLN IJ	2	QL(40 ml per 30 day(s) retail)	REZVOGLAR KWIKPEN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(30 ml per 30 day(s) retail)	SEMGLEE SOLN	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(40 ml per 30 day(s) retail)	SEMGLEE SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ml per 30 day(s) retail)	Insulin Sensitizing Agents		
INSULIN GLARGINE SOLN	2		<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee	Meglitinide Analogues		
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee	<i>nateglinide</i>	1	QL(3 ea daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2		<i>repaglinide</i>	1	
INSULIN LISPRO KWIKPEN SOPN	2	QL(30 ml per 30 day(s) retail)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(30 ml per 30 day(s) retail)	<i>dapagliflozin propanediol</i>	1	
INSULIN LISPRO SOLN IJ	2	QL(40 ml per 30 day(s) retail)	FARXIGA	2	
LANTUS SOLOSTAR SOPN	2	QL(30 ml per 30 day(s) retail)	INVOKANA	2	MP
LEVEMIR FLEXPEN SOPN	2		JARDIANCE	2	QL(1 ea daily)
LEVEMIR FLEXTOUCH SOPN	2		Sulfonylureas		
LEVEMIR SOLN	2		<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
			<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily); MP
			<i>glipizide TABS 2.5 MG</i>	1	
			<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
			<i>glipizide TB24</i>	1	MP
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
			<i>glyburide TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>			CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC
Antidiarrheal/Probiotic Agents - Misc.			CULTURELLE KIDS PROBIOTIC + FIBER PACK	2	
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PRBIOTICS CHEW	2	
ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PROBIOTICS PACK	2	
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	CULTURELLE KIDS CHEW	2	
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE KIDS PACK	2	
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC	CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	2	RX/OTC
ACTIPHLOA CAPS	2	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	2	
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC	CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC	CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC			
<i>bismuth subsalicylate</i> CHEW 262 MG	1				
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS PROBIOTIC CAPS	2	RX/OTC	FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC	FLORA VANCE CAPS	2	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC	FLORAJEN DIGESTION CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC	FLORAJEN3 CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC	FLORAJEN4KIDS CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC	FLORANEX ONE CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC	FLORASAVE CPDR	2	
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTE NSIVE BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	2	
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LAC TOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	2	
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
ENVIVE CAPS	2	RX/OTC	FORTIFY OPTIMA ADVANCED CARE WOMENS PROBIOTIC CPDR	2	
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
EQ PROBIOTIC CPDR	2		FORTIFY PROBIOTIC WOMENS CPDR	2	
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	2	
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
			GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
			GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	PRIMADOPHILUS BIFIDUS CPDR	2	
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC	PRIMIDAR CAPS	2	RX/OTC
JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC	PROBINATE CAPS	2	RX/OTC
JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	2		PROBIO DEFENSE CAPS	2	RX/OTC
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2		PROBIOFLEXX CAPS	2	RX/OTC
JARRO-DOPHILUS EPS CPDR	2		PROBIOMAX COMPLETE DF CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC	PROBIOMAX DAILY DF CAPS	2	RX/OTC
JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	2		PROBIOMAX IG 26 DF CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIOMAX LEAN DF CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC	PROBIOMAX SB DF CAPS	2	RX/OTC
MAGE CPDR	2		PROBIONEXX CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2		PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	2		PROBIOTIC BLEND CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC FORMULATION CPDR	2		PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC DAILY CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
			PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
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	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD	2	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD	0	QL(18 ea per 90 day(s) retail); MP
<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</i>	0	QL(18 ml per 90 day(s) retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD ( <i>Use 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
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</i>	1	QL(2 ea daily)
<b>Antiemetics - Anticholinergic</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
<b>Antiemetics - Miscellaneous</b>		
<i>BONJESTA TBCR</i>	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>APONVIE EMUL</i>	NP	
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	1	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 120 day(s) retail)
<b>Imidazole-Related Antifungals</b>		
<i>fluconazole SUSR</i>	1	QL(70 ml per fill retail)
<i>fluconazole TABS 200 MG</i>	1	
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea daily)
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)
<i>itraconazole CAPS</i>	1	QL(1 ea daily); PA
<i>itraconazole SOLN</i>	1	PA
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ml per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily); MP
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<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>		

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
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 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP
<i>captopril</i>	1	QL(3 ea daily); MP
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	QL(1 ea daily); MP
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP
<i>trandolapril 4 MG</i>	1	QL(2 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil</i>	1	
<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 <i>quinapril-hydrochlorothiazide</i> )	NP	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol &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 <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<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-20 MG</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 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	

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-infective Misc. - Combinations</b>		
<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 125 MG</i>	1	QL(4 ea daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 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 1 GM	2	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(0.467 ea daily)
<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

Drug Name	Drug Tier	Requirements/Limits
<b>Oxazolidinones</b>		
SIVEXTRO TABS	2	QL(6 ea per fill retail); PA
<b>Urinary Anti-infectives</b>		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<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 500 MG</i>	0	QL(8 ea per 56 day(s) retail)
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 ea daily); MP
DARAPRIM ( <i>Use pyrimethamine</i> )	NP	SP; PA
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
<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	
TRECTOR	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 70 MG	2	QL(1 ea daily); SP; PA	AZEDRA DOSIMETRIC	2	SP; PA
IMBRUVICA CAPS 140 MG	2	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	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	KEPIVANCE 6.25 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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		
IMLYGIC	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
<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	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP

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	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>			UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Antimanic Agents			UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
<i>lithium</i>	1		<b>Butyrophenones</b>		
<i>lithium carbonate CAPS</i>	1		<i>haloperidol decanoate</i>	1	
<i>lithium carbonate TABS</i>	1		<i>haloperidol lactate CONC</i>	1	
<i>lithium carbonate TBCR</i>	1		<i>haloperidol lactate SOLN</i>	1	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	2		<i>haloperidol TABS</i>	1	
Antipsychotics - Misc.			<b>Dibenzapines</b>		
CAPLYTA	NP		<i>clozapine TABS</i>	0	
<i>lurasidone hcl</i>	1		<i>clozapine TBDP</i>	0	
NUPLAZID CAPS	2	QL(1 ea daily); PA	<i>loxapine succinate</i>	1	
NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA	<i>olanzapine SOLR</i>	1	
<i>ziprasidone hcl</i>	1		<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>ziprasidone mesylate</i>	1		<i>olanzapine TBDP</i>	1	
Benzisoxazoles			<i>quetiapine fumarate TABS</i>	1	
INVEGA HAFYERA	2	SP	<i>quetiapine fumarate TB24</i>	1	
INVEGA SUSTENNA	2	AL(At least 18 yrs old); SP	ZYPREXA RELPREVV	NP	SP
INVEGA TRINZA	2	1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<b>Phenothiazines</b>		
<i>paliperidone</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily)
<i>aripiprazole TBDP</i>	1	QL(2 ea daily)
ARISTADA 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
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate TABS</i>	0	QL(2 ea daily)
APTIVUS CAPS	0	QL(4 ea daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 ea daily)
BIKTARVY 120 MG-30 MG-15 MG	2	
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)
COMBIVIR (Use lamivudine-zidovudine)	0	QL(2 ea daily)
COMPLERA	0	QL(1 ea daily)
<i>darunavir TABS</i>	0	QL(2 ea daily)
DELSTRIGO	0	QL(1 ea daily)
DESCOVY 200 MG-25 MG	0	QL(1 ea daily)
DESCOVY 120 MG-15 MG	2	
DOVATO	0	
EDURANT	0	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	0	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	0	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>efavirenz TABS</i>	0	QL(1 ea daily)
<i>emtricitabine CAPS</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
EMTRIVA CAPS (Use emtricitabine)	0	QL(1 ea daily)
EMTRIVA SOLN	0	QL(24 ml daily)
EPIVIR SOLN (Use lamivudine)	0	QL(30 ml daily)
EPIVIR TABS 150 MG (Use lamivudine)	0	QL(2 ea daily)
EPIVIR TABS 300 MG (Use lamivudine)	0	QL(1 ea daily)
EPZICOM (Use abacavir sulfate-lamivudine)	0	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	0	QL(1 ea daily)	PREVYMIS TABS	2	SP; PA
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	0	QL(1 ea daily)	valganciclovir hcl TABS	1	QL(2 ea daily)
SYMTUZA	0	QL(1 ea daily)	Hepatitis Agents		
tenofovir disoproxil fumarate TABS	0	QL(1 ea daily)	EPCLUSA PACK	NP	SP; PA
TIVICAY PD TBSO	0		EPCLUSA TABS	NP	SP; PA
TIVICAY TABS	0		HARVONI PACK	NP	SP; PA
TRIUMEQ PD TBSO	0		HARVONI TABS	NP	SP; PA
TRIUMEQ TABS	0		LEDIPASVIR/SOFOSBUVIR TABS	2	SP
TRIZIVIR	0	QL(2 ea daily)	MAVYRET PACK	2	SP
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	0	QL(1 ea daily)	MAVYRET TABS	2	SP
TYBOST	0	QL(1 ea daily)	PEGASYS SOLN	2	SP; PA
VIRACEPT TABS 625 MG	0	QL(4 ea daily)	PEGASYS SOSY	2	SP; PA
VIRACEPT TABS 250 MG	0	QL(9 ea daily)	ribavirin (hepatitis c) CAPS	1	SP; PA
VIREAD POWD	0		ribavirin (hepatitis c) TABS 200 MG	1	SP; PA
VIREAD TABS	0	QL(1 ea daily)	SOFOSBUVIR/VELPATA SVIR TABS	2	SP
VIREAD TABS (Use tenofovir disoproxil fumarate)	0	QL(1 ea daily)	SOVALDI PACK	NP	SP; PA
VOCABRIA	0		SOVALDI TABS	NP	SP; PA
ZIAGEN SOLN (Use abacavir sulfate)	0	QL(30 ml daily)	VIEKIRA PAK TBPB	NP	SP; PA
ZIAGEN TABS (Use abacavir sulfate)	0	QL(2 ea daily)	VOSEVI	NP	SP; PA
zidovudine CAPS	0	QL(6 ea daily)	ZEPATIER	NP	SP; PA
zidovudine SYRP	0	QL(60 ml daily)	Herpes Agents		
zidovudine TABS	0	QL(2 ea daily)	acyclovir CAPS	1	QL(50 ea per 30 day(s) retail)
Antiviral Combinations			acyclovir SUSP	1	QL(400 ml per 30 day(s) retail)
PAXLOVID 100 MG-150 MG	0		acyclovir TABS OR 400 MG	1	QL(3 ea daily)
CMV Agents			acyclovir TABS OR 800 MG	1	QL(50 ea per 30 day(s) retail)
PREVYMIS SOLN	2	SP; PA	famciclovir	1	
			valacyclovir hcl 500 MG	1	QL(2 ea daily)
			valacyclovir hcl 1 GM, 1000 MG	1	QL(42 ea per 21 day(s) retail)
			Influenza Agents		



Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate CAPS 30 MG</i>	1	QL(20 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(120 ml per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	PA
XOFLUZA	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<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 200 MG</i>	1	QL(6 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
<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
<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 25 MG, 50 MG</i>	1	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP
Beta Blockers Non-Selective		
<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/af)</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP
<i>timolol maleate TABS</i>	1	MP
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
<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
<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 180 MG</i>	1	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<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 300 MG</i>	1	MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily); MP
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>Use verapamil hcl</i> )	2	QL(2 ea daily); MP
VERELAN PM CP24 300 MG ( <i>Use verapamil hcl</i> )	NP	MP
VERELAN PM CP24 100 MG, 200 MG ( <i>Use verapamil hcl</i> )	NP	QL(2 ea daily); MP
<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

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG ( <i>Use 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	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; PA
<i>bosentan TABS</i>	1	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 ea daily); SP; PA
VYNDAQEL	2	QL(4 ea daily); SP; PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	2	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	QL(75 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	1	QL(60 ml per fill retail)
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>		
Combination Contraceptives - Oral		
<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
<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>ethynodiol diacet &amp; eth estrad</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>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>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 (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-1 MG</i>	0	
<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
LO LOESTRIN FE TABS	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
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet &amp; estrad-fe CAPS</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>norethin acet &amp; estrad-fe CHEW</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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			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>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; 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
Combination Contraceptives - Vaginal			<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>etonogestrel-ethinyl estradiol</i>	0	PV	Progestin Contraceptives - IUD		
Copper Contraceptives - IUD			KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	LILETTA 20.1 MCG/DAY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Emergency Contraceptives			Progestin Contraceptives - Implants		
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			

Drug Name	Drug Tier	Requirements/Limits
MIRENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide TB24</i>	1	
CORTISONE ACETATE TABS	2	
<i>deflazacort SUSP</i>	1	SP; PA
<i>deflazacort TABS</i>	1	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML	2	QL(150 ml per 30 day(s) retail)
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 day(s) retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 day(s) retail)
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
EMFLAZA SUSP	2	SP; PA
<i>hydrocortisone TABS</i>	1	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
<i>methylprednisolone TBPK</i>	1	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ml per fill retail)
<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 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>		
<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>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine &amp; phenyleph ELIX</i>	1	QL(120 ml per fill retail); 1 max fill(s) per 30 day(s) retail	<i>potassium iodide (expectorant) SOLN</i>	1	
<i>brompheniramine &amp; pseudoeph ELIX</i>	1	QL(120 ml per fill retail)	Misc. Respiratory Inhalants		
<i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ml per fill retail)	<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)	Mucolytics		
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail	<i>acetylcysteine SOLN</i>	1	
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail	<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
MAXI-TUSS PE LIQD	2		Acne Products		
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)	<i>ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)</i>	NP	QL(2 ea daily); AL(At least 12 yrs old)
<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)	<i>ACNE MEDICATION 10 LOTN</i>	2	
<i>promethazine &amp; phenylephrine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)	<i>ACNE MEDICATION 5 LOTN</i>	2	
<i>promethazine w/codeine SOLN</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)	<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>promethazine w/codeine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)	<i>adapalene CREA</i>	1	
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>adapalene GEL</i>	1	RX/OTC
Expectorants			<i>ADAPALENE SOLN</i>	2	
			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
			<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 gm per fill retail)
			<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ml per fill retail)
			<i>clindamycin phosphate (topical) SOLN</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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 tretinoin)	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 0.01 % (Use tretinoin)	2	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<b>Antifungals - Topical</b>		
RETIN-A GEL 0.025 % (Use tretinoin)	2	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>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)
<i>tretinoin GEL 0.05 %</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)
<i>tretinoin GEL 0.025 %</i>	1	AL(Up to 35 yrs old)	<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
<i>tretinoin GEL 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>luliconazole</i>	2	PA
<b>Antibiotics - Topical</b>			LUZU (Use luliconazole)	NP	PA
<i>bacitracin (topical) OINT</i>	1	QL(453.9 ea per fill retail)	<i>miconazole nitrate (topical) CREA</i>	1	QL(92 gm per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 gm per fill retail)	NIZORAL SHAM	2	QL(200 ml per fill retail)
CENTANY OINT	NP	QL(30 gm 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)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone OINT</i>	1	QL(60 gm per fill retail)	COSENTYX UNOREADY SOAJ	NP	SP; PA
<i>oxiconazole nitrate CREA</i>	1	PA	COSENTYX SOLN	NP	SP; PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 gm per fill retail)	COSENTYX SOSY	NP	SP; PA
<i>tolnaftate CREA</i>	1	QL(30 gm per fill retail)	SKYRIZI PEN SOAJ	NP	SP; PA
Antihistamines-Topical			SKYRIZI SOSY	NP	SP; PA
ITCH RELIEF CREA	2		SORILUX FOAM	NP	
Anti-inflammatory Agents - Topical			SOTYKTU	NP	SP; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC	SPEVIGO SOLN	NP	SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical			<i>tazarotene CREA</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
<i>bexarotene (topical)</i>	1	SP; PA	VTAMA	NP	
CARAC CREA (Use <i>fluorouracil (topical)</i> )	2	QL(30 gm per fill retail)	ZORYVE	NP	
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)	Antiseborrheic Products		
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)	<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail)	<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA	<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ml per fill retail)
Antipruritics - Topical			<i>sulfacetamide sodium LIQD</i>	1	QL(480 gm per fill retail)
<i>camphor &amp; menthol LOTN</i>	1	QL(59 ml per fill retail)	Antivirals - Topical		
Antipsoriatics			<i>acyclovir topical CREA</i>	1	QL(1 gm daily)
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)	<i>acyclovir topical OINT</i>	1	
<i>calcipotriene FOAM</i>	1		DENAVIR (Use <i>penciclovir</i> )	2	
CALCIPOTRIENE FOAM	1		<i>penciclovir</i>	1	
<i>calcipotriene OINT</i>	1		ZOVIRAX CREA (Use <i>acyclovir topical</i> )	2	QL(1 gm daily)
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)	ZOVIRAX OINT (Use <i>acyclovir topical</i> )	2	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	Burn Products		
			<i>silver sulfadiazine</i>	1	QL(85 gm per fill retail)
			Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 gm per fill retail)
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 gm per fill retail)
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 package(s) per 30 day(s) retail	<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 gm per fill retail)
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 gm per fill retail)	<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 gm per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ml per fill retail)
<i>betamethasone dipropionate augmented OINT</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)	CLODERM (Use <i>clocortolone pivalate</i> )	NP	
<i>betamethasone valerate FOAM</i>	1		CORDRAN OINT	2	
<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)	<i>desonide CREA</i>	1	1 package(s) per fill retail
<i>betamethasone valerate OINT</i>	1	QL(45 gm per fill retail)	<i>desonide LOTN</i>	1	
<i>calcipotriene- betamethasone dipropionate OINT</i>	1		<i>desonide OINT</i>	1	1 package(s) per fill retail
<i>calcipotriene- betamethasone dipropionate SUSP</i>	1		<i>desoximetasone CREA 0.25 %</i>	1	
			<i>desoximetasone CREA 0.05 %</i>	1	QL(60 gm per fill retail)
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	1	
			<i>desoximetasone OINT</i>	1	
			<i>diflorasone diacetate CREA</i>	1	QL(60 gm per fill retail)
			<i>diflorasone diacetate OINT</i>	1	QL(60 gm per fill retail)
			EPIFOAM FOAM	2	

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

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1	QL(160 gm per fill retail)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1	QL(85.2 gm per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
<b>Eczema Agents</b>		
ADBRY	NP	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML	2	SP; PA
OPZELURA	NP	PA
<b>Emollient/Keratolytic Agents</b>		
<i>urea CREA 40 %</i>	1	QL(85.05 gm per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 gm per fill retail)
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 gm per fill retail); RX/OTC
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 day(s) retail)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL ( <i>Use pimecrolimus</i> )	2	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 gm per fill retail)
<b>Local Anesthetics - Topical</b>		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 gm per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 gm per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 gm per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 ea per fill retail); RX/OTC
<i>lidocaine hcl PRSY</i>	1	QL(85 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine CREA 4 %</i>	1	QL(76.5 gm per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
LIDOCAINE CREA	2	QL(85 gm per fill retail)	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 gm per fill retail)	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	2	
RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)	SCHOOLTIME SHAMPOO SHAM	2	
Misc. Topical			<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)
<i>lanolin (topical) CREA</i>	1		Tar Products		
<i>lanolin (topical) OINT</i>	1		<i>coal tar extract SHAM 0.5 %</i>	1	
LANOLOR CREA	2		Wound Care Products		
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 gm per fill retail)	APLIGRAF DISK	2	PA
Rosacea Agents			<b>DIAGNOSTIC PRODUCTS</b>		
<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)	Diagnostic Drugs		
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)	<i>cosyntropin SOLR</i>	1	SP; PA
<i>metronidazole (topical) LOTN</i>	1		THYROGEN 0.9 MG	2	SP; PA
Scabicides & Pediculicides			Diagnostic Tests		
LICEMD GEL	2		ACCULA SARS-COV-2	CO	
<i>malathion</i>	1	QL(59 ml per fill retail); 2 max fill(s) per 30 day(s) retail	ADVIN COVID-19 ANTIGEN HOME TEST KIT	CO	
NATROBA ( <i>Use spinosad</i> )	2	QL(120 ml per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO	
NIX LICE KILLING SPRAY LIQD XX	2		BINAXNOW COVID-19 AG CARD	CO	
<i>permethrin AERO</i>	1		BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)			
<i>permethrin LIQD EX</i>	1				
<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
COBAS LIAT SARS-COV-2 ASSAY	CO		ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC
COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	CO	
COVID-19 AG TEST KIT	CO		INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO	
COVID-19 AT-HOME TEST KIT KIT	CO		INTELISWAB COVID-19 RAPID TEST KIT	CO	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO		KETONE TEST STRIPS STRP	2	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO		KETONE STRP	2	
CVS COVID-19 AT HOME TESTKIT KIT	CO		KETOSTIX STRP	2	
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LUCIRA CHECK IT COVID-19TEST KIT KIT	CO	RX/OTC
ELLUME COVID-19 HOME TEST KIT	CO		LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	CO		LYRA DIRECT SARS-COV-2 ASSAY	CO	
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LYRA SARS-COV-2 ASSAY	CO	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO		OHC COVID-19 ANTIGEN SELF TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	CO	
			ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	CO	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
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
PILOT COVID-19 AT-HOME TEST KIT	CO	
QUICKVUE AT-HOME COVID-19 TEST KIT	CO	
QUICKVUE SARS ANTIGEN TEST	CO	
RAPID RESPONSE COVID-19	CO	RX/OTC
RAPID SARS-COV-2 ANTIGENTEST 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	
XPERT XPRESS SARS-COV-2	CO	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Digestive Enzymes</b>		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
<b>Diuretic Combinations</b>		
<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
<b>Loop Diuretics</b>		
<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>torseamide TABS 20 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily); MP	<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 ea per 28 day(s) retail)
<b>Potassium Sparing Diuretics</b>			<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>amiloride hcl TABS</i>	1	QL(4 ea daily)	<i>risedronate sodium TABS 150 MG</i>	1	
<i>spironolactone TABS</i>	1	MP	<i>risedronate sodium TBEC</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>			<i>teriparatide (recombinant) SOPN</i>	1	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP	XGEVA SOLN	2	SP; PA
<i>hydrochlorothiazide CAPS</i>	1	MP	<i>zoledronic acid CONC</i>	1	SP; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP	<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP	<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
<i>metolazone</i>	1	MP	ZOLEDRONIC ACID SOLN	2	SP; PA
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>			<b>Corticotropin</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>			ACTHAR	2	SP; PA
<b>Bone Density Regulators</b>			CORTROPHIN	2	SP; PA
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP	<b>Fertility Regulators</b>		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP	CHORIONIC GONADOTROPIN IM	2	PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP	NOVAREL IM 5000 UNIT	2	PA
<i>calcitonin (salmon) NA</i>	1	QL(4 ml per 30 day(s) retail)	PREGNYL IM	2	PA
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 day(s) retail)	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA
EVENITY	2	SP; PA	<b>GnRH/LHRH Antagonists</b>		
<i>ibandronate sodium SOLN</i>	1	SP; PA	ORLISSA	2	SP; PA
<i>ibandronate sodium TABS</i>	1	PA	<b>Growth Hormone Receptor Antagonists</b>		
NATPARA	2	SP; PA	SOMAVERT	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA	<b>Growth Hormones</b>		
PAMIDRONATE DISODIUM SOLN	2	SP; PA	GENOTROPIN MINIQUICK PRSY	2	SP; PA
PROLIA SOSY	2	SP; PA	GENOTROPIN CART SC	2	SP; PA
			NGENLA	NP	SP; PA



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN	2	SP; PA	KANUMA	2	SP; PA
OMNITROPE SOCT	NP	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)
SKYTROFA	NP	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)
SOGROYA	NP	SP; PA	LUMIZYME	2	SP; PA
Hormone Receptor Modulators			MYALEPT	2	SP; PA
<i>raloxifene hcl</i>	1	QL(1 ea daily)	NAGLAZYME	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			<i>nitisinone CAPS</i>	1	SP; PA
INCRELEX	2	SP; PA	OLPRUVA THPK	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants			ORFADIN SUSP	2	SP; PA
FENSOLVI SC	2	SP; PA	PALYNZIQ	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	<i>paricalcitol SOLN</i>	1	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	PARSABIV	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	PHEBURANE PLLT	2	PA
SUPPRELIN LA	NP	SP; PA	RAVICTI	CO	
SYNAREL	2	SP; PA	REVCOVI	2	SP; PA
Metabolic Modifiers			<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
ALDURAZYME	2	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
<i>betaine</i>	1	SP; PA	<i>sodium phenylbutyrate POWD</i>	1	SP; PA
BUPHENYL POWD ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA	<i>sodium phenylbutyrate TABS</i>	1	SP; PA
BUPHENYL TABS ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA	STRENSIQ	2	SP; PA
<i>calcitriol CAPS</i>	1		VIMIZIM	2	SP; PA
CARBAGLU ( <i>Use carglumic acid</i> )	CO		Posterior Pituitary Hormones		
<i>carglumic acid</i>	CO		<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>cinacalcet hcl</i>	1	SP; PA	<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
CRYSVITA	CO		<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
ELAPRASE	2	SP; PA	DESMOPRESSIN ACETATE SOLN NA	CO	
FABRAZYME	2	SP; PA	<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)
GALAFOLD	2	QL(0.5 ea daily); SP; PA			

Drug Name	Drug Tier	Requirements/Limits
STIMATE SOLN NA	CO	
<b>Somatostatic Agents</b>		
<i>lanreotide acetate</i>	1	SP; PA
LANREOTIDE ACETATE	2	SP; PA
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SANDOSTATIN LAR DEPOT KIT	2	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	2	SP; PA
SOMATULINE DEPOT	2	SP; PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPB	2	SP; PA
<i>tolvaptan TABS</i>	1	SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
COMBIPATCH PTTW	2	QL(8 ea per 28 day(s) retail)
<i>estradiol &amp; norethindrone acetate TABS</i>	1	
MYFEMBREE	2	
<i>norethindrone acetate-ethinyl estradiol</i>	0	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)
<b>Estrogens</b>		
ALORA PTTW	2	QL(0.29 ea daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 ea daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 ea daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Infections</b>		
<b>Fluoroquinolones</b>		
<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>		
OCALIVA	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>		

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1	
<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	
<i>ENTYVIO SOPN</i>	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)
<i>SKYRIZI SOCT</i>	NP	SP; PA
<i>SKYRIZI SOLN</i>	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl</i>	1	PA
<i>IBSRELA</i>	NP	PA
<i>LINZESS</i>	2	PA
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>MOVANTIK</i>	2	PA
<b>Phosphate Binder Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>RENAGEL (Use sevelamer hcl)</i>	2	
<i>REVELA TABS (Use sevelamer carbonate)</i>	2	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
<b>Short Bowel Syndrome (SBS) Agents</b>		
<i>GATTEX</i>	CO	
<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>		
<i>CYSTAGON CAPS</i>	2	SP; PA
<i>PROCYSBI CPDR</i>	CO	
<i>PROCYSBI PACK</i>	CO	
<b>Genitourinary Irrigants</b>		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
<b>Interstitial Cystitis Agents</b>		
<i>ELMIRON CAPS</i>	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl</i>	1		AFSTYLA	CO	
<i>dutasteride</i>	1		ALPHANATE SOLR	CO	
<i>dutasteride-tamsulosin hcl</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	
ENTADFI	NP		ALPROLIX	CO	
<i>finasteride</i>	1	QL(1 ea daily); MP	ALTUVIIIIO	CO	
RAPAFLO 4 MG ( <i>Use silodosin</i> )	NP		BENEFIX KIT	CO	
<i>silodosin</i>	1		COAGADEX	CO	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP	CORIFACT	CO	
Urinary Analgesics			ELOCTATE	CO	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1		ESPEROCT	CO	
Urinary Stone Agents			FEIBA	CO	
<i>tiopronin TABS</i>	1	SP; PA	FIBRYGA	CO	
Vesicoureteral Reflux (VUR) Agents			HEMGENIX	CO	
DEFLUX	2	SP; PA	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	CO	
<b>GOUT AGENTS - Drugs to Treat Gout</b>			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	CO	
Gout Agent Combinations			HUMATE-P SOLR	CO	
<i>colchicine w/ probenecid</i>	1	MP	IDELVION	CO	
Gout Agents			IXINITY SOLR	CO	
<i>allopurinol</i>	1	MP	JIVI	CO	
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 ea per fill retail); 1 max fill(s) per 30 day(s) retail	KCENTRA	CO	
KRYSTEXXA	2	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	
Uricosurics			KOATE SOLR	CO	
<i>probenecid</i>	1	MP	KOGENATE FS KIT	CO	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>			KOVALTRY	CO	
Antihemophilic Products			NOVOEIGHT	CO	
ADVATE	CO		NOVOSEVEN RT	CO	
ADYNOVATE	CO		NUWIQ KIT	CO	
			NUWIQ SOLR	CO	
			OBIZUR	CO	
			PROFILNINE	CO	
			REBINYN	CO	

Drug Name	Drug Tier	Requirements/Limits
RECOMBINATE SOLR	CO	
RIASTAP	CO	
RIXUBIS SOLR	CO	
ROCTAVIAN	CO	SP
SEVENFACT	CO	
TRETTEN	CO	
VONVENDI	CO	
WILATE KIT	CO	
XYNTHA	CO	
XYNTHA SOLOFUSE	CO	
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	1	SP; PA
<i>icatibant acetate SOSY</i>	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	MP
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
ASPIRIN/OMEPRAZOLE 81 MG-40 MG	2	
ASPIRIN/OMEPRAZOLE ER	2	

Drug Name	Drug Tier	Requirements/Limits
<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		
DROXIA CAPS	2	
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		
ZYNTGLO	CO	
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 ea daily)
FULPHILA	NP	SP; PA	<b>Iron</b>		
FYLNETRA	NP	SP	FERRETT'S TABS	2	QL(2 ea daily)
GRANIX SOLN	NP	SP; PA	<i>ferrous fumarate TABS 324 MG</i>	1	QL(2 ea daily)
GRANIX SOSY	NP	SP; PA	<i>ferrous gluconate TABS 27 MG, 240 MG</i>	1	
LEUKINE SOLR IJ	NP	SP; PA	FERROUS GLUCONATE TABS 324 MG	2	
MIRCERA 120 MCG/0.3ML	NP	SP	<i>ferrous sulfate dried TBCR 160 MG</i>	1	
MULPLETA	2	SP; PA	<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
NEULASTA ONPRO KIT PSKT	NP	SP; PA	<i>ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)
NEULASTA SOSY	NP	SP; PA	<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP
NEUPOGEN SOLN	NP	SP; PA	<i>ferrous sulfate TBEC 324 MG</i>	1	
NEUPOGEN SOSY	2	SP; PA	<i>ferrous sulfate TBEC 325 MG</i>	1	MP
NIVESTYM SOLN	NP	SP; PA	IRON CHEWS PEDIATRIC CHEW	2	
NIVESTYM SOSY	NP	SP; PA	IRON TABS 28 MG	2	
NPLATE 250 MCG, 500 MCG	2	SP; PA	<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)
NYVEPRIA	2	SP; PA	<b>Stem Cell Mobilizers</b>		
PROCRIT	NP	SP; PA	<i>plerixafor</i>	1	SP; PA
PROCRIT	NP	SP; PA	<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
PROMACTA PACK 12.5 MG	2	SP; PA	<b>Hemostatics - Systemic</b>		
PROMACTA TABS	2	SP; PA	<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA
RELEUKO SOLN	NP	SP	<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP; PA
RELEUKO SOSY	NP	SP	<b>Hematopoietic Mixtures</b>		
RETACRIT	2	SP; PA			
ROLVEDON	NP	SP			
STIMUFEND	NP	SP			
UDENYCA SOAJ	NP	SP			
UDENYCA SOSY	NP	SP; PA			
ZARXIO	NP	SP; PA			
ZIEXTENZO	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA	<i>dexmedetomidine hcl SOLN</i>	1	
<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)	<i>estazolam</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			<i>eszopiclone</i>	1	
Antihistamine Hypnotics			<i>flurazepam hcl</i>	1	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) CAPS</i>	1		IGALMI FILM	NP	
<i>diphenhydramine hcl (sleep) LIQD</i>	1		<i>midazolam hcl SOLN IJ</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1		<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 ea daily)	<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TBDP</i>	1		<i>triazolam</i>	1	QL(1 ea daily)
<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1		<i>zaleplon</i>	1	QL(1 ea daily)
<i>doxylamine succinate (sleep)</i>	1		ZOLPIDEM TARTRATE CAPS	2	
<i>ibuprofen-diphenhydramine citrate</i>	1		<i>zolpidem tartrate SUBL</i>	1	
<i>ibuprofen-diphenhydramine hcl</i>	1		<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>naproxen sodium-diphenhydramine hcl</i>	1		<i>zolpidem tartrate TBCR</i>	1	
Barbiturate Hypnotics			Orexin Receptor Antagonists		
<i>phenobarbital ELIX</i>	1		QUVIVIQ	NP	
<i>phenobarbital TABS</i>	1		Selective Melatonin Receptor Agonists		
Hypnotics - Tricyclic Agents			<i>ramelteon</i>	1	
<i>doxepin hcl (sleep)</i>	1		<i>tasimelteon CAPS</i>	1	SP; PA
Non-Barbiturate Hypnotics			<b>LAXATIVES - Bowel Treatment Drugs</b>		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		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		
			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
SORBITOL OR 70 %	2	
<b>Saline Laxatives</b>		
<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	
<b>Stimulant Laxatives</b>		
<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	
<b>Surfactant Laxatives</b>		
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>docusate sodium LIQD</i>	1	
<i>docusate sodium SYRP</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)
<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 day(s) retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
<b>Erythromycins</b>		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
<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
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ACCUTREND PLUS	2		CVS LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	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
AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	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
AURORA LANCET THIN 23G	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
CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	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
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	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
CLEANLET LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MONOLET OPD LANCETS	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	NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LANCETS THIN	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
LANCETS ULTRA THIN	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
LIVE BETTER LANCET SUPERTHIN 30G	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
LIVE BETTER LANCET ULTRATHIN 28G	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
LONGS LANCETS STANDARD	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS 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
MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	2	
MEIJER LANCETS	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
MEIJER LANCETS 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
MEIJER LANCETS UNIVERSAL21G	2	200 / month; QL(6.67 ea daily); RX/OTC	PERFECT LANCETS 30G	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
PHARMACY COUNTER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
PRECISION THINS GP LANCET	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
PREFERRED PLUS LANCETS COLORED 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	REALITY 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	RELION LANCETS MICRO-THIN33G	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	RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
PSS SELECT GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily); RX/OTC
PSS SELECT SAFETY 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
PX LANCETS MICROTHIN 33G	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
PX LANCETS ULTRA THIN	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
QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	SB LANCETS THIN	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	SB LANCETS ULTRA THIN	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	SHOPKO UNILET LANCETS SUPER THIN 30G	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	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 26G	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	TRUEPLUS LANCETS 28G	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	TRUEPLUS LANCETS 28G SUPER THIN	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	TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETS UNIVERSAL 26G	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
STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	ULTILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
SURELITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE AST LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET EXCELITE II	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	UNILET G.P. LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TGT LANCET THIN 26G	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
TGT LANCET ULTRA THIN 30G	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
THINLETS GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THIN LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	ALCOHOL SWABS	2	RX/OTC
UNILET SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	BD SWABS SINGLE USE	2	RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC	CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS ALCOHOL PREP PADS	2	RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	CVS PREP PADS	2	RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPSAFE ALCOHOL PREP PADS	2	RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC
VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	FIFTY50 ALCOHOL PREP PADS	2	RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP ALCOHOL SWABS	2	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	HM STERILE ALCOHOL PREP PADS	2	RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRO COMFORT ALCOHOL PADS	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC ALCOHOL SWABS	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA ALCOHOL SWABS	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	REALITY SWABS	2	RX/OTC
Misc. Devices			RELION ALCOHOL SWABS	2	RX/OTC
ALCOHOL PREP PADS	2	RX/OTC	SB ALCOHOL PREP PADS	2	RX/OTC
			SM ALCOHOL PREP PADS	2	RX/OTC
			WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
			WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
			WEBCOL ALCOHOL PREP MEDIUM 2 PLY	2	RX/OTC
			Parenteral Therapy Supplies		
			BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily); RX/OTC
			BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily)	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER 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
AEROCHAMBER MV MISC	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
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER/FLOW SIGNAL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	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	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM 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	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT DEVI	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	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL 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	CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	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	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	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	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	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	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	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			
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	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
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)	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
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET SPACER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 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
PARI ERAPID NEBULIZER HANDSET 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
PARI EXPIRATORY FILTER VALVE SET DEVI	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
PARI MASK SET 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
PARI SOFT PLASTIC ADULT MASK 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
PARI SOFT PLASTIC PEDIATRIC MASK 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
PARI VORTEX ADULT MASK	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
PEDIATRIC MOUTHPIECE/DISPOSABLE 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
PFLEX 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
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES 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
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
PILLOW MASK/CHILD 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
PILLOW MASK/PEDIATRIC 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
POCKET CHAMBER 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

Drug Name	Drug Tier	Requirements/Limits
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 365 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>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
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	NP	PA
QULIPTA	NP	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
Serotonin Agonists		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)

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 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail)
<i>zolmitriptan SOLN 2.5 MG</i>	2	
<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 day(s) retail)
<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 day(s) retail)
ZOMIG SOLN 2.5 MG	NP	
<b>MINERALS &amp; ELECTROLYTES</b>		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 ea daily)
MAGNEBIND 400	NP	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	QL(8 ea daily)
Potassium		
<i>K-TAB TBCR 8 MEQ (Use potassium chloride)</i>	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 ea daily); MP
<i>potassium chloride PACK 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
Zinc		
<i>zinc sulfate CAPS</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA

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 50 MG</i>	1	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<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 OR	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA
THYMOGLOBULIN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Lymphatic Agents</b>		
SYLVANT	2	SP; PA
<b>PIK3CA-Related Overgrowth Spectrum (PROS) Agents</b>		
VIJOICE TBPK	CO	
<b>Potassium Removing Agents</b>		
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	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOLR	2	SP; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)
<b>Anti-infectives - Throat</b>		
<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<b>Dental Products</b>		
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
<b>Periodontal Products</b>		
ARESTIN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>b-complex vitamins TABS</i>	1	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
Prenatal Vitamins		
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 ea daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Articular Cartilage Repair Therapy		
MACI	2	SP; PA
Central Muscle Relaxants		
<i>baclofen SOLN OR 10 MG/5ML</i>	2	
<i>baclofen SOLN OR 5 MG/5ML</i>	1	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA
<i>baclofen SUSP</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
<i>carisoprodol TABS 250 MG</i>	1	PA
<i>carisoprodol TABS 350 MG</i>	1	MP; PA
<i>chlorzoxazone TABS 500 MG</i>	1	MP
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl CP24</i>	1	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 ea daily); MP
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	2	SP; PA
LYVISPAH PACK	NP	
<i>metaxalone</i>	1	
<i>methocarbamol TABS 500 MG</i>	1	MP
<i>methocarbamol TABS 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 5 MG	2	SP; PA
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin &amp; codeine</i>	NP	PA
<i>orphenadrine w/ aspirin &amp; caff</i>	1	
<i>orphenadrine w/ aspirin &amp; caff 385 MG-30 MG-25 MG</i>	NP	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
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) 0.03 %</i>	1	QL(30 ml per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ml per 30 day(s) retail)
Nasal Steroids		
<i>flunisolide (nasal) 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC	ELEVIDYS 23.5-24.4 KG	CO	
<b>Sympathomimetic Decongestants</b>			ELEVIDYS 24.5-25.4 KG	CO	
<i>epinephrine hcl (nasal)</i>	1		ELEVIDYS 25.5-26.4 KG	CO	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)	ELEVIDYS 26.5-27.4 KG	CO	
<i>pseudoephedrine hcl TABS</i>	1		ELEVIDYS 27.5-28.4 KG	CO	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)	ELEVIDYS 28.5-29.4 KG	CO	
SUDAFED CHILDRENS LIQD	2		ELEVIDYS 29.5-30.4 KG	CO	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)	ELEVIDYS 30.5-31.4 KG	CO	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			ELEVIDYS 31.5-32.4 KG	CO	
<b>ALS Agents</b>			ELEVIDYS 32.5-33.4 KG	CO	
<i>riluzole TABS</i>	1	PA	ELEVIDYS 33.5-34.4 KG	CO	
TEGLUTIK SUSP	2	SP; PA	ELEVIDYS 34.5-35.4 KG	CO	
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 35.5-36.4 KG	CO	
<b>Muscular Dystrophy Agents</b>			ELEVIDYS 36.5-37.4 KG	CO	
ELEVIDYS 10.0-10.4 KG	CO		ELEVIDYS 37.5-38.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO		ELEVIDYS 38.5-39.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO		ELEVIDYS 39.5-40.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO		ELEVIDYS 40.5-41.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO		ELEVIDYS 41.5-42.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO		ELEVIDYS 42.5-43.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO		ELEVIDYS 43.5-44.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO		ELEVIDYS 44.5-45.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO		ELEVIDYS 45.5-46.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO		ELEVIDYS 46.5-47.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO		ELEVIDYS 47.5-48.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO		ELEVIDYS 48.5-49.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO		ELEVIDYS 49.5-50.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO		ELEVIDYS 50.5-51.4 KG	CO	
			ELEVIDYS 51.5-52.4 KG	CO	
			ELEVIDYS 52.5-53.4 KG	CO	
			ELEVIDYS 53.5-54.4 KG	CO	
			ELEVIDYS 54.5-55.4 KG	CO	
			ELEVIDYS 55.5-56.4 KG	CO	
			ELEVIDYS 56.5-57.4 KG	CO	
			ELEVIDYS 57.5-58.4 KG	CO	
			ELEVIDYS 58.5-59.4 KG	CO	
			ELEVIDYS 59.5-60.4 KG	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 60.5-61.4 KG	CO		ZOLGENSMA 15.1-15.5 KG	CO	
ELEVIDYS 61.5-62.4 KG	CO		ZOLGENSMA 15.6-16.0 KG	CO	
ELEVIDYS 62.5-63.4 KG	CO		ZOLGENSMA 16.1-16.5 KG	CO	
ELEVIDYS 63.5-64.4 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	
ELEVIDYS 64.5-65.4 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	
ELEVIDYS 65.5-66.4 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	
ELEVIDYS 66.5-67.4 KG	CO		ZOLGENSMA 18.1-18.5 KG	CO	
ELEVIDYS 67.5-68.4 KG	CO		ZOLGENSMA 18.6-19.0 KG	CO	
ELEVIDYS 68.5-69.4 KG	CO		ZOLGENSMA 19.1-19.5 KG	CO	
ELEVIDYS 69.5 KG PLUS	CO		ZOLGENSMA 19.6-20.0 KG	CO	
EXONDYS 51	2	SP; PA	ZOLGENSMA 2.6-3.0 KG	CO	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>			ZOLGENSMA 20.1-20.5 KG	CO	
BOTOX IJ	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	CO	
DYSPORE	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	CO	
MYOBLOC	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	CO	
XEOMIN	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	CO	
<b>Spinal Muscular Atrophy Agents (SMA)</b>			ZOLGENSMA 4.6-5.0 KG	CO	
SPINRAZA	2	SP; PA	ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO		<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Artificial Tears and Lubricants</b>		
<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)
<b>Beta-blockers - Ophthalmic</b>		
<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	
COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	NP	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	
TIMOPTIC-XE SOLG 0.25 % ( <i>Use timolol maleate (ophth)</i> )	NP	
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 gm per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE SOLN 1 %	2	QL(5 ea per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ml per fill retail)
<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ml per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ml per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ml per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ml per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail)
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
BEVACIZUMAB IO 2.75 MG/0.11ML	2	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 ( <i>Use brimonidine tartrate</i> )	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ml per fill retail)
SIMBRINZA	2	
<b>Ophthalmic Anti-infectives</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
ERYTHROMYCIN	2	QL(4 gm per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) OINT</i>	1	QL(4 gm per fill retail)
<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)
TOBREX OINT	2	QL(4 gm per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ml daily)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ml per fill retail)
<b>Ophthalmic Immunomodulators</b>		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> )	2	
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA	2	PA
<b>Ophthalmic Kinase Inhibitors</b>		
ROCKLATAN	2	PA
<b>Ophthalmic Local Anesthetics</b>		
<i>tetracaine hcl (ophth)</i>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE	2	SP; PA
<b>Ophthalmic Photodynamic Therapy Agents</b>		
VISUDYNE	2	SP; PA
<b>Ophthalmic Steroids</b>		
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN	2	SP; PA
<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)
<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ml per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ml per fill retail)
PRED-G SUSP	2	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i>	1	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ml per fill retail)
RETISERT	2	SP; PA
<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ml per fill retail)
TOBRADEX OINT	2	QL(4 gm per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ml per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL	2	QL(10 ml per fill retail)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	NP	
<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)
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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		
<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		
<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>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Immune Serums</b>			PRIVIGEN SOLN 5 GM/50ML	2	PA
BIVIGAM SOLN 5 GM/50ML	2	PA	RHO GAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
BIVIGAM SOLN 10 %	2	SP; PA	RHOPHYLAC SOSY IJ	2	SP; PA
CUVITRU SOLN	2	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
CYTOGAM	2	SP; PA	<b>Monoclonal Antibodies</b>		
FLEBOGAMMA DIF SOLN	2	SP; PA	BEYFORTUS	0	AL(At least 19 yrs old); SP
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA	SYNAGIS SOLN	2	SP; PA
GAMASTAN	2	SP; PA	ZINPLAVA	2	SP; PA
GAMMAGARD LIQUID	2	SP; PA	<b>Passive Immunizing Agents - Combinations</b>		
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA	HYQVIA	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA	<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
GAMMAPLEX SOLN	2	SP; PA	<b>Aminopenicillins</b>		
GAMMAPLEX SOLN 5 GM/50ML	2	PA	<i>amoxicillin CAPS</i>	1	
GAMUNEX-C	2	SP; PA	<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
HEPAGAM B SOLN IJ	2	SP; PA	<i>amoxicillin SUSR</i>	1	
HIZENTRA SOLN	2	SP; PA	<i>amoxicillin TABS 875 MG</i>	1	
HYPERHEP B SOLN IM	2	SP; PA	<i>ampicillin CAPS 500 MG</i>	1	
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA	<b>Natural Penicillins</b>		
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA	<i>penicillin v potassium SOLR</i>	1	
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA	<i>penicillin v potassium TABS</i>	1	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA	<b>Penicillin Combinations</b>		
NABI-HB SOLN IM	2	SP; PA	<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)
OCTAGAM SOLN 5 GM/50ML	2	PA	<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
OCTAGAM SOLN	2	SP; PA	<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
PANZYGA	2	SP; PA			
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
<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)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
Internal Vehicle Ingredients/Agents		
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)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA
Semi Solid Vehicles		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA
MAKENA SOAJ	NP	SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 30 day(s) retail)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i> )	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i> )	2	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)
<i>memantine hcl CP24</i>	1	
<i>memantine hcl SOLN</i>	1	QL(10 ml daily)
<i>memantine hcl TABS</i>	1	QL(2 ea daily); MP
<i>memantine hcl TABS</i>	2	QL(1 ea per 28 day(s) retail)



Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NP	QL(1 ea per 28 day(s) retail)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
LYBALVI	NP	
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	2	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SP; PA
AUSTEDO XR TB24 6 MG, 12 MG, 24 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

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 18 yrs old)
<i>nicotine MISC XX</i>	0	AL(At least 18 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA	NP	AL(At least 18 yrs old); PA
NICOTROL NS SOLN	NP	AL(At least 18 yrs old); PA
<i>varenicline tartrate</i> TABS	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>varenicline tartrate</i> TBPK	0	AL(At least 18 yrs old)
<b>Transthyretin Amyloidosis Agents</b>		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
<b>Vasomotor Symptom Agents</b>		
<i>paroxetine mesylate (vasomotor)</i>	1	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
<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</i> CAPS	1	SP; PA
<i>pirfenidone</i> TABS 534 MG	1	SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Tetracyclines</b>		
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	1	
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> TABS 100 MG	1	
<i>minocycline hcl</i> CAPS	1	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i> TABS	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
ARMOUR THYROID TABS	2	MP
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	1	
<i>levothyroxine sodium</i> TABS	1	MP
<i>liothyronine sodium</i> TABS	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

Drug Name	Drug Tier	Requirements/Limits
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	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate ELIX</i>	1	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
<b>H-2 Antagonists</b>		
<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)
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP
<i>famotidine TABS 10 MG</i>	1	
<i>ranitidine hcl TABS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate SUSP</i>	1	QL(420 ml per fill retail)
<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
<i>esomeprazole magnesium PACK</i>	1	
<i>lansoprazole CPDR</i>	1	RX/OTC
<i>lansoprazole TBDD</i>	1	PA; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	NP	RX/OTC	oxybutynin chloride SOLN	1	
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	NP	RX/OTC	oxybutynin chloride TABS 2.5 MG	1	
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NP	RX/OTC	oxybutynin chloride TABS 5 MG	1	QL(3 ea daily); MP
NEXIUM PACK	2		oxybutynin chloride TB24	1	QL(2 ea daily); MP
NEXIUM PACK (Use esomeprazole magnesium)	2		solifenacin succinate TABS	1	
omeprazole CPDR	1	QL(2 ea daily)	tolterodine tartrate CP24	1	QL(1 ea daily)
omeprazole TBEC	1	QL(1 ea daily)	tolterodine tartrate TABS	1	QL(2 ea daily)
pantoprazole sodium PACK	1		TOVIAZ (Use fesoterodine fumarate)	2	
pantoprazole sodium TBEC 20 MG	1	QL(1 ea daily)	tropium chloride CP24	1	
pantoprazole sodium TBEC 40 MG	1	QL(2 ea daily)	tropium chloride TABS	1	QL(2 ea daily)
PROTONIX PACK (Use pantoprazole sodium)	2		VESICARE LS SUSP	NP	
rabeprazole sodium TBEC	1		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
Ulcer Drugs - Prostaglandins			GEMTESA	NP	
misoprostol	1		MYRBETRIQ SRER	NP	
Ulcer Therapy Combinations			Urinary Antispasmodics - Cholinergic Agonists		
KONVOMEF SUSR	NP		bethanechol chloride	1	MP
omeprazole-sodium bicarbonate CAPS	1	RX/OTC	Urinary Antispasmodics - Direct Muscle Relaxants		
omeprazole-sodium bicarbonate PACK	1		flavoxate hcl	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<b>VACCINES</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			Bacterial Vaccines		
darifenacin hydrobromide	1		ACTHIB SOLR IM	0	
fesoterodine fumarate	1		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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENBRAYA	0		DENGVAXIA	0	
PNEUMOVAX 23	0		ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail
PNEUMOVAX 23/1 DOSE	0		ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail
PREVNAR 13	0		FLUAD QUADRIVALENT 2021-2022	0	1 package(s) per 180 day(s) retail
PREVNAR 20	0		FLUAD QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail
TRUMENBA	0		FLUAD QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail
TYPHIM VI SOLN	0		FLUARIX QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail
TYPHIM VI SOSY	0		FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
VAXCHORA	0		FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail
VAXNEUVANCE	0		FLUBLOK QUADRIVALENT 2021-2022	0	1 package(s) per 180 day(s) retail
VIVOTIF	0		FLUBLOK QUADRIVALENT 2022-2023	0	1 package(s) per 180 day(s) retail
Viral Vaccines			FLUBLOK QUADRIVALENT 2023-2024	0	1 package(s) per 180 day(s) retail
ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	1 package(s) per 180 day(s) retail
ACAM2000	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2021-2022 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 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 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 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	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 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSP	CO		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	CO				
COMIRNATY SUSP	CO				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	HAVRIX	0	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	IMOVAX RABIES (H.D.C.V.) SUSR	0	
FLUMIST QUADRIVALENT	0		IPOL INACTIVATED IPV	0	
FLUZONE HIGH-DOSE PF 2021-2022	0	1 package(s) per 180 day(s) retail	IXCHIQ	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 package(s) per 180 day(s) retail	IXIARO	0	
FLUZONE HIGH-DOSE PF 2023-2024	0	1 package(s) per 180 day(s) retail	JANSSEN COVID-19 VACCINE	CO	
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	1 package(s) per 180 day(s) retail	JYNNEOS	0	
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	1 package(s) per 180 day(s) retail	M-M-R II SOLR	0	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	CO	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE6MO-5Y SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 package(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2023-24	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	CO		ROTATEQ SOLN	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	CO		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	CO	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	CO		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	CO	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	CO		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	CO	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	CO		SPIKEVAX COVID-19 VACCINE SUSP	CO	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	CO		STAMARIL SUSR	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	CO		TICOVAC	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	CO		TWINRIX SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	CO		VAQTA	0	
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail	VARIVAX INJ	0	2 max fill(s) per 999 day(s) retail
PRIORIX SUSR	0		YF-VAX INJ	0	
PROQUAD SUSR	0		<b>VAGINAL AND RELATED PRODUCTS</b>		
RABAVERT	0		<b>Spermicides</b>		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail	ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
ROTARIX SUSP	0		VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
ROTARIX SUSR	0		VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
			<b>Vaginal Anti-infectives</b>		
			<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
			CLINDESSE	2	
			<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)
			<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)
			GYNAZOLE-1	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)
<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
<i>miconazole nitrate vaginal KIT</i>	1	QL(24 ea per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill retail)
NUVESSA	2	
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1	QL(85.2 gm per fill retail)
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 day(s) retail)
<i>estradiol vaginal TABS</i>	1	
PREMARIN	2	QL(43 gm per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)
<b>VASOPRESSORS - Drugs to Treat Heart and 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 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)
<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 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)



Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
<i>ergocalciferol CAPS</i>	1	
KEY-E CHEW	2	QL(2 ea daily)
<i>phytonadione TABS 5 MG</i>	1	
VITAMIN D3 LIQD 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 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)
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ADVANCED PROBIOTIC CAPS ..	18	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC .....	67	AIRDUO DIGIHALER 232/14 .....	10
ADVANCED PROBIOTIC-14 CAPS 18		AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC .....	67	AIRDUO DIGIHALER 55/14 .....	10
ADVATE .....	55	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC .....	67	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) .....	10
ADVIL TABS (Use ibuprofen) .....	4	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC .....	67	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) .....	10
ADVIN COVID-19 ANTIGEN HOME TEST KIT .....	48	AEROCHAMBER/FLOWSIGNAL MISC .....	68	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) .....	11
ADYNOVATE .....	55	AEROTRACH PLUS MISC .....	68	AIRDUO RESPICLICK 55/14 AEPB 11	
AEROCHAMBER HOLDING CHAMBER DEVI .....	67	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI ..	68	AIRS PEDIATRIC AEROSOL MASK MISC .....	68
AEROCHAMBER MINI AEROSOLCHAMBER DEVI .....	67	AFLURIA QUADRIVALENT 2021-2022 SUSP .....	88	AJOVY SOAJ .....	71
AEROCHAMBER MV MISC .....	67	AFLURIA QUADRIVALENT 2021-2022 SUSY .....	88	AJOVY SOSY .....	71
AEROCHAMBER PLUS FLOW VU MISC .....	67	AFLURIA QUADRIVALENT 2022-2023 SUSP .....	88	albuterol sulfate AERS .....	11
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI .....	67			albuterol sulfate NEBU 0.083 % ...	11
AEROCHAMBER PLUS FLOW-VU MISC .....	67			albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML .....	11
				albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML .....	11

ALBUTEROL SULFATE NEBU .....11	tartrate) .....79	AMJEVITA SOAJ .....3
albuterol sulfate SYRP .....11	ALPHANATE SOLR .....55	AMJEVITA SOSY .....3
albuterol sulfate TABS .....11	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....55	amlodipine besylate TABS .....36
alclometasone dipropionate CREA 45	ALPRAZOLAM INTENSOL CONC .9	amlodipine besylate-atorvastatin calcium .....37
alclometasone dipropionate OINT .45	alprazolam TABS .....9	amlodipine besylate-benazepril hcl 25
ALCOHOL PREP PADS .....66	alprazolam TB24 .....9	amlodipine besylate-olmesartan medoxomil .....25
ALCOHOL PREP PADS-MISC ...59	alprazolam TBDP .....9	amlodipine besylate-valsartan ....25
ALCOHOL SWABS .....66	ALPROLIX .....55	amlodipine-valsartan- hydrochlorothiazide .....25
ALDURAZYME .....52	ALTUVIIIIO .....55	amoxapine .....15
ALECENSA .....30	alum & mag hydrox-simethicone LIQD .....8	amoxicillin & pot clavulanate CHEW . 82
alendronate sodium SOLN .....51	alum & mag hydrox-simethicone SUSP .....8	amoxicillin & pot clavulanate SUSR 82
alendronate sodium TABS 35 MG, 70 MG .....51	ALUMINUM HYDROXIDE SUSP 320 MG/5ML .....8	amoxicillin & pot clavulanate TABS 125 MG-250 MG .....82
alendronate sodium TABS 5 MG, 10 MG .....51	amantadine hcl CAPS .....31	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 83
ALFERON N .....30	amantadine hcl SOLN .....31	amoxicillin & pot clavulanate TB12 83
alfuzosin hcl .....55	amantadine hcl TABS .....31	amoxicillin CAPS .....82
ALIGN CAPS .....18	ambrisentan .....37	amoxicillin CHEW 125 MG, 250 MG . 82
ALIGN EXTRA STRENGTH CAPS 18	amcinonide CREA .....45	amoxicillin SUSR .....82
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC .....68	amcinonide LOTN .....45	amoxicillin TABS 875 MG .....82
allopurinol .....55	amcinonide OINT .....45	amphetamine sulfate TABS .....1
almotriptan malate .....71	amiloride & hydrochlorothiazide ..50	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
ALOE 10000 & PROBIOTICS CAPS . 18	amiloride hcl TABS .....51	
alogliptin benzoate .....16	aminocaproic acid SOLN OR 0.25 GM/ML .....57	
alogliptin-metformin hcl .....15	aminocaproic acid TABS 1000 MG 58	
alogliptin-pioglitazone .....15	aminocaproic acid TABS 500 MG .57	
ALORA PTTW .....53	amiodarone hcl TABS 200 MG .....9	
alosetron hcl .....54	amitriptyline hcl TABS .....15	
ALPHAGAN P (Use brimonidine		

MG-7.5 MG-7.5 MG-7.5 MG .....	1	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML .....	33	atomoxetine hcl .....	2
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	ARMONAIR DIGIHALER .....	10	ATORVALIQ SUSP .....	24
amphetamine-dextroamphetamine TABS .....	1	ARMOUR THYROID TABS .....	85	atorvastatin calcium TABS .....	24
ampicillin CAPS 500 MG .....	82	arsenic trioxide 12 MG/6ML .....	30	atropine sulfate (ophthalmic) OINT	79
anastrozole .....	29	ARZERRA .....	28	atropine sulfate (ophthalmic) SOLN	79
ANDEXXA 200 MG .....	22	ASACOL HD TBEC (Use mesalamine) .....	54	ATROPINE SULFATE SOLN 1 %	79
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone) .....	8	ascorbic acid TABS .....	92	ATROVENT HFA .....	10
ANUSOL-HC EX (Use hydrocortisone (rectal)) .....	8	ASMANEX TWISTHALER 120 METERED DOSES AEPB .....	10	AURORA LANCET SUPER THIN30G .....	60
APLIGRAF DISK .....	48	ASMANEX TWISTHALER 14 METERED DOSES AEPB .....	10	AURORA LANCET THIN 23G ....	60
APOKYN SOCT .....	31	ASMANEX TWISTHALER 30 METERED DOSES AEPB .....	10	AUSTEDO PATIENT TITRATION KIT TBPK .....	84
apomorphine hydrochloride SOCT	31	ASMANEX TWISTHALER 60 METERED DOSES AEPB .....	10	AUSTEDO TABS .....	84
APONVIE EMUL .....	23	aspirin buffered (cal carb-mag carb- mag oxide) .....	5	AUSTEDO XR PATIENT TITRATION KIT TEPK .....	84
APO-VARENICLINE TABS .....	84	aspirin CHEW .....	5	AUSTEDO XR TB24 6 MG, 12 MG, 24 MG .....	84
apraclonidine hcl .....	79	ASPIRIN SUPP 300 MG .....	5	AUVELITY .....	14
aprepitant CAPS .....	23	aspirin TABS 325 MG .....	5	AUVI-Q SOAJ 0.3 MG/0.3ML .....	91
aprepitant MISC .....	23	aspirin TBEC 81 MG, 325 MG .....	6	AVASTIN .....	28
APTIVUS CAPS .....	33	ASPIRIN/OMEPRAZOLE 81 MG-40 MG .....	56	AVEED SOLN .....	8
AQUORAL SOLN .....	74	ASPIRIN/OMEPRAZOLE ER .....	56	AVONEX PEN AJKT .....	84
ARALAST NP SOLR 500 MG, 1000 MG .....	85	aspirin-dipyridamole .....	56	AVONEX PSKT .....	84
ARESTIN .....	73	ASPRUZYO SPRINKLE PACK .....	9	azacitidine SUSR .....	27
AREXVY .....	88	ASTAGRAF XL CP24 .....	73	azathioprine TABS 50 MG .....	73
aripiprazole SOLN OR .....	33	atazanavir sulfate CAPS .....	33	azathioprine TABS 75 MG, 100 MG 73	
aripiprazole TABS .....	33	atenolol & chlorthalidone .....	25	AZEDRA DOSIMETRIC .....	30
aripiprazole TBDP .....	33	atenolol TABS .....	36	AZEDRA THERAPEUTIC .....	30
		ATGAM .....	73	azelastine hcl (ophth) .....	81
				azelastine hcl .....	76

azelastine hcl-fluticasone propionate SUSP .....	76	b-complex w/ c & folic acid TABS ..74	BENLYSTA SOLR .....	73
azithromycin SUSR 100 MG/5ML .	59	BD AUTOSHIELD DUO 30G X 5MM .....	BENZNIDAZOLE .....	8
azithromycin SUSR 200 MG/5ML .	59	BD GLUCOSE CHEW .....	benzonatate 100 MG .....	41
azithromycin TABS 250 MG .....	59	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....	benzonatate 200 MG .....	41
azithromycin TABS 500 MG .....	59	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....	42
azithromycin TABS 600 MG .....	59	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....	benzoyl peroxide LIQD 5 %, 10 %	.42
AZSTARYS .....	2	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....	benztropine mesylate TABS .....	31
b complex w/ c CAPS .....	74	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....	BERINERT KIT .....	56
BACICAP CAPS .....	18	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....	betaine .....	52
BACID CAPS .....	18	BD PEN NEEDLES .....	betamethasone dipropionate (topical) CREA .....	45
bacitracin (topical) OINT .....	43	BD SWABS SINGLE USE .....	betamethasone dipropionate (topical) LOTN .....	45
bacitracin zinc OINT .....	43	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 ..	betamethasone dipropionate (topical) OINT .....	45
bacitracin-polymyxin b (ophth) ....	80	BELEODAQ .....	betamethasone dipropionate augmented CREA .....	45
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML .....	75	BELRAPZO SOLN .....	betamethasone dipropionate augmented GEL 0.05 % .....	45
baclofen SOLN OR 10 MG/5ML ...	75	BENADRYL ALLERGY EXTRA STRENGTH TABS .....	betamethasone dipropionate augmented LOTN .....	45
baclofen SOLN OR 5 MG/5ML ....	75	benazepril & hydrochlorothiazide .	betamethasone valerate CREA ...	45
baclofen SUSP .....	75	benazepril hcl 40 MG .....	betamethasone valerate FOAM ...	45
baclofen TABS 10 MG, 20 MG ....	75	benazepril hcl 5 MG, 10 MG, 20 MG . 25	betamethasone valerate LOTN ....	45
baclofen TABS 5 MG .....	75	bendamustine hcl SOLR .....	betamethasone valerate OINT ....	45
BAFIERTAM .....	84	BENDAMUSTINE HYDROCHLORIDE SOLN .....	betaxolol hcl (ophth) SOLN .....	79
balsalazide disodium CAPS .....	54	BENDEKA SOLN .....	betaxolol hcl .....	36
BAQSIMI ONE PACK POWD .....	15	BENEFIX KIT .....	bethanechol chloride .....	87
BAQSIMI TWO PACK POWD .....	15		BETHKIS NEBU (Use tobramycin) .	2
BASAGLAR TEMPO PEN SOPN ..16			BEVACIZUMAB IO 2.75 MG/0.11ML .	
BCG VACCINE .....	87			
b-complex vitamins CAPS .....	74			
b-complex vitamins TABS .....	74			
b-complex w/ c & folic acid CAPS .	74			

79	MG/30ML, 527 MG/30ML, 1050	BREATHE EASE/MEDIUM MASK
BEVACIZUMAB IZ 2.5 MG/0.1ML,	MG/30ML .....18	DEVI .....68
3.25 MG/0.13ML, 3.75 MG/0.15ML	bisoprolol & hydrochlorothiazide ..25	BREATHE EASE/SMALL MASK
79	bisoprolol fumarate .....36	DEVI .....68
BEVESPI AEROSPHERE .....11	BIVIGAM SOLN 10 % .....82	BREATHERITE VALVED MDI
bexarotene (topical) .....44	BIVIGAM SOLN 5 GM/50ML ..... 82	CHAMBER/COLLAPSIBLE DEVI .68
bexarotene .....30	BLEPHAMIDE S.O.P. OINT ..... 80	BREATHERITE VALVED MDI
BEXSERO .....87	BLINCYTO ..... 28	CHAMBER/RIGID DEVI ..... 68
BEYFORTUS .....82	BONJESTA TBCR .....23	BREO ELLIPTA ..... 11
bicalutamide .....29	BOOSTRIX SUSP ..... 86	BREZTRI AEROSPHERE .....11
BIKTARVY 120 MG-30 MG-15 MG	BOOSTRIX SUSY ..... 86	BRIDION SOLN .....22
33	bortezomib SOLR IJ ..... 30	BRILINTA .....56
BIKTARVY 200 MG-50 MG-25 MG	BORTEZOMIB SOLR IV 3.5 MG ..30	brimonidine tartrate 0.1 %, 0.15 % 79
33	bosentan TABS ..... 37	brimonidine tartrate 0.2 % ..... 79
BILAC CAPS .....18	BOSULIF TABS 100 MG, 500 MG 30	brimonidine tartrate-timolol maleate .
bimatoprost SOLN ..... 81	BOTOX IJ .....78	79
BINAXNOW COVID-19 AG CARD	BPROTECTED PEDIA POLY-VITE	BRIUMVI ..... 84
48	SOLN OR ..... 75	BRIVIACT SOLN IV 50 MG/5ML .. 12
BINAXNOW COVID-19 AG CARD	BPROTECTED PEDIA POLY-	BRIXADI SOSY ..... 7
HOME TEST KIT .....48	VITE/IRON SOLN .....75	bromfenac sodium (ophth) 0.09 % .81
BIOHM PROBIOTIC SUPPLEMENT	BRAFTOVI 75 MG .....30	bromocriptine mesylate CAPS .....31
CAPS .....18	BREATHE COMFORT ANTI-STATIC	bromocriptine mesylate TABS 2.5
BIOHM PROBIOTIC	VALVED HOLDING	MG ..... 31
SUPPLEMENT/VITAMIN C CAPS .18	CHAMBER/ADULT DEVI .....68	brompheniramine & phenyleph ELIX .
BIO-KULT CAPS .....18	BREATHE COMFORT ANTI-STATIC	42
BIOTENE DRY MOUTH	VALVED HOLDING	brompheniramine & pseudoeph ELIX
MOISTURIZING SPRAY SOLN ... 74	CHAMBER/CHILD DEVI .....68	42
BIOTHRAX .....87	BREATHE EASE NEBULIZER	brompheniramine & pseudoeph LIQD
bisacodyl SUPP .....59	MASK/CHILD MISC .....68	15 MG/5ML-1 MG/5ML ..... 42
bisacodyl TBEC .....59	BREATHE EASE NEBULIZER	BUBBLES THE FISH II PEDIATRIC
bismuth subsalicylate CHEW 262 MG	MASK/INFANT MISC .....68	MASK/PVC MISC .....68
.....18	BREATHE EASE/LARGE MASK	budesonide (inhalation) SUSP .....10
bismuth subsalicylate SUSP 262	DEVI .....68	budesonide TB24 ..... 41
MG/15ML, 525 MG/15ML, 525		

budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	600 MG	72
bumetanide TABS	50	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium polycarbophil TABS	58
BUPHENYL POWD (Use sodium phenylbutyrate)	52	butalbital-aspirin-caffeine CAPS	5	CAMCEVI	29
BUPHENYL TABS (Use sodium phenylbutyrate)	52	butalbital-aspirin-caffeine w/cod	7	camphor & menthol LOTN	44
buprenorphine hcl SUBL	7	BUTRANS PTWK (Use buprenorphine)	7	CANASA SUPP (Use mesalamine)	54
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	7	BYETTA SOPN 10 MCG/0.04ML	16	candesartan cilexetil	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BYETTA SOPN 5 MCG/0.02ML	16	candesartan cilexetil-hydrochlorothiazide	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	CABOMETYX TABS	30	capecitabine	28
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	caffeine citrate SOLN OR	1	CAPHOSOL SOLN	74
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	calcipotriene CREA	44	CAPLYTA	32
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	calcipotriene FOAM	44	CAPRELSA	30
bupropion hcl (smoking deterrent)	84	CALCIPOTRIENE FOAM	44	capsaicin CREA 0.025 %, 0.075 %	47
bupropion hcl TABS	14	calcipotriene OINT	44	capsaicin CREA 0.1 %	47
bupropion hcl TB12 100 MG	14	calcipotriene SOLN	44	captopril & hydrochlorothiazide	25
bupropion hcl TB12 150 MG	14	calcipotriene-betamethasone dipropionate OINT	45	captopril	25
bupropion hcl TB12 200 MG	14	calcipotriene-betamethasone dipropionate SUSP	45	CAPZASIN-P CREA	47
bupropion hcl TB24 150 MG	14	calcitonin (salmon) IJ	51	CARAC CREA (Use fluorouracil (topical))	44
bupropion hcl TB24 300 MG	14	calcitonin (salmon) NA	51	CARBAGLU (Use carglumic acid)	52
bupropion hcl TB24 450 MG	14	calcitriol CAPS	52	carbamazepine CHEW	12
buspiron hcl	9	calcium acetate (phosphate binder) CAPS	54	carbamazepine CP12	12
butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium acetate (phosphate binder) TABS	54	carbamazepine SUSP	12
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium carbonate (antacid) CHEW 500 MG	8	carbamazepine TABS	12
		calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-		carbamazepine TB12	12
				carbamide peroxide (otic) 6.5 %	81
				CARBATROL CP12 (Use carbamazepine)	12
				carbidopa	31
				carbidopa-levodopa TABS	31



carbidopa-levodopa TBCR .....	31	cefadroxil TABS .....	38	CHENODAL .....	53
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML .....	27	cefdinir CAPS .....	38	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	4
CAREONE LANCET SUPER THIN/30G .....	60	cefdinir SUSR .....	38	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	4
CAREONE LANCET THIN .....	60	cefixime CAPS .....	38	chlordiazepoxide hcl CAPS .....	9
CARESENS LANCETS .....	60	cefixime SUSR .....	38	chlorhexidine gluconate (mouth- throat) .....	73
CARESTART COVID-19 ANTIGEN HOME TEST KIT .....	49	cefepodoxime proxetil SUSR .....	38	chloroquine phosphate TABS 250 MG .....	27
CARETOUCH TWIST LANCETS 28G .....	60	cefepodoxime proxetil TABS .....	38	chloroquine phosphate TABS 500 MG .....	27
CARETOUCH TWIST LANCETS 30G .....	60	cefprozil SUSR .....	38	chlorpheniramine maleate SYRP ..	23
CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	60	cefprozil TABS .....	38	chlorpheniramine maleate TABS ..	23
carglumic acid .....	52	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....	38	chlorpromazine hcl TABS .....	33
carisoprodol TABS 250 MG .....	75	cefuroxime axetil TABS .....	38	chlorthalidone 25 MG, 50 MG .....	51
carisoprodol TABS 350 MG .....	75	celecoxib .....	4	chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....	75
carisoprodol w/ aspirin & codeine ..	76	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	49	chlorzoxazone TABS 500 MG .....	75
carteolol hcl (ophth) .....	79	CELONTIN (Use methsuximide) ..	13	CHOLBAM .....	53
carvedilol 25 MG .....	36	CENTANY OINT .....	43	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....	91
carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....	36	cephalexin CAPS 250 MG, 500 MG 38 .....	38	cholecalciferol CAPS 125 MCG, 5000 UNIT .....	91
carvedilol phosphate .....	36	cephalexin SUSR .....	38	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT .....	91
CASTIVA WARMING LOTN .....	47	CEPROTIN .....	56	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML ...	92
CAYSTON .....	26	CEQUA SOLN .....	80	cholestyramine light PACK .....	24
cefaclor CAPS .....	38	CERDELGA .....	56	cholestyramine light POWD .....	24
CEFACLOR ER TB12 .....	38	CEREZYME 400 UNIT .....	56	cholestyramine PACK .....	24
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	38	cetirizine hcl CAPS .....	23	cholestyramine POWD .....	24
cefadroxil CAPS .....	38	cetirizine hcl CHEW .....	23	CHORIONIC GONADOTROPIN IM 51	
cefadroxil SUSR .....	38	cetirizine hcl SOLN OR .....	23		
		cetirizine hcl SYRP OR .....	23		
		cetirizine hcl TABS .....	23		
		CHEMET .....	22		
		CHEMSTRIP-K STRP .....	49		

CIBINQO .....	47	CLEANLET LANCETS 28G .....	60	CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT .....	49
ciclopirox SOLN .....	43	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT .....	49	clobazam SUSP .....	12
cilostazol .....	56	clemastine fumarate TABS 1.34 MG .	23	clobazam TABS .....	12
cimetidine TABS 200 MG .....	86	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	68	clobetasol propionate CREA 0.05 % .	45
cimetidine TABS 300 MG, 400 MG	86	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI .....	68	clobetasol propionate emollient base 0.05 % .....	45
cimetidine TABS 800 MG .....	86	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate emulsion ...	45
cinacalcet hcl .....	52	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate FOAM .....	45
CINQAIR .....	10	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate GEL 0.05 %	45
CINRYZE SOLR IV .....	56	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate LIQD .....	45
CIPRO SUSR .....	53	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate LOTN .....	45
CIPRODEX (Use ciprofloxacin-dexamethasone) .....	81	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate OINT 0.05 %	45
ciprofloxacin hcl (ophth) SOLN ....	80	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate SHAM .....	45
ciprofloxacin hcl (otic) .....	81	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	68	clobetasol propionate SOLN 0.05 % .	45
ciprofloxacin hcl TABS 100 MG ...	53	clindamycin hcl 150 MG, 300 MG .	26	clocortolone pivalate .....	45
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	53	clindamycin palmitate hydrochloride .	26	CLODERM (Use clocortolone pivalate) .....	45
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	53	clindamycin phosphate (topical) GEL	42	clomipramine hcl .....	15
ciprofloxacin-dexamethasone ....	81	clindamycin phosphate (topical) LOTN .....	42	clonazepam TABS .....	12
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....	27	clindamycin phosphate (topical) SOLN .....	42	clonazepam TBDP .....	12
CISPLATIN SOLR .....	27	clindamycin phosphate (topical) SOLN .....	42	clonidine hcl (adhd) TB12 .....	2
CITALOPRAM HYDROBROMIDE CAPS .....	14	clindamycin phosphate vaginal CREA .....	90	clonidine hcl TABS .....	25
citalopram hydrobromide SOLN ...	14	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	42	clopidogrel bisulfate 300 MG .....	56
citalopram hydrobromide TABS ...	14	clindamycin phosphate-benzoyl peroxide GEL .....	42	clopidogrel bisulfate 75 MG .....	56
cladribine 10 MG/10ML .....	28	clindamycin phosphate-tretinoin ..	43	clorazepate dipotassium TABS .....	9
clarithromycin SUSR .....	59	CLINDESSE .....	90	clotrimazole (topical) CREA .....	43
clarithromycin TABS .....	59			clotrimazole (topical) SOLN .....	43
clarithromycin TB24 .....	59			clotrimazole vaginal CREA 1 % ...	90

clotrimazole vaginal CREA 2 % ...	90	COMIRNATY 2023-24 SUSY .....	88	COVID-19 AT-HOME TEST KIT KIT .	49
clotrimazole w/ betamethasone CREA .....	43	COMIRNATY SUSP .....	88	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT .....	49
clotrimazole w/ betamethasone LOTN .....	43	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...	68	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT .....	49
clozapine TABS .....	32	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....	68	CREON CPEP .....	50
clozapine TBDP .....	32	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....	68	CRINONE GEL .....	91
CO MONITOR REPLACEMENT TPIECES MISC .....	68	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....	68	cromolyn sodium (nasal) 5.2 MG/ACT .....	76
COAGADDEX .....	55	COMPLERA .....	33	cromolyn sodium (ophth) .....	81
coal tar extract SHAM 0.5 % .....	48	CONCERTA TBCR (Use methylphenidate hcl) .....	2	cromolyn sodium NEBU .....	10
COARTEM .....	27	CONDOMS-MISC .....	59	CRYSVITA .....	52
COBAS LIAT SARS-COV-2 ASSAY .	49	CONZIP CP24 (Use tramadol hcl) ..	6	CULTURELLE ADULT ULTIMATEBALANCE CAPS .....	21
COBAS LIAT SARS-COV-2 CONTROL .....	49	COPAXONE SOSY (Use glatiramer acetate) .....	84	CULTURELLE ADVANCED IMMUNE DEFENSE CAPS .....	18
codeine sulfate TABS 30 MG .....	6	CORDRAN OINT .....	45	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS .....	21
CODEINE SULFATE TABS .....	6	CORIFACT .....	55	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS .....	21
colchicine TABS .....	55	CORTISONE ACETATE TABS ...	41	CULTURELLE DIGESTIVE HEALTH CAPS .....	22
colchicine w/ probenecid .....	55	CORTROPHIN .....	51	CULTURELLE DIGESTIVE HEALTH CHEW .....	22
colestipol hcl GRAN .....	24	COSENTYX SENSOREADY PEN SOAJ .....	44	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS .....	22
colestipol hcl TABS .....	24	COSENTYX SOLN .....	44	CULTURELLE HEALTH & WELLNESS CAPS .....	22
COMBIGAN (Use brimonidine tartrate-timolol maleate) .....	79	COSENTYX SOSY .....	44	CULTURELLE KIDS CHEW .....	18
COMBIPATCH PTTW .....	53	COSENTYX UNOREADY SOAJ ..	44	CULTURELLE KIDS PACK .....	18
COMBIVENT RESPIMAT AERS ..	11	COSOPT (Use dorzolamide hcl- timolol maleate) .....	79	CULTURELLE KIDS PROBIOTIC + FIBER PACK .....	18
COMBIVIR (Use lamivudine- zidovudine) .....	33	cosyntropin SOLR .....	48	CULTURELLE KIDS PURELY	
COMETRIQ KIT .....	30	COTELLIC .....	30		
COMFORT ASSURED LANCETS SUPER THIN 28G .....	60	COVID-19 AG TEST KIT .....	49		
COMFORT LANCETS .....	60				
COMIRNATY 2023-24 SUSP .....	88				

PRBIOTICS CHEW .....	18	CVS LANCETS ULTRA THIN 30G 60	microemulsion) SOLN .....	73
CULTURELLE KIDS PURELY PROBIOTICS PACK .....	18	CVS LANCETS ULTRA-THIN 30G 60	cyclosporine SOLN IV 50 MG/ML .	73
CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS .....	18	CVS MOOD SUPPORT PROBIOTIC CAPS .....	CYLTEZO AJKT .....	3
CULTURELLE PROBIOTICS KIDS PACK .....	18	CVS PREP PADS .....	CYLTEZO PSKT .....	3
CULTURELLE PRO-WELL CAPS .	18	CVS PROBIOTIC ADULT 50+ CAPS 18	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..	22	CVS PROBIOTIC CAPS .....	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3
CURITY ALCOHOL PREPS/MEDIUM 2 PLY .....	66	CVS PROBIOTIC MAXIMUM STRENGTH CAPS .....	CYMBALTA CPEP (Use duloxetine hcl) .....	14
CUVITRU SOLN .....	82	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS .....	cyproheptadine hcl SYRP .....	24
CVS ADULT 50+ PROBIOTIC CAPS 18		CVS SENIOR PROBIOTIC CAPS .	cyproheptadine hcl TABS .....	24
CVS ADULT PROBIOTIC CAPS ..	18	CVS SOFT GLUCOSE CHEW ....	CYRAMZA .....	28
CVS ALCOHOL PREP PADS .....	66	CVS ULTRA THIN LANCETS ....	CYSTAGON CAPS .....	54
CVS COVID-19 AT HOME TESTKIT KIT .....	49	cyanocobalamin SOLN IJ 1000 MCG/ML .....	CYSTARAN .....	81
CVS DAILY PROBIOTIC CAPS ...	18	cyclobenzaprine hcl CP24 .....	cytarabine SOLN .....	28
CVS DIGESTIVE PROBIOTIC CAPS .....	18	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	CYTOGAM .....	82
CVS DRY MOUTH SPRAY SOLN .	74	cyclobenzaprine hcl TABS 7.5 MG	dabigatran etexilate mesylate CAPS .	12
CVS EVERYDAY CARE PROBIOTIC CAPS .....	18	CYCLOGYL 0.5 % .....	DAILY DIGESTIVE PROBIOTIC CAPS .....	19
CVS GLUCOSE CHEW .....	16	cyclopentolate hcl 0.5 % .....	DAILY PROBIOTIC CAPS .....	19
CVS LANCETS 21G .....	60	cyclopentolate hcl 1 % .....	dalfampridine .....	84
CVS LANCETS MICRO THIN 33G 60		cyclophosphamide CAPS 50 MG ..	dantrolene sodium CAPS .....	76
CVS LANCETS MICRO-THIN 33G 60		CYCLOPHOSPHAMIDE TABS ...	dapagliflozin propanediol .....	17
CVS LANCETS ORIGINAL .....	60	cyclosporine (ophth) EMUL .....	dapsone .....	26
CVS LANCETS THIN 26G .....	60	cyclosporine CAPS .....	DAPTACEL .....	86
		cyclosporine modified (for microemulsion) CAPS .....	DARAPRIM (Use pyrimethamine)	27
		cyclosporine modified (for	darifenacin hydrobromide .....	87
			darunavir TABS .....	33
			DARZALEX .....	28

DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML .....	29	NA .....	52	SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	41
DAURISMO .....	29	desmopressin acetate spray .....	52	dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	41
DAYHIST ALLERGY 12 HOUR RELIEF TABS .....	23	desmopressin acetate spray refrigerated .....	52	dexamethasone SOLN .....	41
decitabine .....	28	desmopressin acetate TABS .....	52	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	41
deferasirox PACK .....	22	desogestrel & ethinyl estradiol ....	38	dexchlorpheniramine maleate SOLN .	23
deferasirox TABS .....	22	desogestrel-ethinyl estradiol (biphasic) .....	38	dexmedetomidine hcl in sodium chloride SOLN .....	58
deferasirox TBSO .....	22	desogestrel-ethinyl estradiol (triphasic) .....	38	dexmedetomidine hcl SOLN .....	58
deferiprone TABS .....	22	desonide CREA .....	45	dexmethylphenidate hcl CP24 .....	2
deferoxamine mesylate .....	22	desonide LOTN .....	45	dexmethylphenidate hcl TABS .....	2
DEFITELIO .....	56	desonide OINT .....	45	dexrazoxane hcl .....	31
deflazacort SUSP .....	41	desoximetasone CREA 0.05 % ...	45	DEXTENZA INST .....	80
deflazacort TABS .....	41	desoximetasone CREA 0.25 % ...	45	dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1
DEFLUX .....	55	desoximetasone GEL .....	45	dextroamphetamine sulfate CP24 5 MG .....	1
DELSTRIGO .....	33	desoximetasone LIQD .....	45	dextroamphetamine sulfate SOLN ..	1
DENAVIR (Use penciclovir) .....	44	desoximetasone OINT .....	45	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....	1
DENGVAXIA .....	88	DESVENLAFAXINE ER .....	14	dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....	13	desvenlafaxine succinate 100 MG .	15	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....	42
DEPO-SUBQ PROVERA 104 SUSY SC .....	40	desvenlafaxine succinate 25 MG, 50 MG .....	15	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 .....	42
DERMACINRX PROBISOL CAPS .	19	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....	16	DHIVY TABS .....	31
DERMACINRX PROBITRAN CAPS 19		dexamethasone ELIX .....	41		
DESCOVY 120 MG-15 MG .....	33	DEXAMETHASONE INTENSOL CONC .....	41		
DESCOVY 200 MG-25 MG .....	33	dexamethasone sodium phosphate (ophth) .....	80		
desipramine hcl TABS .....	15	DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML .....	41		
desloratadine TBDP .....	23	dexamethasone sodium phosphate			
desmopressin acetate SOLN IJ ...	52				
DESMOPRESSIN ACETATE SOLN					

DIATHRIVE LANCETS .....	60	DAILYDIGESTIVE & IMMUNE SUPPORT CAPS .....	19	dimethyl fumarate CDPK .....	84
DIATHRIVE LANCETS ULTRA THIN 30G .....	60	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS .....	19	dimethyl fumarate CPDR .....	84
diazepam CONC .....	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS .....	19	diphenhydramine hcl (sleep) CAPS 58	
DIAZEPAM SOAJ .....	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS .....	19	diphenhydramine hcl (sleep) LIQD 58	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML .....	9	DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS .....	19	diphenhydramine hcl (sleep) TABS 25 MG .....	58
DIAZEPAM SOLN IJ 5 MG/ML .....	9	digoxin SOLN OR 0.05 MG/ML .....	37	diphenhydramine hcl (sleep) TABS 50 MG .....	58
diazepam SOLN OR 5 MG/5ML .....	9	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	37	diphenhydramine hcl (sleep) TBDP 58	
diazepam TABS .....	9	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	71	diphenhydramine hcl CAPS .....	23
diazoxide .....	16	DILANTIN (Use phenytoin sodium extended) .....	13	diphenhydramine hcl ELIX 12.5 MG/5ML .....	23
dibucaine .....	47	DILANTIN INFATABS CHEW (Use phenytoin) .....	13	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	23
diclofenac potassium TABS 50 MG .....	4	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG .....	36	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ..	86
diclofenac sodium (ophth) .....	81	diltiazem hcl coated beads CP24 240 MG .....	36	dipyridamole .....	56
diclofenac sodium (topical) GEL EX 44		diltiazem hcl coated beads CP24 360 MG .....	36	disopyramide phosphate CAPS .....	9
diclofenac sodium TB24 .....	4	diltiazem hcl CP12 .....	36	disulfiram 250 MG .....	83
diclofenac sodium TBEC .....	4	diltiazem hcl CP24 120 MG, 240 MG 36		divalproex sodium CSDR .....	13
dicloxacillin sodium .....	83	diltiazem hcl CP24 180 MG .....	36	divalproex sodium TB24 .....	14
dicyclomine hcl CAPS .....	86	diltiazem hcl extended release beads .....	36	divalproex sodium TBEC .....	14
dicyclomine hcl SOLN OR .....	86	diltiazem hcl TABS .....	36	docetaxel CONC 160 MG/8ML .....	31
dicyclomine hcl TABS .....	86	diltiazem hcl TB24 .....	37	DOCETAXEL CONC 160 MG/8ML 31	
DIFFERIN LOTN .....	43				
DIFF-STAT CAPS .....	19				
diflorasone diacetate CREA .....	45				
diflorasone diacetate OINT .....	45				
diflunisal TABS .....	6				
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS .....	19				
DIGESTIVE ADVANTAGE CAPS .....	19				
DIGESTIVE ADVANTAGE					

DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML .....	31	doxycycline (monohydrate) TABS 50 MG, 100 MG .....	85	dutasteride-tamsulosin hcl .....	55
docetaxel SOLN .....	31	doxycycline hyclate CAPS .....	85	DYANA VEL XR CHER .....	1
DOCIVYX SOLN .....	31	doxycycline hyclate TABS 100 MG 85		DYSPORT .....	78
docusate sodium CAPS 100 MG, 250 MG .....	59	doxylamine succinate (sleep) .....	58	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) .....	59
docusate sodium CAPS 50 MG ...	59	doxylamine-pyridoxine TBEC .....	23	EASIVENT MISC .....	69
docusate sodium LIQD .....	59	droperidol SOLN 2.5 MG/ML .....	9	EASIVENT/MASK-LARGE MISC ..	69
docusate sodium SYRP .....	59	DROPLET LANCETS ULTRA THIN 30G .....	60	EASIVENT/MASK-MEDIUM MISC	69
DOCUSATE SODIUM SYRP .....	59	DROPSAFE ALCOHOL PREP PADS .....	66	EASIVENT/MASK-SMALL MISC ..	69
docusate sodium TABS .....	59	drospironone-ethinyl estradiol ....	38	EASY TOUCH ALCOHOL PREP PADS/MEDIUM .....	66
dofetilide .....	9	drospironone-ethinyl estradiol-levomefolate calcium .....	38	EASY TOUCH LANCETS 26G/PULL-TOP .....	61
donepezil hydrochloride TABS 23 MG .....	83	DROXIA CAPS .....	56	EASY TOUCH LANCETS 28G/PULL-TOP .....	61
donepezil hydrochloride TABS 5 MG, 10 MG .....	83	droxidopa .....	91	EASY TOUCH LANCETS 28G/TWIST .....	61
donepezil hydrochloride TBDP ....	83	DRUG MART LANCETS THIN ...	60	EASY TOUCH LANCETS 30G/PULL-TOP .....	61
DOPTELET .....	56	DRUG MART UNILET LANCETSSUPER THIN 30G .....	60	EASY TOUCH LANCETS 30G/TWIST .....	61
dorzolamide hcl .....	81	DRUG MART UNILET LANCETSULTRA THIN 28G .....	61	EASY TOUCH LANCETS 32G/PULL-TOP .....	61
DORZOLAMIDE HCL .....	81	DRUG MART UNILET MICRO THIN LANCETS 33G .....	61	EASY TOUCH LANCETS 32G/TWIST .....	61
DORZOLAMIDE HCL/TIMOLOL MALEATE .....	79	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT .....	11	EASY TOUCH LANCETS 33G/TWIST .....	61
dorzolamide hcl-timolol maleate ..	79	DULERA 50 MCG/ACT-5 MCG/ACT .	11	EBASE CONTROLLER KIT MISC .	69
DOVATO .....	33	duloxetine hcl CPEP .....	15	econazole nitrate CREA .....	43
doxazosin mesylate .....	25	DUPIXENT SOPN .....	47	ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE .....	49
doxepin hcl (sleep) .....	58	DUPIXENT SOSY 100 MG/0.67ML	47	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....	6
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG .....	15	dutasteride .....	55	ECOTRIN REGULAR STRENGTH	
doxepin hcl CAPS 150 MG .....	15				
doxepin hcl CONC .....	15				
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	85				

TBEC (Use aspirin) .....	6	ELEVIDYS 26.5-27.4 KG .....	77	ELEVIDYS 56.5-57.4 KG .....	77
ECOTRIN TBEC (Use aspirin) .....	6	ELEVIDYS 27.5-28.4 KG .....	77	ELEVIDYS 57.5-58.4 KG .....	77
EDURANT .....	33	ELEVIDYS 28.5-29.4 KG .....	77	ELEVIDYS 58.5-59.4 KG .....	77
efavirenz CAPS 200 MG .....	33	ELEVIDYS 29.5-30.4 KG .....	77	ELEVIDYS 59.5-60.4 KG .....	77
efavirenz CAPS 50 MG .....	33	ELEVIDYS 30.5-31.4 KG .....	77	ELEVIDYS 60.5-61.4 KG .....	78
efavirenz TABS .....	33	ELEVIDYS 31.5-32.4 KG .....	77	ELEVIDYS 61.5-62.4 KG .....	78
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	33	ELEVIDYS 32.5-33.4 KG .....	77	ELEVIDYS 62.5-63.4 KG .....	78
efavirenz-lamivudine-tenofovir disoproxil fumarate .....	33	ELEVIDYS 33.5-34.4 KG .....	77	ELEVIDYS 63.5-64.4 KG .....	78
ELAPRASE .....	52	ELEVIDYS 34.5-35.4 KG .....	77	ELEVIDYS 64.5-65.4 KG .....	78
ELELYSO .....	56	ELEVIDYS 35.5-36.4 KG .....	77	ELEVIDYS 65.5-66.4 KG .....	78
ELEPSIA XR TB24 .....	12	ELEVIDYS 36.5-37.4 KG .....	77	ELEVIDYS 66.5-67.4 KG .....	78
eletriptan hydrobromide .....	71	ELEVIDYS 37.5-38.4 KG .....	77	ELEVIDYS 67.5-68.4 KG .....	78
ELEVIDYS 10.0-10.4 KG .....	77	ELEVIDYS 38.5-39.4 KG .....	77	ELEVIDYS 68.5-69.4 KG .....	78
ELEVIDYS 10.5-11.4 KG .....	77	ELEVIDYS 39.5-40.4 KG .....	77	ELEVIDYS 69.5 KG PLUS .....	78
ELEVIDYS 11.5-12.4 KG .....	77	ELEVIDYS 40.5-41.4 KG .....	77	ELIDEL (Use pimecrolimus) .....	47
ELEVIDYS 12.5-13.4 KG .....	77	ELEVIDYS 41.5-42.4 KG .....	77	ELIGARD KIT SC 7.5 MG .....	29
ELEVIDYS 13.5-14.4 KG .....	77	ELEVIDYS 42.5-43.4 KG .....	77	ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	29
ELEVIDYS 14.5-15.4 KG .....	77	ELEVIDYS 43.5-44.4 KG .....	77	ELIQUIS STARTER PACK TBPK ..	12
ELEVIDYS 15.5-16.4 KG .....	77	ELEVIDYS 44.5-45.4 KG .....	77	ELIQUIS TABS .....	12
ELEVIDYS 16.5-17.4 KG .....	77	ELEVIDYS 45.5-46.4 KG .....	77	ELLA .....	40
ELEVIDYS 17.5-18.4 KG .....	77	ELEVIDYS 46.5-47.4 KG .....	77	ELLENCE SOLN .....	29
ELEVIDYS 18.5-19.4 KG .....	77	ELEVIDYS 47.5-48.4 KG .....	77	ELLUME COVID-19 HOME TEST KIT .....	49
ELEVIDYS 19.5-20.4 KG .....	77	ELEVIDYS 48.5-49.4 KG .....	77	ELMIRON CAPS .....	54
ELEVIDYS 20.5-21.4 KG .....	77	ELEVIDYS 49.5-50.4 KG .....	77	ELOCTATE .....	55
ELEVIDYS 21.5-22.4 KG .....	77	ELEVIDYS 50.5-51.4 KG .....	77	EMCYT .....	29
ELEVIDYS 22.5-23.4 KG .....	77	ELEVIDYS 51.5-52.4 KG .....	77	EMFLAZA SUSP .....	41
ELEVIDYS 23.5-24.4 KG .....	77	ELEVIDYS 52.5-53.4 KG .....	77	EMGALITY SOAJ .....	71
ELEVIDYS 24.5-25.4 KG .....	77	ELEVIDYS 53.5-54.4 KG .....	77	EMGALITY SOSY 100 MG/ML ....	71
ELEVIDYS 25.5-26.4 KG .....	77	ELEVIDYS 54.5-55.4 KG .....	77	EMGALITY SOSY 120 MG/ML ....	71
		ELEVIDYS 55.5-56.4 KG .....	77		



EMPLICITI .....	28	EPCLUSA PACK .....	35	STATIC/SMALL MASK DEVI .....	69
emtricitabine CAPS .....	33	EPCLUSA TABS .....	35	EQL COLOR LANCETS 21G .....	61
emtricitabine-tenofovir disoproxil fumarate .....	33	EPIFOAM FOAM .....	45	EQL COLOR LANCETS MICRO THIN 33G .....	61
EMTRIVA CAPS (Use emtricitabine) .	33	epinastine hcl (ophth) .....	81	EQL DAILY PROBIOTIC CAPS ...	19
EMTRIVA SOLN .....	33	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....	91	EQL DRY MOUTH ORAL RINSE SOLN .....	74
EMVERM CHEW .....	8	epinephrine (anaphylaxis) SOAJ ..	91	EQL PROBIOTIC COLON SUPPORT CAPS .....	19
enalapril maleate & hydrochlorothiazide .....	25	epinephrine hcl (nasal) .....	77	EQL SUPER THIN LANCETS 30G 61	
enalapril maleate TABS .....	25	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	91	EQL THIN LANCETS 26G .....	61
ENBREL MINI SOCT .....	5	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	91	ERBITUX .....	29
ENBREL SOLN .....	5	EPIVIR SOLN (Use lamivudine) ...	33	ergocalciferol CAPS .....	92
ENBREL SOLR .....	5	EPIVIR TABS 150 MG (Use lamivudine) .....	33	ergoloid mesylates TABS .....	84
ENBREL SOSY .....	5	EPIVIR TABS 300 MG (Use lamivudine) .....	33	ergotamine w/ caffeine TABS .....	71
ENBREL SURECLICK SOAJ .....	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	57	eribulin mesylate .....	31
ENCARE SUPP 100 MG .....	90	epoprostenol sodium .....	37	ERIVEDGE .....	29
ENGERIX-B SUSP 20 MCG/ML ...	88	EPRONTIA SOLN .....	12	ERLEADA 60 MG .....	29
ENGERIX-B SUSY .....	88	EPZICOM (Use abacavir sulfate-lamivudine) .....	33	erlotinib hcl .....	29
enoxaparin sodium SOLN IJ 300 MG/3ML .....	12	EQ PROBIOTIC CPDR .....	19	ertapenem sodium IJ .....	26
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS .....	19	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....	59
enoxaparin sodium SOSY 30 MG/0.3ML .....	12	EQ SPACE CHAMBER ANTI-STATIC DEVI .....	69	erythromycin (acne aid) GEL .....	43
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....	12	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI .....	69	erythromycin (acne aid) SOLN ....	43
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	12	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	69	erythromycin (ophth) .....	80
ENTADFI .....	55	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI .....	69	ERYTHROMYCIN .....	80
ENTRESTO .....	37	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	69	erythromycin base CPEP .....	59
ENTYVIO SOPN .....	54	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	69	erythromycin base TABS .....	59
ENVIVE CAPS .....	19	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	69	erythromycin ethylsuccinate SUSR	59
		EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	69	erythromycin ethylsuccinate TABS	59

escitalopram oxalate SOLN .....	14	everolimus TABS .....	30	famotidine TABS 20 MG, 40 MG ..	86
escitalopram oxalate TABS .....	14	everolimus TBSO .....	30	FARXIGA .....	17
esomeprazole magnesium CPDR .	86	EVOMELA IV .....	27	FASENRA PEN SOAJ .....	10
esomeprazole magnesium PACK .	86	EVOTAZ .....	34	FASTEP COVID-19 ANTIGEN HOME TEST KIT .....	49
ESPEROCT .....	55	EXELON 13.3 MG/24HR (Use rivastigmine) .....	83	FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE .....	49
estazolam .....	58	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) .....	83	FEIBA .....	55
estradiol & norethindrone acetate TABs .....	53	exemestane .....	29	felbamate SUSP .....	13
estradiol PTTW .....	53	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide) ....	25	felbamate TABS .....	13
estradiol PTWK .....	53	EXONDYS 51 .....	78	felodipine .....	37
estradiol TABS .....	53	EYLEA SOLN .....	79	FEM-DOPHILUS WOMENS CAPS 19	
estradiol vaginal CREA .....	91	EYSUVIS SUSP .....	80	fenofibrate CAPS .....	24
estradiol vaginal TABS .....	91	E-Z JECT LANCETS .....	61	fenofibrate micronized 134 MG, 200 MG .....	24
eszopiclone .....	58	E-Z JECT LANCETS 21G .....	61	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG .....	24
ethambutol hcl TABS .....	27	E-Z JECT LANCETS COLOR ....	61	fenofibrate micronized 67 MG .....	24
ethosuximide CAPS .....	13	E-Z JECT LANCETS SUPER THIN 30G .....	61	fenofibrate TABS 40 MG, 120 MG .	24
ethosuximide SOLN .....	13	E-Z JECT LANCETS THIN 26G ..	61	fenofibrate TABS 54 MG .....	24
ethynodiol diacet & eth estrad ....	38	ezetimibe .....	24	fenofibric acid .....	24
etodolac CAPS .....	4	ezetimibe-simvastatin .....	24	FENSOLVI SC .....	52
etodolac TABS .....	4	E-ZJECT LANCETS MICRO-THIN 33G .....	61	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	6
etodolac TB24 .....	4	EZ-LETS LANCETS 26G SUPER- SOFT .....	61	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	6
etonogestrel-ethinyl estradiol .....	40	EZ-LETS LANCETS 28G ULTRA- SOFT .....	61	FERRETTs TABS .....	57
etoposide CAPS .....	31	EZ-LETS LANCETS 30G .....	61	FERRIPROX SOLN .....	22
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	31	FABRAZYME .....	52	ferrous fumarate TABS 324 MG ...	57
etravirine 100 MG .....	34	famciclovir .....	35	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS .....	57
etravirine 200 MG .....	34	famotidine TABS 10 MG .....	86		
EUFLEXXA SOSY .....	76				
EULEXIN .....	29				
EVENITY .....	51				
everolimus (immunosuppressant) .	73				

ferrous gluconate TABS 27 MG, 240 MG .....	57	GM/50ML .....	82	FLUBLOK QUADRIVALENT 2022-2023 .....	88
FERROUS GLUCONATE TABS 324 MG .....	57	FLEBOGAMMA DIF SOLN .....	82	FLUBLOK QUADRIVALENT 2023-2024 .....	88
ferrous sulfate dried TBCR 160 MG 57		flecainide acetate .....	9	FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	88
ferrous sulfate SOLN 15 MG/ML ..	57	FLEXICHAMBER DEVI .....	69	FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	88
ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML .....	57	FLORA VANCE CAPS .....	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	88
ferrous sulfate TABS 65 MG, 325 MG .....	57	FLORAJEN DIGESTION CAPS ...	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	88
ferrous sulfate TBEC 324 MG .....	57	FLORAJEN3 CAPS .....	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	89
ferrous sulfate TBEC 325 MG .....	57	FLORAJEN4KIDS CAPS .....	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	89
fesoterodine fumarate .....	87	FLORANEX ONE CAPS .....	19	fluconazole SUSR .....	23
FEVERALL JUNIOR STRENGTH SUPP .....	5	FLORASAVE CPDR .....	19	fluconazole TABS 100 MG .....	23
fexofenadine hcl SUSP .....	23	FLORASTOR ADVANCED CAPS .	19	fluconazole TABS 150 MG .....	23
fexofenadine hcl TABS 180 MG ...	23	FLORASTOR SELECT GUT BOOST CAPS .....	19	fluconazole TABS 200 MG .....	23
fexofenadine hcl TABS 60 MG ....	23	FLORASTOR SELECT IMMUNITY BOOST CAPS .....	19	fluconazole TABS 50 MG .....	23
FIBRICOR (Use fenofibric acid) ..	24	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT .....	10	fludarabine phosphate SOLN .....	28
FIBRYGA .....	55	FLOVENT HFA 44 MCG/ACT .....	10	FLUDARABINE PHOSPHATE SOLN .....	28
FIFTY50 ALCOHOL PREP PADS	66	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....	49	fludarabine phosphate SOLR .....	28
FILTER AIR PP MISC .....	69	FLUAD QUADRIVALENT 2021-2022 .....	88	fludrocortisone acetate TABS .....	41
finasteride .....	55	FLUAD QUADRIVALENT 2022-2023 .....	88	FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	89
fingolimod hcl .....	84	FLUAD QUADRIVALENT 2023-2024 .....	88	FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	89
FIRDAPSE .....	27	FLUARIX QUADRIVALENT 2021-2022 SUSY .....	88	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	89
FIRMAGON .....	29	FLUARIX QUADRIVALENT 2022-2023 SUSY .....	88	FLUMIST QUADRIVALENT .....	89
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP .....	91	FLUARIX QUADRIVALENT 2023-2024 SUSY .....	88	flunisolide (nasal) 0.025 % .....	76
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP .....	91	FLUBLOK QUADRIVALENT 2021-2022 .....	88		
flavoxate hcl .....	87				
FLEBOGAMMA DIF SOLN 5					

fluocinolone acetonide (otic) .....	81	flurbiprofen TABS .....	4	FLUZONE QUADRIVALENT 2022-2023 SUSY .....	89
fluocinolone acetonide CREA .....	46	flutamide .....	29	FLUZONE QUADRIVALENT 2023-2024 SUSP .....	89
fluocinolone acetonide OIL .....	46	fluticasone propionate (inhalation) AEPB .....	10	FLUZONE QUADRIVALENT 2023-2024 SUSY .....	89
fluocinolone acetonide OINT .....	46	fluticasone propionate (nasal) SUSP .76		FLYP HYPERSONIQ CARTRIDGE MISC .....	69
fluocinolone acetonide SOLN .....	46	fluticasone propionate CREA 0.05 % 46		FML OINT .....	80
fluocinonide CREA 0.05 % .....	46	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	10	FOCALIN XR CP24 (Use dexmethylphenidate hcl) .....	2
fluocinonide CREA 0.1 % .....	46	fluticasone propionate hfa 44 MCG/ACT .....	10	folic acid TABS 1 MG .....	56
fluocinonide emulsified base .....	46	fluticasone propionate LOTN .....	46	folic acid TABS 400 MCG, 800 MCG .56	
fluocinonide GEL .....	46	fluticasone propionate OINT .....	46	FOLOTYN .....	28
fluocinonide OINT .....	46	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	11	fondaparinux sodium .....	12
fluocinonide SOLN .....	46	fluticasone-salmeterol AERO .....	11	FORA LANCETS .....	61
fluorometholone (ophth) SUSP .....	80	fluvastatin sodium CAPS .....	24	FORFIVO XL TB24 (Use bupropion hcl) .....	14
fluorouracil (topical) CREA 0.5 % .....	44	fluvastatin sodium TB24 .....	24	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR .....	19
fluorouracil (topical) CREA 5 % .....	44	fluvoxamine maleate CP24 .....	14	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR ...	19
fluorouracil (topical) SOLN .....	44	fluvoxamine maleate TABS .....	14	FORTIFY DAILY PROBIOTIC CAPS .	19
fluoxetine hcl (pmdd) TABS .....	84	FLUZONE HIGH-DOSE PF 2021-2022 .....	89	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR .....	19
fluoxetine hcl CAPS .....	14	FLUZONE HIGH-DOSE PF 2022-2023 .....	89	FORTIFY OPTIMA ADVANCED CARE WOMENS PROBIOTIC CPDR .....	19
fluoxetine hcl CPDR .....	14	FLUZONE HIGH-DOSE PF 2023-2024 .....	89	FORTIFY OPTIMA PROBIOTIC CPDR .....	19
fluoxetine hcl SOLN .....	14	FLUZONE QUADRIVALENT 2021-2022 SUSP .....	89	FORTIFY PROBIOTIC WOMENS CPDR .....	19
fluoxetine hcl TABS 10 MG .....	14	FLUZONE QUADRIVALENT 2021-2022 SUSY .....	89	FORTIFY PROBIOTIC	
fluoxetine hcl TABS 20 MG .....	14	FLUZONE QUADRIVALENT 2022-2023 SUSP .....	89		
fluoxetine hcl TABS 60 MG .....	14				
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl) .....	14				
fluphenazine decanoate .....	33				
fluphenazine hcl TABS .....	33				
flurandrenolide CREA .....	46				
flurandrenolide LOTN .....	46				
flurazepam hcl .....	58				
flurbiprofen sodium .....	81				

WOMENSEXTRA STRENGTH CPDR .....	19	FYLNETRA .....	57	GAUZE SPONGES .....	62
fosamprenavir calcium TABS .....	34	gabapentin CAPS 100 MG .....	12	GAZYVA .....	28
fosinopril sodium & hydrochlorothiazide .....	26	gabapentin CAPS 300 MG, 400 MG . 12		gefitinib .....	29
fosinopril sodium .....	25	gabapentin SOLN .....	13	GEL-ONE .....	76
FRAGMIN SOLN 10000 UNIT/4ML 12		gabapentin TABS 600 MG, 800 MG 13		GELSYN-3 SOSY .....	76
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G .....	61	GABITRIL 12 MG, 16 MG (Use tiagabine hcl) .....	13	gemfibrozil TABS .....	24
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G .....	61	GABITRIL 2 MG, 4 MG (Use tiagabine hcl) .....	13	GEMTESA .....	87
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	61	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	76	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....	49
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	61	GALAFOLD .....	52	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	49
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	61	galantamine hydrobromide CP24 .	83	GENORAVANCE CAPS .....	19
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	61	galantamine hydrobromide SOLN .	83	GENOTROPIN CART SC .....	51
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	61	galantamine hydrobromide TABS .	83	GENOTROPIN MINIQUICK PRSY	51
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	62	GAMASTAN .....	82	gentamicin sulfate (ophth) OINT ...	80
frovatriptan succinate .....	71	GAMIFANT 10 MG/2ML, 50 MG/10ML .....	73	gentamicin sulfate (ophth) SOLN ..	80
FULL KIT NEBULIZER SET MISC	69	GAMMAGARD LIQUID .....	82	gentamicin sulfate (topical) CREA	43
FULPHILA .....	57	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	82	gentamicin sulfate (topical) OINT ..	43
furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	50	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	82	GENTLE-LET GP LANCETS .....	62
furosemide TABS .....	50	GAMMAPLEX SOLN 5 GM/50ML	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	62
		GAMMAPLEX SOLN .....	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	62
		GAMUNEX-C .....	82	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....	62
		GARDASIL 9 SUSP .....	89	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .....	62
		GARDASIL 9 SUSY .....	89	GENVISC 850 SOSY .....	76
		gatifloxacin (ophth) .....	80	GENVOYA .....	34
		GATTEX .....	54	GILENYA .....	84
				GILOTRIF .....	29

ginger (zingiber officinalis) CAPS 250 MG .....	2	GNP PROBIOTIC COLON SUPPORT CAPS .....	20	halcinonide CREA .....	46
GLASSIA SOLN .....	85	GNP QUICK DISSOLVE GLUCOSE CHEW .....	16	halobetasol propionate CREA .....	46
glatiramer acetate SOSY .....	84	GNP STERILE LANCETS 28G ...	62	halobetasol propionate FOAM .....	46
glimepiride 1 MG, 2 MG .....	17	GNP STERILE LANCETS 30G ...	62	halobetasol propionate OINT .....	46
glimepiride 4 MG .....	17	GNP STERILE LANCETS 33G ...	62	haloperidol decanoate .....	32
glipizide TABS 2.5 MG .....	17	GOJJI STERILE LANCETS 30G ..	62	haloperidol lactate CONC .....	32
glipizide TABS 5 MG, 10 MG .....	17	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	62	haloperidol lactate SOLN .....	32
glipizide TB24 .....	17	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL .....	62	haloperidol TABS .....	32
glipizide-metformin hcl .....	15	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL .....	62	HARVONI PACK .....	35
GLUCAGEN HYPOKIT .....	16	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL .....	62	HARVONI TABS .....	35
glucagon (rdna) .....	16	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT .....	49	HAVRIX .....	89
GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....	16	granisetron hcl TABS .....	22	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....	62
GLUCO TO GO CHEW .....	16	GRANIX SOLN .....	57	H-E-B INCONTROL LANCETS MICRO THIN 33G .....	62
GLUCOSE CHEW .....	16	GRANIX SOSY .....	57	H-E-B INCONTROL LANCETS SUPER THIN 30G .....	62
glyburide micronized 1.5 MG, 3 MG, 6 MG .....	17	griseofulvin microsize SUSP .....	23	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	62
glyburide TABS .....	17	griseofulvin microsize TABS .....	23	HEMGENIX .....	55
glyburide-metformin .....	15	griseofulvin ultramicrosize .....	23	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML .....	55
glycerin (laxative) SUPP 2 GM .....	59	guaifenesin-codeine SOLN .....	42	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT .....	55
glycine diluent .....	83	guaifenesin-codeine SYRP .....	42	HEPAGAM B SOLN IJ .....	82
glycopyrrolate TABS 1 MG, 2 MG ..	86	guanfacine hcl (adhd) .....	2	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	12
GLYXAMBI .....	15	guanfacine hcl .....	25	HEPLISAV-B SOSY .....	89
GNP ACIDOPHILUS HIGH POTENCY CAPS .....	19	GVOKE KIT SOLN .....	16	HERCEPTIN HYLECTA .....	29
GNP ADVANCED PROBIOTIC CAPS .....	19	GYNAZOLE-1 .....	90	HIBERIX SOLR IJ .....	87
GNP ALCOHOL SWABS .....	66	HADLIMA PUSHTOUCH SOAJ .....	3		
GNP GLUCOSE CHEW .....	16	HADLIMA SOSY .....	3		
GNP LANCETS 21G .....	62				
GNP LANCETS THIN 26G .....	62				

HIGH POTENCY PROBIOTIC CAPS 20	HUMULIN 70/30 SUSP .....	17	hydrocortisone (topical) CREA 2.5 %	46
HIZENTRA SOLN .....	HUMULIN N SUSP .....	17	hydrocortisone (topical) LOTN 1 %	46
HM STERILE ALCOHOL PREP PADS .....	HUMULIN R SOLN IJ .....	17	hydrocortisone (topical) LOTN 2.5 %	46
HULIO AJKT .....	HUMULIN R U-500 (CONCENTRATED) SOLN SC .....	17	hydrocortisone (topical) OINT 0.5 %	46
HULIO PSKT .....	HUMULIN R U-500 KWIKPEN SOPN SC .....	17	hydrocortisone (topical) OINT 1 %	46
HUMALOG JUNIOR KWIKPEN SOPN .....	HYALGAN SOLN .....	76	hydrocortisone (topical) OINT 2.5 %	46
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	HYALGAN SOSY .....	76	hydrocortisone (topical) SOLN 1 %	46
HUMALOG MIX 50/50 KWIKPEN SUPN .....	HYCAMTIN CAPS .....	31	hydrocortisone acetate (topical) CREA 1 %	46
HUMALOG MIX 50/50 SUSP .....	hydralazine hcl TABS .....	26	hydrocortisone acetate (topical) OINT	46
HUMALOG MIX 75/25 KWIKPEN SUPN .....	hydrochlorothiazide CAPS .....	51	hydrocortisone acetate (topical) OINT	46
HUMALOG MIX 75/25 SUSP .....	hydrochlorothiazide TABS 25 MG, 50 MG .....	51	hydrocortisone butyrate CREA	46
HUMALOG SOLN IJ .....	hydrocodone bitartrate CP12 .....	6	hydrocortisone butyrate hydrophilic lipo base	46
HUMALOG TEMPO PEN SOPN ..	hydrocodone bitartrate-homatropine methylbromide SOLN .....	41	hydrocortisone butyrate LOTN	46
HUMATE-P SOLR .....	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	7	hydrocortisone butyrate OINT	46
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	hydrocodone-acetaminophen TABS 325 MG-10 MG .....	7	hydrocortisone butyrate SOLN	46
HUMIRA PEN PNKT 40 MG/0.8ML	hydrocodone-acetaminophen TABS 325 MG-5 MG .....	7	HYDROCORTISONE CREA	46
HUMIRA PEN PNKT .....	hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....	7	hydrocortisone TABS	41
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	hydrocortisone (intrarectal) .....	8	hydrocortisone vaginal	91
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	hydrocortisone (rectal) EX 1 % .....	8	hydrocortisone valerate CREA	46
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	hydrocortisone (rectal) EX 2.5 % .....	8	hydrocortisone valerate OINT	46
HUMIRA PEN-PS/UV STARTER PNKT .....	hydrocortisone (topical) CREA 0.5 %	46	hydrocortisone w/acetic acid	81
HUMIRA PSKT .....	hydrocortisone (topical) CREA 1 %	46	HYDROMORPHONE HCL SUPP	6
			hydromorphone hcl TABS	6
			hydromorphone hcl TB24	6
			hydroxyprogesterone caproate	

(antineoplastic) .....	29	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY .....	4	ID NOW COVID-19 CONTROL SWAB KIT .....	49
hydroxyprogesterone caproate OIL 83 .....		HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY .....	4	IDACIO (2 PEN) AJKT .....	4
hydroxyurea .....	30	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4 .....	4	IDACIO (2 SYRINGE) PSKT .....	4
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....	9	HYRIMOZ SENSOREADY PENS SOAJ .....	4	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT .....	4
hydroxyzine hcl SYRP .....	9	HYRIMOZ SOAJ .....	4	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT .....	4
hydroxyzine hcl TABS .....	9	HYRIMOZ SOSY .....	4	IDELVION .....	55
hydroxyzine pamoate CAPS 25 MG, 100 MG .....	9	HY-VEE LANCETS .....	62	IGALMI FILM .....	58
hydroxyzine pamoate CAPS 50 MG 9 .....		HY-VEE THIN LANCETS .....	62	IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....	49
HYMOVIS .....	76	ibandronate sodium SOLN .....	51	ILEVRO .....	81
hyoscyamine sulfate ELIX .....	86	ibandronate sodium TABS .....	51	ILUVIEN .....	80
hyoscyamine sulfate SOLN OR 0.125 MG/ML .....	86	IBRANCE CAPS .....	30	imatinib mesylate .....	30
hyoscyamine sulfate SUBL 0.125 MG .....	86	IBSRELA .....	54	IMBRUVICA CAPS 140 MG .....	30
hyoscyamine sulfate TABS 0.125 MG .....	86	ibuprofen CHEW .....	4	IMBRUVICA CAPS 70 MG .....	30
hyoscyamine sulfate TB12 0.375 MG 86 .....		ibuprofen SUSP .....	4	IMBRUVICA TABS .....	30
hyoscyamine sulfate TBDP 0.125 MG .....	86	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG .....	4	IMCIVREE .....	1
HYPERHEP B SOLN IM .....	82	ibuprofen-diphenhydramine citrate 58 .....		imipramine hcl TABS .....	15
HYPERHEP B SOSY 110 UNIT/0.5ML .....	82	ibuprofen-diphenhydramine hcl ... 58 .....		imipramine pamoate .....	15
HYPERRHO S/D MINI-DOSE SOSY IM .....	82	icatibant acetate SOLN .....	56	imiquimod 5 % .....	47
HYPERRHO S/D SOSY IM 1500 UNIT .....	82	icatibant acetate SOSY .....	56	IMLYGIC .....	31
HYQVIA .....	82	ICLUSIG 15 MG, 45 MG .....	30	IMOVAX RABIES (H.D.C.V.) SUSR 89 .....	
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ .....	4	ID NOW COVID-19 .....	49	IMPEKLO LOTN .....	46
		ID NOW COVID-19 2.0 .....	49	INCRELEX .....	52
		ID NOW COVID-19 2.0 CONTROL SWAB KIT .....	49	indapamide TABS 1.25 MG, 2.5 MG . 51 .....	
				INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... 49 .....	
				indomethacin CAPS 25 MG, 50 MG 4 .....	



indomethacin CPCR .....	4	INSULIN SYRINGES .....	67	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	9
INFANRIX .....	86	INTELENCE (Use etravirine) .....	34	isosorbide mononitrate TABS .....	9
INFANTS ADVIL SUSP (Use ibuprofen) .....	4	INTELENCE .....	34	isosorbide mononitrate TB24 .....	9
INFANTS SILAPAP SOLN OR .....	5	INTELENCE 200 MG (Use etravirine) .....	34	isotretinoin 10 MG, 20 MG, 40 MG	43
INGREZZA CAPS .....	84	INTELISWAB COVID-19 RAPID TEST KIT .....	49	isradipine CAPS .....	37
INLYTA .....	28	INTRON A SOLR .....	30	ITCH RELIEF CREA .....	44
INNOSPIRE REPLACEMENT FILTER MISC .....	69	INVEGA HAFYERA .....	32	itraconazole CAPS .....	23
INPEFA .....	37	INVEGA SUSTENNA .....	32	itraconazole SOLN .....	23
INSPIREASE DRUG DELIVERYSYSTEM MISC .....	69	INVEGA TRINZA .....	32	IXCHIQ .....	89
INSPIREASE RESERVOIR BAGS 69		INVOKANA .....	17	IXEMPRA KIT .....	31
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	17	IPOLE INACTIVATED IPV .....	89	IXIARO .....	89
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	17	ipratropium bromide (nasal) 0.03 % 76		IXINITY SOLR .....	55
INSULIN GLARGINE SOLN .....	17	ipratropium bromide (nasal) 0.06 % 76		JAKAFI .....	30
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML .....	17	ipratropium bromide SOLN 0.02 %	10	JANSSEN COVID-19 VACCINE ..	89
INSULIN GLARGINE-YFGN SOLN 17		ipratropium-albuterol SOLN .....	11	JANUMET TABS .....	15
INSULIN GLARGINE-YFGN SOPN 17		irbesartan .....	25	JANUMET XR TB24 .....	15
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	17	irbesartan-hydrochlorothiazide ...	26	JANUVIA .....	16
INSULIN LISPRO KWIKPEN SOPN . 17		irinotecan hcl .....	31	JARDIANCE .....	17
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	17	IRON CHEWS PEDIATRIC CHEW 57		JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS .....	20
INSULIN LISPRO SOLN IJ .....	17	IRON TABS 28 MG .....	57	JARRO-DOPHILUS EPS CPDR ...	20
		ISENTRESS CHEW 100 MG .....	34	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR ...	20
		ISENTRESS CHEW 25 MG .....	34	JARRO-DOPHILUS EPS PROBIOTIC CPDR .....	20
		ISENTRESS PACK .....	34	JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS ....	20
		ISENTRESS TABS .....	34	JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR .....	20
		isoniazid SYRP .....	27	JENTADUETO TABS .....	15
		isoniazid TABS .....	27	JEVTANA .....	31
		ISOPTO ATROPINE SOLN .....	79		

JIVI .....	55	ketorolac tromethamine (ophth) 0.5 % .....	81	KROGER LANCETS THIN 26G ...	63
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....	24	ketorolac tromethamine TABS .....	4	KROGER LANCETS ULTRATHIN30G .....	63
JYNARQUE TABS .....	53	KETOSTIX STRP .....	49	KRYSTEXXA .....	55
JYNARQUE TBPB .....	53	ketotifen fumarate (ophth) 0.035 % 81 .....		K-TAB TBCR 8 MEQ (Use potassium chloride) .....	72
JYNNEOS .....	89	KEY-E CHEW .....	92	KYLEENA .....	40
KADCYLA .....	28	KEYTRUDA .....	28	KYMRIAH .....	29
KALBITOR .....	56	KHAPZORY .....	31	KYPROLIS .....	30
KALETRA SOLN (Use lopinavir-ritonavir) .....	34	KINNEY LANCETS .....	62	labetalol hcl TABS 100 MG .....	36
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir) .....	34	KINNEY THIN LANCETS .....	62	labetalol hcl TABS 200 MG .....	36
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir) .....	34	KINRIX SUSY .....	86	labetalol hcl TABS 300 MG .....	36
KALYDECO PACK 50 MG, 75 MG .....	85	KITABIS PAK NEBU (Use tobramycin) .....	2	LACTEROL CAPS .....	20
KALYDECO TABS .....	85	KLOXXADO LIQD .....	22	lactic acid (ammonium lactate) CREA .....	47
KANJINTI 420 MG .....	28	KOATE SOLR .....	55	lactic acid (ammonium lactate) LOTN 12 % .....	47
KANUMA .....	52	KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	55	LACTO-PECTIN CAPS .....	20
KAZANO (Use alogliptin-metformin hcl) .....	15	KOGENATE FS KIT .....	55	lactulose (encephalopathy) .....	54
KCENTRA .....	55	KOMBIGLYZE XR (Use saxagliptin-metformin hcl) .....	15	lactulose SOLN .....	59
KEMOPLAT SOLN .....	27	KONVOMEPEP SUSR .....	87	LAGEVRIO .....	36
KEPIVANCE 6.25 MG .....	30	KOVALTRY .....	55	lamivudine SOLN .....	34
KESIMPTA .....	84	KRINTAFEL .....	27	lamivudine TABS 150 MG .....	34
ketconazole (topical) CREA .....	43	KROGER HEALTHPRO TWIST LANCETS/26G .....	62	lamivudine TABS 300 MG .....	34
ketconazole (topical) SHAM 2 % .....	43	KROGER LANCETS .....	62	lamivudine-zidovudine .....	34
KETONE STRP .....	49	KROGER LANCETS 21G .....	62	lamotrigine CHEW .....	13
KETONE TEST STRIPS STRP .....	49	KROGER LANCETS MICRO THIN33G .....	62	lamotrigine KIT 25 MG .....	13
ketoprofen CAPS 50 MG .....	4	KROGER LANCETS SUPER THIN 62 .....	62	lamotrigine TABS .....	13
ketoprofen CP24 .....	4	KROGER LANCETS THIN .....	62	lamotrigine TB24 .....	13
ketorolac tromethamine (ophth) 0.4 % .....	81			lamotrigine TBDP .....	13
				LANCETS .....	63

LANCETS 30G .....	63	LENVIMA 8 MG DAILY DOSE ...	28	levoleucovorin calcium SOLR .....	31
LANCETS SUPER THIN 28G .....	63	letrozole .....	29	levonorgestrel & eth estradiol TABS	39
LANCETS THIN .....	63	leucovorin calcium TABS 5 MG, 25		levonorgestrel (emergency oc) 1.5	
LANCETS ULTRA THIN .....	63	MG .....	31	MG .....	40
lanolin (topical) CREA .....	48	LEUKERAN .....	27	levonorgestrel-eth estradiol	
lanolin (topical) OINT .....	48	LEUKINE SOLR IJ .....	57	(triphasic) .....	39
lanolin XX .....	83	LEUPROLIDE ACETATE INJ .....	29	levonorgestrel-ethinyl estradiol (91-	
LANOLIN XX .....	83	leuprolide acetate KIT IJ 1 MG/0.2ML		day) 0.03 MG-0.15 MG .....	39
LANOLOR CREA .....	48	.....	29	levonorgestrel-ethinyl estradiol	
LANOXIN TABS 125 MCG, 250 MCG		LEUPROLIDE		(continuous) .....	39
(Use digoxin) .....	37	ACETATE/BUPIVACAINE		levothyroxine sodium CAPS 13 MCG,	
lanreotide acetate .....	53	HYDROCHLORIDE .....	29	25 MCG, 50 MCG, 75 MCG, 88	
LANREOTIDE ACETATE .....	53	levabuterol hcl .....	11	MCG, 100 MCG, 112 MCG, 125	
lansoprazole CPDR .....	86	levabuterol tartrate .....	11	MCG, 137 MCG, 150 MCG .....	85
lansoprazole TBDD .....	86	levamlodipine maleate .....	37	levothyroxine sodium TABS .....	85
lanthanum carbonate CHEW .....	54	LEVEMIR FLEXPEN SOPN .....	17	LEVULAN KERASTICK SOLR ....	44
LANTUS SOLOSTAR SOPN .....	17	LEVEMIR FLEXTOUCH SOPN .....	17	LEXIVA SUSP .....	34
lapatinib ditosylate .....	30	LEVEMIR SOLN .....	17	LEXIVA TABS (Use fosamprenavir	
LEADER QUICK DISSOLVE		levetiracetam SOLN OR 100 MG/ML,		calcium) .....	34
GLUCOSE CHEW .....	16	500 MG/5ML .....	13	LIALDA TBEC (Use mesalamine) .	54
LEDIPASVIR/SOFOSBUVIR TABS		levetiracetam TABS .....	13	LIBTAYO .....	28
35		levetiracetam TB24 .....	13	LICEMD GEL .....	48
leflunomide .....	5	levobunolol hcl 0.5 % .....	79	lidocaine CREA 4 % .....	48
lenalidomide .....	73	levocarnitine (metabolic modifiers)		LIDOCAINE CREA .....	48
LENVIMA 10 MG DAILY DOSE ..	28	SOLN OR 1 GM/10ML .....	52	lidocaine hcl (mouth-throat) 2 %	73
LENVIMA 12MG DAILY DOSE ...	28	levocarnitine (metabolic modifiers)		lidocaine hcl CREA 3 % .....	47
LENVIMA 14 MG DAILY DOSE ..	28	TABS .....	52	lidocaine hcl CREA 4 % .....	47
LENVIMA 18 MG DAILY DOSE ..	28	levocetirizine dihydrochloride SOLN		lidocaine hcl GEL 2 % .....	47
LENVIMA 20 MG DAILY DOSE ..	28	23		lidocaine hcl PRSY .....	47
LENVIMA 24 MG DAILY DOSE ..	28	levofloxacin (ophth) 0.5 % .....	80	lidocaine-prilocaine CREA .....	48
LENVIMA 4 MG DAILY DOSE ....	28	levofloxacin SOLN OR .....	53	LILETTA 20.1 MCG/DAY .....	40
		levofloxacin TABS .....	53	LINZESS .....	54
		levoleucovorin calcium SOLN .....	31		

LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	76	loperamide hcl CAPS .....	22	LUPRON DEPOT (1-MONTH) KIT IM .....	29
lithyronine sodium TABS .....	85	loperamide hcl TABS .....	22	LUPRON DEPOT (3-MONTH) KIT IM .....	29
LIPOFEN CAPS (Use fenofibrate) .	24	lopinavir-ritonavir SOLN .....	34	LUPRON DEPOT (4-MONTH) IM .	29
LIQREV SUSP .....	37	lopinavir-ritonavir TABS 25 MG-100 MG .....	34	LUPRON DEPOT (6-MONTH) IM .	29
lisdexamphetamine dimesylate CAPS 1		lopinavir-ritonavir TABS 50 MG-200 MG .....	34	LUPRON DEPOT-PED (1-MONTH) . 52	
lisdexamphetamine dimesylate CHEW . 1		loratadine CAPS .....	24	LUPRON DEPOT-PED (3-MONTH) . 52	
lisinopril & hydrochlorothiazide ....	26	loratadine CHEW .....	24	LUPRON DEPOT-PED (6-MONTH) IM .....	52
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	25	loratadine SOLN .....	24		
LITETOUCH MASK LARGE MISC	69	loratadine TABS .....	24		
LITETOUCH MASK MEDIUM MISC . 69		loratadine TBDP 10 MG .....	24	lurasidone hcl .....	32
LITETOUCH MASK SMALL MISC .	69	lorazepam CONC .....	9	LUTATHERA .....	30
lithium .....	32	lorazepam TABS 0.5 MG, 2 MG ....	9	LUZU (Use luliconazole) .....	43
lithium carbonate CAPS .....	32	lorazepam TABS 1 MG .....	9	LYBALVI .....	84
lithium carbonate TABS .....	32	LORBRENA .....	30	LYRA DIRECT SARS-COV-2 ASSAY .....	49
lithium carbonate TBCR .....	32	LOREEV XR CS24 .....	9	LYRA SARS-COV-2 ASSAY .....	49
LITHOBID TBCR (Use lithium carbonate) .....	32	losartan potassium & hydrochlorothiazide .....	26	LYSODREN .....	29
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN .....	76	losartan potassium .....	25	LYUMJEV TEMPO PEN SOPN ...	17
LIVE BETTER LANCET SUPERTHIN 30G .....	63	lovastatin TABS 10 MG, 20 MG ...	24	LYVISPAH PACK .....	76
LIVE BETTER LANCET ULTRATHIN 28G .....	63	lovastatin TABS 40 MG .....	24	MACI .....	75
LO LOESTRIN FE TABS .....	39	loxapine succinate .....	32	MAGE CPDR .....	20
LOCOID LIPOCREAM .....	46	LUCENTIS SOLN 0.3 MG/0.05ML	79	MAGNEBIND 400 .....	72
LOKELMA .....	73	LUCENTIS SOSY .....	79	magnesium citrate .....	59
LONGS LANCETS STANDARD ..	63	LUCIRA CHECK IT COVID-19TEST KIT KIT .....	49	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....	59
LONGS LANCETS THIN .....	63	LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT .....	49	magnesium oxide (mg supplement) TABs 241.5 MG, 400 MG .....	72
LONSURF .....	29	luliconazole .....	43	magnesium oxide TABs 400 MG ...	8
		LUMIZYME .....	52	MAKENA SOAJ .....	83
		LUMOXITI .....	28		

malathion .....	48	MEIJER LANCETS UNIVERSAL33G .....	63	metformin hcl SOLN .....	15
maraviroc TABS 150 MG .....	34	MEIJER SUPER THIN LANCETS .....	63	metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	15
maraviroc TABS 300 MG .....	34	MEKINIST TABS .....	30	metformin hcl TABS 625 MG .....	15
MATULANE .....	30	MEKTOVI .....	30	metformin hcl TB24 500 MG, 1000 MG .....	15
MAVYRET PACK .....	35	melatonin TABS 3 MG, 5 MG .....	2	metformin hcl TB24 500 MG, 750 MG .....	15
MAVYRET TABS .....	35	meloxicam TABS .....	4	methadone hcl TABS 10 MG .....	6
MAXI-TUSS PE LIQD .....	42	melphalan .....	27	methadone hcl TABS 5 MG .....	6
MAYZENT STARTER PACK TBPK 84 .....	84	melphalan hcl IV .....	27	methamphetamine hcl .....	1
MAYZENT TABS .....	84	memantine hcl CP24 .....	83	methazolamide TABS .....	50
meclizine hcl CHEW .....	23	memantine hcl SOLN .....	83	methenamine mandelate .....	27
meclizine hcl TABS 12.5 MG, 25 MG 23 .....	23	memantine hcl TABS .....	83	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 .....	26
medroxyprogesterone acetate (contraceptive) SUSP IM .....	40	MENACTRA .....	87	methimazole TABS .....	85
medroxyprogesterone acetate (contraceptive) SUSY IM .....	40	MENQUADFI .....	87	METHITEST TABS .....	8
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	83	MENVEO SOLN .....	87	methocarbamol TABS 500 MG .....	76
mefloquine hcl .....	27	MENVEO SOLR .....	87	methocarbamol TABS 750 MG .....	76
MEGA PROBIOTIC CAPS .....	20	meperidine hcl SOLN OR 50 MG/5ML .....	6	METHOTREXATE .....	3
megestrol acetate SUSP .....	29	meperidine hcl TABS 50 MG .....	6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	28
megestrol acetate TABS .....	29	meprobamate .....	9	methotrexate sodium TABS 2.5 MG 28 .....	28
MEIJER ALCOHOL SWABS EXTRA-THICK .....	66	mercaptopurine TABS .....	28	methsuximide .....	13
MEIJER COLOR LANCETS UNIVERSAL 33G .....	63	mesalamine ENEM .....	54	methyldopa TABS .....	25
MEIJER LANCETS .....	63	mesalamine SUPP .....	54	methylergonovine maleate TABS ..	81
MEIJER LANCETS THIN .....	63	mesalamine TBEC 1.2 GM .....	54	METHYLIN SOLN (Use methylphenidate hcl) .....	2
MEIJER LANCETS UNIVERSAL21G .....	63	mesalamine TBEC 800 MG .....	54	methylphenidate hcl CHEW .....	2
MEIJER LANCETS UNIVERSAL30G .....	63	mesalamine w/ cleanser .....	54		
		mesna SOLN .....	31		
		MESNEX TABS .....	31		
		META BIOTIC/BIO-ACTIVE 12 CAPS .....	20		
		metaxalone .....	76		

methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....	2	metronidazole (topical) GEL 0.75 % 48	MIRENA .....	41
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) LOTN .....	mirtazapine TABS .....	14
methylphenidate hcl CP24 .....	2	metronidazole TABS .....	mirtazapine TBDP .....	14
methylphenidate hcl CPCR .....	2	metronidazole vaginal .....	misoprostol .....	87
methylphenidate hcl SOLN .....	2	metirosine .....	mitoxantrone hcl 2 MG/ML .....	29
methylphenidate hcl TABS .....	2	miconazole nitrate (topical) CREA	M-M-R II SOLR .....	89
methylphenidate hcl TB24 .....	2	.....	MODERNA COVID-19 VACCINE	
methylphenidate hcl TBCR 10 MG, 20 MG .....	2	miconazole nitrate vaginal CREA 2 % .....	SUSP .....	89
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG .....	2	.....	MODERNA COVID-19	
methylphenidate hcl TBCR 45 MG, 63 MG .....	2	miconazole nitrate vaginal CREA 4 % .....	VACCINE,BIVALENT ORIGINAL	
		.....	AND OMICRON .....	89
		miconazole nitrate vaginal KIT .....	MODERNA COVID-19	
		miconazole nitrate vaginal SUPP 100 MG .....	VACCINE/6MO-11Y/2023-24 SUSP .	89
		.....		
		miconazole nitrate vaginal SUPP 200 MG .....	MODERNA COVID-19	
		.....	VACCINE/BIVALENT/6MO-5Y ...	89
		MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM .....	MODERNA COVID-19	
		.....	VACCINE/BIVALENT/BA.4/BA.5	89
		MICROCHAMBER DEVI .....	MODERNA COVID-19	
		.....	VACCINE6MO-5Y SUSP .....	89
		MICROCHAMBER MISC .....	moexipril hcl .....	25
		.....	MOI-STIR SOLN .....	74
		MICROFLOR 33 CAPS .....	mometasone furoate (nasal) SUSP	77
		.....		
		MICROSPACER MISC .....	mometasone furoate CREA .....	46
		.....	mometasone furoate OINT .....	46
		midazolam hcl SOLN IJ .....	mometasone furoate SOLN .....	46
		.....	MOMMYS BLISS PROBIOTIC PACK	
		midodrine hcl .....	.....	20
		.....	MONOLET LANCETS .....	63
		mifepristone (hyperglycemia) .....	MONOLET OPD LANCETS .....	63
		.....	MONOVISC .....	76
		miglitol .....	montelukast sodium CHEW .....	10
		.....		
		miglustat .....		
		.....		
		MINIELITE FILTER		
		REPLACEMENTS MISC .....		
		.....		
		minocycline hcl CAPS .....		
		.....		
		minoxidil 2.5 MG, 10 MG .....		
		.....		
		MIRCERA 120 MCG/0.3ML .....		
		.....		

montelukast sodium PACK .....	10	GENERIC .....	74	naloxone hcl SOLN 0.4 MG/ML ...	22
montelukast sodium TABS .....	10	MULTIVITAMIN INFANT & TODDLER SOLN OR .....	75	naloxone hcl SOLN 4 MG/10ML ...	22
morphine sulfate beads .....	6	MULTIVITAMIN INFANT/TODDLER SOLN OR .....	75	naloxone hcl SOSY .....	22
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	6	mupirocin calcium (topical) .....	43	naltrexone hcl .....	22
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML .....	6	mupirocin OINT .....	43	NAMENDA TITRATION PAK TABS (Use memantine hcl) .....	84
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML .....	6	MVASI .....	28	naphazoline w/ pheniramine 0.3 %- 0.025 % .....	80
morphine sulfate SUPP .....	6	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 74		naphazoline w/ pheniramine 0.315 %-0.027 % .....	80
morphine sulfate TABS .....	6	MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR .....	20	naproxen sodium TABS 220 MG ...	5
morphine sulfate TBCR .....	6	MVW COMPLETE PROBIOTIC FORMULATION CPDR .....	20	naproxen sodium TABS 275 MG, 550 MG .....	5
MOTRIN CHILDRENS CHEW (Use ibuprofen) .....	5	MYALEPT .....	52	naproxen sodium-diphenhydramine hcl .....	58
MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....	5	mycophenolate mofetil CAPS .....	73	naproxen SUSP .....	5
MOUNJARO .....	16	mycophenolate mofetil hcl .....	73	naproxen TABS .....	5
MOUTH KOTE REMINT SOLN ...	74	mycophenolate mofetil SUSR .....	73	naproxen TBEC .....	5
MOUTH KOTE SOLN .....	74	mycophenolate mofetil TABS .....	73	naproxen-esomeprazole magnesium .....	5
MOVANTIK .....	54	mycophenolate sodium .....	73	naratriptan hcl .....	71
moxifloxacin hcl (ophth) SOLN OP	80	MYFEMBREE .....	53	NARCAN LIQD (Use naloxone hcl)	22
moxifloxacin hcl TABS .....	53	MYLERAN TABS .....	27	NATAZIA .....	39
MULPLETA .....	57	MYOBLOC .....	78	nateglinide .....	17
MULTIPLE VITAMINS TABS- ASSORTED BRAND .....	74	MYRBETRIQ SRER .....	87	NATPARA .....	51
MULTIPLE VITAMINS TABS- ASSORTED GENERIC .....	74	NABI-HB SOLN IM .....	82	NATROBA (Use spinosad) .....	48
multiple vitamins w/ iron TABS ...	74	nabumetone .....	5	NATRUL PROBIOTIC CAPS .....	20
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND .....	74	nadolol TABS 20 MG, 40 MG, 80 MG .....	36	NATURAL FIBER LAXATIVE POWD	58
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED		NAGLAZYME .....	52	NEBULIZER AIR TUBE/PLUGS MISC .....	69
		naloxone hcl LIQD .....	22	nefazodone hcl .....	14
		naloxone hcl SOCT .....	22		

neomycin sulfate TABS .....	2	magnesium) .....	87	nitroglycerin CPCR .....	9
neomycin-bacitracin zn-polymyxin	80	NEXIUM PACK .....	87	nitroglycerin PT24 .....	9
neomycin-bacitracin-polymyxin OINT	43	NEXPLANON .....	40	nitroglycerin SUBL .....	9
neomycin-polymy-dexameth OINT	80	NGENLA .....	51	NIVA THYROID TABS .....	85
neomycin-polymy-dexameth SUSP	80	niacin (antihyperlipidemic) TBCR ..	25	NIVESTYM SOLN .....	57
neomycin-polymyxin w/ pramoxine	43	niacin CPCR 250 MG, 500 MG ...	92	NIVESTYM SOSY .....	57
neomycin-polymyxin-gramicidin ..	80	niacin TABS 500 MG .....	92	NIX LICE KILLING SPRAY LIQD XX .	48
neomycin-polymyxin-hc (ophth) ..	80	niacin TBCR .....	92	NIZORAL SHAM .....	43
neomycin-polymyxin-hc (otic) SOLN .	81	NIACIN TR TBCR .....	92	NORDITROPIN FLEXPPO SOPN .	52
neomycin-polymyxin-hc (otic) SUSP .	81	nicardipine hcl CAPS .....	37	norelgestromin-ethinyl estradiol ...	40
NESINA (Use alogliptin benzoate)	16	nicotine MISC XX .....	84	norethin acet & estrad-fe CAPS ...	39
NEULASTA ONPRO KIT PSKT ....	57	nicotine polacrilex GUM .....	84	norethin acet & estrad-fe CHEW ..	39
NEULASTA SOSY .....	57	nicotine polacrilex LOZG .....	84	norethin acet & estrad-fe TABS 1	
NEUPOGEN SOLN .....	57	nicotine PT24 TD 7 MG/24HR, 14		MG-20 MCG-75 MG, 1.5 MG-30	
NEUPOGEN SOSY .....	57	MG/24HR, 21 MG/24HR .....	84	MCG-75 MG .....	39
nevirapine SUSP .....	34	NICOTINE TRANSDERMAL		norethindrone & eth estradiol 35	
nevirapine TABS .....	34	SYSTEM KIT .....	84	MCG-0.4 MG, 35 MCG-0.5 MG ...	39
nevirapine TB24 100 MG .....	34	NICOTROL INHALER INHA .....	85	norethindrone & eth estradiol 35	
nevirapine TB24 400 MG .....	34	NICOTROL NS SOLN .....	85	MCG-1 MG .....	39
NEXABIOTIC CPDR .....	20	nifedipine CAPS .....	37	norethindrone & ethinyl estradiol-fe	39
NEXIUM 24HR CLEAR MINIS CPDR		nifedipine TB24 30 MG, 90 MG ...	37	norethindrone (contraceptive) ....	41
(Use esomeprazole magnesium) ..	87	nifedipine TB24 60 MG .....	37	norethindrone acet & eth estra ....	39
NEXIUM 24HR CPDR (Use		nimodipine CAPS .....	37	norethindrone acetate TABS .....	83
esomeprazole magnesium) .....	87	NINLARO .....	30	norethindrone acetate-ethinyl	
NEXIUM CPDR 20 MG (Use		nisoldipine .....	37	estradiol .....	53
esomeprazole magnesium) .....	87	nitisinone CAPS .....	52	norethindrone acetate-ethinyl	
NEXIUM PACK (Use esomeprazole		NITRO-BID OINT .....	9	estradiol-fe .....	39
nitrofurantoin macrocrystal 50 MG,		nitrofurantoin .....	27	norethindrone-eth estradiol (triphasic)	
100 MG .....	27	nitrofurantoin monohyd macro ...	27	(triphasic) .....	39
nitrofurantoin monohyd macro ...	27				



norgestimate-ethinyl estradiol	39	NPLATE 250 MCG, 500 MCG	57	ofloxacin (otic)	81
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	40	NUCALA SOAJ	10	ofloxacin 300 MG, 400 MG	53
NORLIQVA SOLN	37	NUCALA SOLR	10	OHC COVID-19 ANTIGEN SELF TEST KIT	49
NORPACE CAPS (Use disopyramide phosphate)	9	NUCALA SOSY	10	olanzapine SOLR	32
nortriptyline hcl CAPS	15	NULOJIX	73	olanzapine TABS	32
nortriptyline hcl SOLN	15	NUMOISYN LIQD	74	olanzapine TBDP	32
NORVIR CAPS	34	NUPLAZID CAPS	32	olmesartan medoxomil	25
NORVIR PACK	34	NUPLAZID TABS 10 MG	32	olmesartan medoxomil-amlodipine-hydrochlorothiazide	26
NORVIR SOLN	34	NURTEC	71	olmesartan medoxomil-hydrochlorothiazide	26
NORVIR TABS (Use ritonavir)	34	NUVESSA	91	olopatadine hcl (nasal)	76
NOSE CLIP MISC	69	NUWIQ KIT	55	olopatadine hcl	81
NOVA SUREFLEX LANCETS	63	NUWIQ SOLR	55	OLPRUVA THPK	52
NOVAREL IM 5000 UNIT	51	nystatin (mouth-throat)	73	OLUMIANT	3
NOVAVAX COVID-19 VACCINE	89	nystatin (topical) CREA	43	omega-3-acid ethyl esters	24
NOVAVAX COVID-19 VACCINE/2023-24	89	nystatin (topical) OINT	43	omeprazole CPDR	87
NOVOEIGHT	55	nystatin (topical) POWD EX	43	omeprazole TBEC	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	17	nystatin TABS	23	omeprazole-sodium bicarbonate CAPS	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	17	nystatin-triamcinolone CREA	43	omeprazole-sodium bicarbonate PACK	87
NOVOLOG MIX 70/30 RELION SUSP	17	nystatin-triamcinolone OINT	44	OMNITROPE SOCT	52
NOVOLOG MIX 70/30 SUSP	17	NYVEPRIA	57	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	49
NOVOSEVEN RT	55	OBIZUR	55	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	49
NP THYROID 120 TABS	85	OCALIVA	53	ONCASPAR	30
NP THYROID 15 TABS	85	OCTAGAM SOLN 5 GM/50ML	82	ondansetron hcl SOLN OR 4 MG/5ML	22
NP THYROID 30 TABS	85	OCTAGAM SOLN	82	ondansetron hcl TABS 4 MG, 8 MG	22
NP THYROID 60 TABS	85	octreotide acetate SOLN	53		
NP THYROID 90 TABS	85	octreotide acetate SOSY	53		
		ODEFSEY	34		
		ODOMZO	29		
		OFEV	85		
		ofloxacin (ophth)	80		

ondansetron TBDP .....	22	VAGINALCONTRACEPTIVE GEL	90	MG/0.4ML, 20 MG/0.4ML, 22.5	
ONETOUCH DELICA PLUS		OPVEE NA .....	22	MG/0.4ML, 25 MG/0.4ML .....	3
LANCETS EXTRA FINE 33G .....	63	OPZELURA .....	47	oxaprozin TABS .....	5
ONETOUCH DELICA PLUS		ORAL RELIEF SPRAY FOR		OXAYDO TABS 5 MG .....	6
LANCETS FINE 30G .....	63	DRYMOUTH & DISCOMFORT		oxazepam CAPS .....	9
ONETOUCH ULTRA 2 KIT .....	63	SOLN .....	74	oxcarbazepine SUSP .....	13
ONETOUCH ULTRA STRP .....	50	ORALAIR ADULT STARTER PACK		oxcarbazepine TABS .....	13
ONETOUCH ULTRASOFT 2		SUBL .....	2	OXERVATE .....	80
LANCETS FINE 30G .....	63	ORALAIR SUBL .....	2	oxiconazole nitrate CREA .....	44
ONETOUCH ULTRASOFT		ORENITRAM TITRATION KIT		oxybutynin chloride SOLN .....	87
LANCETS .....	63	MONTH 1 TEPK .....	37	oxybutynin chloride TABS 2.5 MG	.87
ONETOUCH VERIO FLEX BLOOD		ORENITRAM TITRATION KIT		oxybutynin chloride TABS 5 MG	...87
GLUCOSE MONITORING SYSTEM		MONTH 2 TEPK .....	37	oxybutynin chloride TB24 .....	87
KIT .....	63	ORENITRAM TITRATION KIT		oxycodone hcl CAPS .....	6
ONETOUCH VERIO LEVEL 4		MONTH 3 TEPK .....	37	oxycodone hcl CONC 100 MG/5ML	6
CONTROL SOLUTION LIQD .....	63	ORFADIN SUSP .....	52	oxycodone hcl SOLN .....	6
ONETOUCH VERIO REFLECT KIT		ORIAHNN .....	53	oxycodone hcl T12A 10 MG, 20 MG,	
63		ORLISSA .....	51	40 MG, 80 MG .....	6
ONETOUCH VERIO TEST STRIPS		ORKAMBI PACK .....	85	oxycodone hcl T12A 80 MG .....	6
STRP .....	50	ORKAMBI TABS .....	85	oxycodone hcl TABS .....	6
ONGLYZA (Use saxagliptin hcl) ..	16	orphenadrine citrate TB12 .....	76	oxycodone w/ acetaminophen TABS	
ONPATTRO .....	85	orphenadrine w/ aspirin & caff	....	325 MG-10 MG, 325 MG-5 MG, 325	
OPDIVO 40 MG/4ML, 100 MG/10ML,		MG-30 MG-25 MG .....	76	MG-7.5 MG .....	7
240 MG/24ML .....	28	ORTHOVISC .....	76	oxymorphone hcl TB12 15 MG .....	6
OPTICHAMBER DIAMOND DEVI	.69	oseltamivir phosphate CAPS 30 MG	.	oxymorphone hcl TB12 5 MG, 7.5	
OPTICHAMBER DIAMOND MISC	.69	36		MG, 10 MG, 20 MG, 30 MG, 40 MG	6
OPTICHAMBER		oseltamivir phosphate CAPS 45 MG,		oyster shell .....	72
DIAMOND/LARGEFACE MASK		75 MG .....	36	OZEMPIC SOPN 2 MG/1.5ML, 2	
DEVI .....	69	oseltamivir phosphate SUSR .....	36	MG/3ML .....	16
OPTICHAMBER DIAMOND/MEDIUM		OSENI (Use alogliptin-pioglitazone)	.	OZEMPIC SOPN 4 MG/3ML, 8	
FACE MASK MISC .....	69	15		MG/3ML .....	16
OPTICHAMBER		OTREXUP SOAJ 10 MG/0.4ML, 12.5		OZURDEX IMPL .....	80
DIAMOND/SMALLFACE MASK		MG/0.4ML, 15 MG/0.4ML, 17.5			
MISC .....	69				
OPTIONS GYNOL II					

paclitaxel protein-bound particles .31	PARI VORTEX ADULT MASK ....70	bicarbonate-sod chloride .....59
PACLITAXEL PROTEIN- BOUNDPARTICLES ..... 31	paricalcitol SOLN ..... 52	PEGASYS SOLN ..... 35
paliperidone ..... 32	paroxetine hcl TABS ..... 14	PEGASYS SOSY ..... 35
PALYNZIQ .....52	paroxetine hcl TB24 .....14	pemetrexed disodium SOLR 100 MG, 500 MG ..... 28
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....51	paroxetine mesylate (vasomotor) .85	PENBRAYA ..... 88
PAMIDRONATE DISODIUM SOLN 51	PARSABIV ..... 52	penciclovir .....44
pantoprazole sodium PACK ..... 87	PAXLOVID 100 MG-150 MG ..... 35	penicillamine TABS .....72
pantoprazole sodium TBEC 20 MG 87	pazopanib hcl .....30	penicillin v potassium SOLR .....82
pantoprazole sodium TBEC 40 MG 87	PC LANCETS SUPER THIN 30G .63	penicillin v potassium TABS ..... 82
PANZYGA .....82	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....75	PENTACEL .....86
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....40	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN .....75	pentoxifylline ..... 56
PARI ALTERA NEBULIZER HANDSET MISC .....69	PEARLS IC CAPS ..... 20	PERFECT LANCETS 30G .....63
PARI BABY CONVERSION KITSIZE 1 MISC .....69	ped multivitamins w/fl & iron SOLN 74	perindopril erbumine ..... 25
PARI BABY CONVERSION KITSIZE 2 MISC .....70	PEDIARIX SUSY .....86	PERJETA ..... 28
PARI BABY CONVERSION KITSIZE 3 MISC .....70	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 70	permethrin AERO .....48
PARI ERAPID NEBULIZER HANDSET MISC .....70	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND .....75	permethrin CREA ..... 48
PARI EXPIRATORY FILTER VALVE SET DEVI ..... 70	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...75	permethrin LIQD EX ..... 48
PARI MASK SET MISC .....70	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND .....75	perphenazine TABS ..... 33
PARI SOFT PLASTIC ADULT MASK MISC .....70	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC ...75	perphenazine-amitriptyline .....84
PARI SOFT PLASTIC PEDIATRIC MASK MISC .....70	pediatric vitamins acd w/ fluoride SOLN .....75	PFIZER-BIONTECH COVID- 19VACCINE SUSP ..... 90
	PEDVAX HIB SUSP ..... 87	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP ..... 90
	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....58	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 90
	peg 3350-potassium chloride-sod	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP .....90
		PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP .....90
		PFIZER-BIONTECH COVID-

19VACCINE/ADULT RTU SUSP .. 90	phenytoin sodium extended 200 MG, 300 MG .....13	POLIVY 140 MG ..... 28
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ... 90	phenytoin SUSP ..... 13	polyethylene glycol 3350 PACK ... 59
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y ...90	PHILLIPS COLON HEALTH CAPS 20	polyethylene glycol 3350 POWD .. 59
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 90	PHOTOFRIN ..... 30	polymyxin b-trimethoprim ..... 80
PFLEX MISC .....70	phytonadione TABS 5 MG ..... 92	polysaccharide iron complex CAPS 150 MG ..... 57
PH 12 STERILE DILUENT FORFLOLAN ..... 83	PIFELTRO ..... 34	polyvinyl alcohol 1.4 % ..... 79
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .. 70	PILLOW MASK/ADULT MISC ..... 70	POLY-VI-SOL SOLN OR ..... 75
PHARMACY COUNTER LANCETS . 64	PILLOW MASK/CHILD MISC ..... 70	POLY-VITA SOLN OR ..... 75
PHEBURANE PLLT ..... 52	PILLOW MASK/PEDIATRIC MISC 70	POLY-VITA/IRON SOLN ..... 75
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG ..... 55	pilocarpine hcl (oral) 5 MG ..... 74	POLY-VITE PEDIATRIC SOLN OR 75
phenelzine sulfate ..... 14	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 79	POMALYST ..... 29
phenobarbital ELIX ..... 58	PILOT COVID-19 AT-HOME TEST KIT ..... 50	PONVORY 14-DAY STARTER PACK TBPK ..... 84
phenobarbital TABS ..... 58	pimecrolimus ..... 47	PONVORY TABS ..... 84
phenylephrine hcl (mydriatic) SOLN 2.5 % ..... 79	pindolol TABS ..... 36	PORTRAZZA ..... 29
phenylephrine hcl (oral) TABS ..... 77	pioglitazone hcl ..... 17	pot phosphate monobasic w/ sod phosphate dibasic & monobasic .. 72
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML ..... 42	pioglitazone hcl-glimepiride ..... 15	potassium bicarbonate TBEF ..... 72
phenylephrine-dm SOLN ..... 42	pioglitazone hcl-metformin hcl TABS . 15	potassium chloride CPCR 10 MEQ 72
phenylephrine-shark liver oil-cocoa butter ..... 8	pirfenidone CAPS ..... 85	potassium chloride CPCR 8 MEQ . 72
phenylephrine-shark liver oil-mineral oil-petrolatum ..... 8	pirfenidone TABS 534 MG ..... 85	potassium chloride microencapsulated crystals er .... 72
phenytoin CHEW ..... 13	piroxicam CAPS ..... 5	potassium chloride PACK OR 20 MEQ ..... 72
phenytoin sodium extended 100 MG, 200 MG, 300 MG ..... 13	PLEGRIDY SOSY IM ..... 84	potassium chloride SOLN OR 10 %, 20 % ..... 72
	plerixafor ..... 57	potassium chloride TBCR 8 MEQ, 10 MEQ ..... 72
	PNEUMOVAX 23 ..... 88	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG ..... 54
	PNEUMOVAX 23/1 DOSE ..... 88	
	POCKET CHAMBER DEVI ..... 70	
	POCKET SPACER DEVI ..... 70	
	podofilox SOLN ..... 47	

potassium citrate-citric acid PACK .54	PREDNISONE INTENSOL CONC 41	PREZISTA TABS (Use darunavir) .34
potassium iodide (expectorant) SOLN .....42	prednisone SOLN .....41	PREZISTA TABS 150 MG .....34
POTELIGEO .....28	prednisone TABS .....41	PREZISTA TABS 75 MG, 600 MG, 800 MG .....34
PRADAXA CAPS (Use dabigatran etexilate mesylate) .....12	prednisone TBPK .....41	PRIALT .....5
PRADAXA CAPS .....12	PREFERRED PLUS LANCETS COLORED 21G .....64	PRIMADOPHILUS BIFIDUS CPDR 20
PRADAXA PACK .....12	PREFERRED PLUS LANCETS SUPER THIN 30G .....64	PRIMIDAR CAPS .....20
pralatrexate .....28	PREFERRED PLUS LANCETS THIN 26G .....64	primidone 125 MG .....13
PRALUENT SOAJ .....25	pregabalin CAPS .....13	primidone 50 MG, 250 MG .....13
pramipexole dihydrochloride TABS 31	pregabalin SOLN .....13	PRIORIX SUSR .....90
pramipexole dihydrochloride TB24 31	PREGNYL IM .....51	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....82
pramoxine hcl (rectal) FOAM EX ...8	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM .....51	PRIVIGEN SOLN 5 GM/50ML .....82
prasugrel hcl .....56	PREHEVBRIO .....90	PRO COMFORT ALCOHOL PADS 66
pravastatin sodium .....24	PREMARIN .....91	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....70
prazosin hcl CAPS .....25	PREMARIN TABS .....53	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....70
PRECISION THINS GP LANCET .64	PREMPHASE .....53	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....70
PRED MILD .....80	PREMPRO .....53	PROAIR DIGIHALER .....11
PRED-G SUSP .....80	PRENATAL VITAMINS-ASSORTED BRAND .....75	PROAIR HFA AERS (Use albuterol sulfate) .....11
prednicarbate OINT .....46	PRENATAL VITAMINS-ASSORTED GENERIC .....75	probenecid .....55
prednisolone acetate (ophth) .....81	PREORBOTIC CAPS .....20	PROBINATE CAPS .....20
PREDNISOLONE ACETATE P-F .81	PREVIDENT RINSE SOLN .....73	PROBIO DEFENSE CAPS .....20
PREDNISOLONE SODIUM PHOSPHATE .....81	PREVNAR 13 .....88	PROBIOFLEXX CAPS .....20
prednisolone sodium phosphate SOLN 15 MG/5ML .....41	PREVNAR 20 .....88	PROBIOMAX COMPLETE DF CAPS .....20
prednisolone sodium phosphate SOLN 20 MG/5ML .....41	PREVYMIS SOLN .....35	PROBIOMAX DAILY DF CAPS ...20
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML ....41	PREVYMIS TABS .....35	PROBIOMAX IG 26 DF CAPS ....20
prednisolone SOLN .....41	PREZCOBIX .....34	
	PREZISTA SUSP .....34	

PROBIOMAX LEAN DF CAPS . . . . .	20	PROBIOTIC-10 ULTIMATE CAPS	21	promethazine & phenylephrine SYRP	42
PROBIOMAX SB DF CAPS . . . . .	20	PROBITROL CAPS . . . . .	21	promethazine hcl SOLN OR 6.25	24
PROBIONEXX CAPS . . . . .	20	PROBIZEN CAPS . . . . .	21	MG/5ML . . . . .	24
PROBIOTIC & ACIDOPHILUS		PROCARE SPACER CHAMBER		promethazine hcl SUPP . . . . .	24
FORMULA EXTRA STRENGTH		W/ADULT MASK DEVI . . . . .	70	promethazine hcl TABS . . . . .	24
CAPS . . . . .	20	PROCARE SPACER CHAMBER		promethazine w/codeine SOLN . . . . .	42
PROBIOTIC + OMEGA-3 CAPS . . . . .	20	W/CHILD MASK DEVI . . . . .	70	promethazine w/codeine SYRP . . . . .	42
PROBIOTIC 10 ULTRA STRENGTH		PROCHAMBER VALVED		PRONEB ULTRA FILTER SET MISC	70
CAPS . . . . .	20	HOLDINGCHAMBER DEVI . . . . .	70	prochlorperazine . . . . .	33
PROBIOTIC ACIDOPHILUS CAPS		prochlorperazine . . . . .	33	prochlorperazine edisylate 10	33
20		prochlorperazine edisylate 10	33	MG/2ML . . . . .	33
PROBIOTIC BLEND CAPS . . . . .	20	prochlorperazine maleate TABS . . . . .	33	PROCROT . . . . .	57
PROBIOTIC CAPS . . . . .	21	PROCYSBI CPDR . . . . .	54	PROCYSBI PACK . . . . .	54
PROBIOTIC COLON SUPPORT		PROCYSBI PACK . . . . .	54	PRODIGY TWIST TOP LANCETS	64
CAPS . . . . .	20	PRODIGY TWIST TOP LANCETS	64	PROFILNINE . . . . .	55
PROBIOTIC DAILY CAPS . . . . .	20	PROFILNINE . . . . .	55	PRO-FLORA IMMUNE CAPS . . . . .	21
PROBIOTIC DIGESTIVE SUPPORT		PRO-FLORA IMMUNE CAPS . . . . .	21	progesterone CAPS 100 MG . . . . .	83
CAPS . . . . .	20	progesterone CAPS 100 MG . . . . .	83	progesterone CAPS 200 MG . . . . .	83
PROBIOTIC DIGESTIVE SUPPORT		progesterone CAPS 200 MG . . . . .	83	PROGLYCEM (Use diazoxide) . . . . .	16
EXTRA STRENGTH CAPS . . . . .	22	PROGLYCEM (Use diazoxide) . . . . .	16	PROGRAF PACK . . . . .	73
PROBIOTIC DIGESTIVE		PROGRAF PACK . . . . .	73	PROGRAF SOLN . . . . .	73
SUPPORT/INULIN CAPS . . . . .	20	PROGRAF SOLN . . . . .	73	PROLEUKIN . . . . .	30
PROBIOTIC MATURE ADULT CAPS		PROLEUKIN . . . . .	30	PROLIA SOSY . . . . .	51
. . . . .	20	PROLIA SOSY . . . . .	51	PROMACTA PACK 12.5 MG . . . . .	57
PROBIOTIC PEARLS ADVANTAGE		PROMACTA PACK 12.5 MG . . . . .	57	PROMACTA TABS . . . . .	57
CAPS . . . . .	20	PROMACTA TABS . . . . .	57	PROMELLA IN PREBIOTIC CAPS	21
PROBIOTIC PEARLS CAPS . . . . .	21	PROMELLA IN PREBIOTIC CAPS	21	PROMEROL CAPS . . . . .	21
PROBIOTIC PEARLS MAX		PROMEROL CAPS . . . . .	21		
POTENCY CAPS . . . . .	20				
PROBIOTIC PEARLS WOMENS					
CAPS . . . . .	21				
PROBIOTIC/PREBIOTIC/CRANBER					
RY CAPS . . . . .	21				
PROBIOTIC+TURMERIC EXTRACT					
CAPS . . . . .	21				

PULMOZYME .....	85	QUADRACEL SUSY .....	86	SUPPORT CAPS .....	21
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 70		quetiapine fumarate TABS .....	32	RA PROBIOTIC MAXIMUM STRENGTH CAPS .....	21
PURIXAN SUSP .....	28	quetiapine fumarate TB24 .....	32	RABAVERT .....	90
PX LANCETS MICROTHIN 33G ..	64	QUICKVUE AT-HOME COVID-19 TEST KIT .....	50	rabeprazole sodium TBEC .....	87
PX LANCETS ULTRA THIN .....	64	QUICKVUE SARS ANTIGEN TEST . 50		raloxifene hcl .....	52
pyrantel pamoate SUSP 144 MG/ML 8		quinapril hcl .....	25	ramelteon .....	58
pyrazinamide .....	27	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	26	ramipril CAPS .....	25
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 % .....	48	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	26	ranitidine hcl TABS 75 MG, 150 MG . 86	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ..	48	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	26	ranolazine TB12 .....	9
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 % .....	48	quinapril-hydrochlorothiazide 25 MG- 20 MG .....	26	RAPAFLO 4 MG (Use silodosin) ..	55
pyridostigmine bromide TABS 60 MG .....	27	quinidine gluconate TBCR .....	9	RAPID RESPONSE COVID-19 ...	50
pyridostigmine bromide TBCR .....	27	quinidine sulfate TABS .....	9	RAPID SARS-COV-2 ANTIGENTEST CARD KIT .....	50
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG .....	92	QULIPTA .....	71	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
pyrimethamine .....	27	QUVIVIQ .....	58	RAVICTI .....	52
QC ALCOHOL SWABS .....	66	RA ALCOHOL SWABS .....	66	REALITY LANCETS .....	64
QC LANCETS SUPER THIN .....	64	RA ARTHRITIS PAIN RELIEF CREA 48		REALITY SWABS .....	66
QC LANCETS ULTRA THIN .....	64	RA DRY MOUTH SOLN .....	74	REBINYN .....	55
QC UNILET LANCETS 28G/ULTRA THIN .....	64	RA E-ZJECT LANCETS 28G .....	64	RECOMBINATE SOLR .....	56
QC UNILET LANCETS 33G/MICRO THIN .....	64	RA E-ZJECT LANCETS THIN 26G 64		RECOMBIVAX HB SUSP .....	90
QDOLO SOLN (Use tramadol hcl) ..	6	RA E-ZJECT LANCETS THIN 28G 64		RECOMBIVAX HB SUSY .....	90
QELBREE .....	2	RA E-ZJECT LANCETS ULTRATHIN 30G .....	64	RELEUKO SOLN .....	57
QUAD-PROBIOTIC CAPS .....	21	RA E-ZJECT LANCETS ULTRATHIN 30G .....	64	RELEUKO SOSY .....	57
QUADRACEL SUSP .....	86	RA PROBIOTIC COLON CARE CAPS .....	21	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG .....	2
		RA PROBIOTIC COMPLEX CAPS 21		RELION ALCOHOL SWABS .....	66
		RA PROBIOTIC DIGESTIVE		RELION KETONE TEST STRIPS	

STRP .....	50	RETISERT .....	81	MG .....	51
RELION LANCETS MICRO-THIN33G .....	64	RETROVIR CAPS (Use zidovudine) .	34	risedronate sodium TBEC .....	51
RELION LANCETS THIN 26G ....	64	RETROVIR SYRP (Use zidovudine) .	34	RISPERDAL CONSTA (Use risperidone microspheres) .....	32
RELION LANCETS ULTRA-THIN30G .....	64	REVCOSI .....	52	risperidone microspheres .....	32
RELION ULTRA THIN LANCETS/30G .....	64	REVLIMID .....	73	risperidone SOLN .....	32
RELION ULTRA THIN LANCETS30G .....	64	REXALL LANCETS ULTRA THIN	64	risperidone TABS .....	32
RELION ULTRA THIN PLUS LANCETS 32G .....	64	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) .....	34	risperidone TBDP .....	32
RELION ULTRA THIN PLUS LANCETS 33G .....	64	REYATAZ PACK .....	34	RITEFLO DEVI .....	70
REMODULIN SOLN IJ .....	37	REZVOGLAR KWIKPEN .....	17	ritonavir TABS .....	34
RENAGEL (Use sevelamer hcl) ..	54	RHOGLAM ULTRA-FILTERED PLUS SOSY IM .....	82	RITUXAN .....	28
REVELA TABS (Use sevelamer carbonate) .....	54	RHOPHYLAC SOSY IJ .....	82	rivastigmine 13.3 MG/24HR .....	84
repaglinide .....	17	RIASTAP .....	56	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR .....	84
REPATHA SOSY .....	25	ribavirin (hepatitis c) CAPS .....	35	rivastigmine tartrate CAPS .....	84
REPATHA SURECLICK SOAJ ....	25	ribavirin (hepatitis c) TABS 200 MG	35	RIXUBIS SOLR .....	56
REPLACEMENT AIR FILTER MISC .	70	riboflavin TABS .....	92	rizatriptan benzoate TABS .....	72
REPLACEMENT FILTERS MISC ..	70	RID ESSENTIAL LICE ELIMINATION KIT KIT EX .....	48	rizatriptan benzoate TBDP .....	72
RESTASIS EMUL (Use cyclosporine (ophth)) .....	80	rifampin CAPS .....	27	ROCKLATAN .....	80
RESTASIS MULTIDOSE EMUL ....	80	RIGHTEST GL300 LANCETS ....	64	ROCTAVIAN .....	56
RESTORA CAPS .....	21	riluzole TABS .....	77	ROLVEDON .....	57
RETACRIT .....	57	rimantadine hydrochloride TABS ..	36	romidepsin SOLR .....	30
RETIN-A CREA (Use tretinoin) ....	43	RINVOQ TB24 .....	3	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG .....	31
RETIN-A GEL 0.01 % (Use tretinoin) .	43	RISAQUAD CAPS .....	21	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG .....	32
RETIN-A GEL 0.025 % (Use tretinoin) .....	43	RISAQUAD-2 CAPS .....	21	ropinirole hydrochloride TB24 .....	32
		risedronate sodium TABS 150 MG	51	rosuvastatin calcium TABS .....	24
		risedronate sodium TABS 35 MG	51	ROTARIX SUSP .....	90
		risedronate sodium TABS 5 MG, 30		ROTARIX SUSR .....	90



RUBRACA .....	30	COMPLEXULTRA CAPS .....	21	70	
RUCONEST .....	56	selegiline hcl CAPS .....	32	SIDESTREAM PEDIATRIC	
rufinamide SUSP .....	13	selegiline hcl TABS .....	32	FACEMASK/TUCKER THE TURTLE	
RUKOBIA .....	34	selenium sulfide LOTN 1 % .....	44	MISC .....	71
RYALTRIS .....	76	selenium sulfide LOTN 2.5 % .....	44	SIDESTREAM PLUS ADULT FACE	
SABRIL PACK (Use vigabatrin) ...	13	selenium sulfide SHAM 1 % .....	44	MASK MISC .....	71
SABRIL TABS (Use vigabatrin) ....	13	SELZENTRY SOLN .....	34	SIGNIFOR .....	53
salicylic acid GEL 6 % .....	47	SELZENTRY TABS 25 MG, 75 MG		SIGNIFOR LAR .....	53
saline SOLN .....	76	34		SIKLOS TABS .....	56
salsalate .....	6	SEMGLEE SOLN .....	17	sildenafil citrate (pulmonary	
SAMI THE SEAL		SEMGLEE SOPN .....	17	hypertension) SOLN .....	37
REPLACEMENTFILTERS MISC ..	70	sennosides TABS 8.6 MG .....	59	sildenafil citrate (pulmonary	
SANDIMMUNE CAPS (Use		sennosides-docusate sodium TABS		hypertension) SUSR .....	37
cyclosporine) .....	73	59		sildenafil citrate (pulmonary	
SANDIMMUNE SOLN OR .....	73	SEREVENT DISKUS .....	11	hypertension) TABS .....	38
SANDOSTATIN LAR DEPOT KIT .	53	sertraline hcl CONC .....	14	SILICONE MASK FOR	
SANOFI COVID-19		sertraline hcl TABS .....	14	BREATHERITE CHAMBER/ADULT	
VACCINE/ANTIGEN COMPONENT .	90	SERTRALINE HYDROCHLORIDE		MISC .....	71
sapropterin dihydrochloride PACK .	52	CAPS .....	14	SILICONE MASK FOR	
sapropterin dihydrochloride TABS .	52	sevelamer carbonate PACK .....	54	BREATHERITE	
SAVELLA TABS .....	84	sevelamer carbonate TABS .....	54	CHAMBER/PEDIATRIC MISC .....	71
SAVELLA TITRATION PACK MISC		sevelamer hcl .....	54	SILICONE MASK FOR	
84		SEVENFACT .....	56	BREATHRITE CHAMBER/ADULT	
saxagliptin hcl .....	16	SHOPKO UNILET LANCETS		MISC .....	71
saxagliptin-metformin hcl .....	15	SUPER THIN 30G .....	64	silodosin .....	55
SAXENDA .....	1	SHOPKO UNILET LANCETS ULTRA		silver sulfadiazine .....	44
SB ALCOHOL PREP PADS .....	66	THIN 28G .....	64	SIMBRINZA .....	79
SB LANCETS THIN .....	64	SIDESTREAM ADULT FACE MASK		simethicone CHEW 80 MG .....	53
SB LANCETS ULTRA THIN .....	64	MISC .....	70	simethicone LIQD OR 20 MG/0.3ML .	
SCHOOLTIME SHAMPOO SHAM	48	SIDESTREAM PEDIATRIC		53	
SD PROBIOTIC-10		FACEMASK MISC .....	71	simethicone SUSP .....	53
		SIDESTREAM PEDIATRIC		SIMPLYTHICK .....	83
		FACEMASK/SAMI THE SEAL MISC .			

SIMPLYTHICK EASY MIX .....	83	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	8	SOMATULINE DEPOT .....	53
SIMPLYTHICK EASYMIX .....	83	sodium chloride (gu irrigant) 0.9 %	54	SOMAVERT .....	51
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG .....	24	sodium chloride (inhalant) AERS ..	42	SOOTHENE NBL 100 CHILD MASK MISC .....	71
simvastatin TABS 80 MG .....	24	sodium chloride (inhalant) NEBU 0.9 %, 7 % .....	42	SOOTHENE NBL 100 MEDICATION CUP MISC .....	71
sirolimus SOLN .....	73	sodium citrate & citric acid .....	54	SOOTHENE NBL 100 MESH CAP MISC .....	71
sirolimus TABS .....	73	sodium fluoride (dental) CREA ....	73	SOOTHENE NBL 100 ADULT MASK MISC .....	71
SIVEXTRO TABS .....	27	sodium fluoride (dental) GEL .....	73	sorafenib tosylate .....	30
SKYLA .....	41	sodium fluoride (dental) SOLN 0.2 % 73		SORBITOL OR 70 % .....	59
SKYRIZI PEN SOAJ .....	44	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	72	SORILUX FOAM .....	44
SKYRIZI SOCT .....	54	sodium fluoride SOLN 0.125 MG/DROP .....	72	sotalol hcl (afib/af) .....	36
SKYRIZI SOLN .....	54	sodium fluoride SOLN 0.5 MG/ML	72	sotalol hcl TABS 240 MG .....	36
SKYRIZI SOSY .....	44	SODIUM OXYBATE SOLN .....	83	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	36
SKYSONA .....	84	sodium phenylbutyrate POWD ....	52	SOTYKTU .....	44
SKYTROFA .....	52	sodium phenylbutyrate TABS .....	52	SOVALDI PACK .....	35
SM ACIDOPHILUS PEARLS CAPS 21		sodium phosphates ENEM .....	59	SOVALDI TABS .....	35
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS .....	21	sodium polystyrene sulfonate POWD 73		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT .....	50
SM ALCOHOL PREP PADS .....	66	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	73	SPEVIGO SOLN .....	44
SM GLUCOSE CHEW .....	16	SOFIA SARS ANTIGEN FIA .....	50	SPIKEVAX COVID-19 VACCINE SUSP .....	90
SM IPECAC SYRUP .....	22	SOFIA2 SARS ANTIGEN FIA ....	50	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	90
SM MICRO THIN LANCETS 33G	65	SOFOSBUVIR/VELPATASVIR TABS .....	35	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	90
SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	65	SOGROYA .....	52	spinosad .....	48
SMART SENSE STANDARD LANCETS UNIVERSAL 21G .....	65	SOHONOS 5 MG .....	76	SPINRAZA .....	78
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	65	SOLESTA .....	72	SPIRIVA HANDHALER CAPS (Use tiotropium bromide monohydrate) .	10
SMART SENSE THIN LANCETS UNIVERSAL 26G .....	65	solifenacin succinate TABS .....	87		
SOAANZ TABS 20 MG .....	50	SOLIRIS .....	56		

spironolactone & hydrochlorothiazide .....	50	sulfacetamide sodium (acne) .....	43	SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS .....	21
spironolactone TABS .....	51	sulfacetamide sodium (ophth) SOLN . 80		SUPER THIN LANCETS .....	65
SPRYCEL .....	30	sulfacetamide sodium LIQD .....	44	SUPERIOR PROBIOTIC CAPS ...	21
STAMARIL SUSR .....	90	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....	43	SUPPRELIN LA .....	52
stannous fluoride CONC .....	73	sulfacetamide sodium w/ sulfur SUSP 10 %-5 % .....	43	SURELITE LANCETS .....	65
stavudine CAPS .....	34	sulfacetamide sod-prednisolone SOLN .....	81	SUSTIVA CAPS 200 MG (Use efavirenz) .....	34
STERILANCE TL .....	65	sulfamethoxazole-trimethoprim SUSP .....	26	SUSTIVA CAPS 50 MG (Use efavirenz) .....	34
STIMATE SOLN NA .....	53	sulfamethoxazole-trimethoprim TABS .....	26	SUSTIVA TABS (Use efavirenz) ..	34
STIMUFEND .....	57	sulfamethoxazole-trimethoprim TABS .....	26	SYLVANT .....	73
STIOLTO RESPIMAT .....	11	sulfasalazine TABS .....	54	SYMBICORT (Use budesonide- formoterol fumarate dihydrate) ....	11
STIVARGA .....	30	sulfasalazine TBEC .....	54	SYMDEKO .....	85
STRENSIQ .....	52	sulindac TABS .....	5	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	35
STRIBILD .....	34	sumatriptan .....	72	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....	35
SUBLOCADE SOSY .....	7	sumatriptan succinate SOAJ 4 MG/0.5ML .....	72	SYMTUZA .....	35
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	7	sumatriptan succinate SOAJ 6 MG/0.5ML .....	72	SYNAGIS SOLN .....	82
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	7	sumatriptan succinate SOCT 4 MG/0.5ML .....	72	SYNAREL .....	52
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	7	sumatriptan succinate SOCT 6 MG/0.5ML .....	72	SYNOJOYNT SOSY .....	76
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	7	sumatriptan succinate SOLN 6 MG/0.5ML .....	72	SYNRIBO .....	30
SUCRAID .....	50	sumatriptan succinate TABS .....	72	SYNTHROID TABS (Use levothyroxine sodium) .....	85
sucralfate SUSP .....	86	sumatriptan succinate TABS .....	72	SYNVISC ONE SOSY .....	76
sucralfate TABS .....	86	sumatriptan-naproxen sodium ....	71	SYNVISC SOSY .....	76
SUDAFED CHILDRENS LIQD .....	77	sunitinib malate .....	30	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ....	74
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN .....	77	SUNLENCA TBPK .....	34	TABLOID .....	28
		SUPARTZ FX SOSY .....	76	TACLONEX SUSP (Use	
		SUPER PROBIOTIC CAPS .....	21		

calcipotriene-betamethasone dipropionate) .....	47	temazepam 7.5 MG, 22.5 MG .....	58	TEZSPIRE SOSY .....	10
tacrolimus (topical) OINT 0.03 % ..	47	TEMODAR SOLR .....	27	TGT LANCET MICRO THIN 33G ..	65
tacrolimus (topical) OINT 0.1 % ...	47	temozolomide CAPS .....	27	TGT LANCET THIN 26G .....	65
tacrolimus CAPS .....	73	temsirolimus .....	30	TGT LANCET ULTRA THIN 30G ..	65
tadalafil (pulmonary hypertension) TABS .....	38	TENIVAC INJ .....	86	THALOMID .....	73
TADLIQ SUSP .....	38	tenofovir disoproxil fumarate TABS 35		THEO-24 CP24 100 MG .....	11
TAFINLAR CAPS .....	30	terazosin hcl .....	25	THEO-24 CP24 200 MG, 300 MG, 400 MG .....	11
TAGRISSO .....	29	terbinafine hcl (topical) CREA .....	44	theophylline ELIX .....	11
TAKHZYRO SOLN .....	56	terbinafine hcl TABS .....	23	theophylline SOLN .....	11
TALZENNA 0.25 MG, 1 MG .....	30	terbutaline sulfate TABS .....	11	theophylline TB12 100 MG, 200 MG, 300 MG .....	12
tamoxifen citrate TABS .....	29	terconazole vaginal CREA 0.4 % ..	91	theophylline TB12 450 MG .....	12
tamsulosin hcl .....	55	terconazole vaginal CREA 0.8 % ..	91	theophylline TB24 .....	12
TASCENSO ODT .....	84	terconazole vaginal SUPP .....	91	thiamine hcl TABS .....	92
TASIGNA .....	30	teriparatide (recombinant) SOPN ..	51	thiamine mononitrate TABS 100 MG . 92	
tasimelteon CAPS .....	58	TESTOPEL PLLT .....	8	THINLETS GP LANCETS .....	65
TAVALISSE .....	56	testosterone cypionate SOLN IM 200 MG/ML .....	8	thioridazine hcl .....	33
tazarotene CREA .....	44	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....	8	thiothixene .....	33
TDVAX SUSP .....	86	testosterone GEL TD 1 % .....	8	THRESHOLD IMT MISC .....	71
TECENTRIQ .....	28	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM .....	8	THROMBATE III .....	56
TECHLITE AST LANCETS .....	65	testosterone SOLN .....	8	THYMOGLOBULIN .....	73
TECHLITE LANCETS .....	65	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP .....	86	THYROGEN 0.9 MG .....	48
TEGLUTIK SUSP .....	77	tetrabenazine .....	84	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	86
TEGRETOL-XR TB12 (Use carbamazepine) .....	13	tetracaine hcl (ophth) .....	80	tiagabine hcl 12 MG, 16 MG .....	13
TEGSEDI .....	85	tetrahydrozoline hcl (ophth) 0.05 % 80		tiagabine hcl 2 MG, 4 MG .....	13
telmisartan .....	25	TEZSPIRE SOAJ .....	10	TIBSOVO .....	30
telmisartan-amlodipine .....	26			TICOVAC .....	90
telmisartan-hydrochlorothiazide ..	26			TIGLUTIK SUSP .....	77
temazepam 15 MG, 30 MG .....	58				

timolol maleate (ophth) SOLG 0.25 %	81	300 MG	6
.....	79		
timolol maleate (ophth) SOLN 0.5 %		tramadol hcl SOLN	6
79		tramadol hcl TABS 100 MG	6
timolol maleate (ophth) SOLN	79	tramadol hcl TABS 50 MG	6
timolol maleate TABS	36	tramadol hcl TB24	6
TIMOLOL/BRIMONIDE/DORZOLAMI		TRAMADOL HYDROCHLORIDE	
DE	79	SOLN (Use tramadol hcl)	7
TIMOPTIC-XE SOLG 0.25 % (Use		tramadol-acetaminophen	7
timolol maleate (ophth))	79	trandolapril 1 MG, 2 MG	25
tioconazole vaginal 6.5 %	91	trandolapril 4 MG	25
tiopronin TABS	55	trandolapril-verapamil hcl	26
tiotropium bromide monohydrate		tranexamic acid TABS	58
CAPS	10	tranylcypromine sulfate	14
TIROSINT CAPS 13 MCG, 25 MCG,		TRAVATAN Z SOLN (Use travoprost)	
50 MCG, 75 MCG, 88 MCG, 100		.....	81
MCG, 112 MCG, 125 MCG, 137		travoprost SOLN	81
MCG, 150 MCG (Use levothyroxine		trazodone hcl TABS 300 MG	14
sodium)	86	trazodone hcl TABS 50 MG, 100 MG,	
TIROSINT CAPS 13 MCG, 25 MCG,		150 MG	14
50 MCG, 75 MCG, 88 MCG, 100		TRECTOR	27
MCG, 112 MCG, 125 MCG, 137		TRELSTAR MIXJECT 11.25 MG,	
MCG, 150 MCG	86	22.5 MG	29
TIVICAY PD TBSO	35	TRELSTAR MIXJECT 3.75 MG	29
TIVICAY TABS	35	treprostinil SOLN IJ	37
tizanidine hcl CAPS	76	tretinoin (chemotherapy)	30
tizanidine hcl TABS	76	tretinoin CREA 0.025 %, 0.05 %, 0.1	
TOBI NEBU (Use tobramycin)	3	%	43
TOBRADEX OINT	81	tretinoin GEL 0.01 %	43
tobramycin (ophth) SOLN	80	tretinoin GEL 0.025 %	43
tobramycin NEBU	3	tretinoin GEL 0.05 %	43
tobramycin sulfate SOLN IJ	3	tretinoin microsphere	43
tobramycin sulfate SOLR	3	TRETEN	56
tobramycin-dexamethasone SUSP		tramadol hcl CP24 100 MG, 200 MG,	
TOBREX OINT	80		
TODAYS HEALTH SUPER			
THINLANCETS 30G	65		
TODAYS HEALTH ULTRA			
THINLANCETS 28G	65		
TOLECTIN 600 TABS	5		
tolmetin sodium CAPS	5		
tolmetin sodium TABS 600 MG	5		
tolnaftate CREA	44		
tolterodine tartrate CP24	87		
tolterodine tartrate TABS	87		
tolvaptan TABS	53		
TOPAMAX SPRINKLE CPSP (Use			
topiramate)	13		
topiramate CPSP	13		
topiramate TABS 25 MG	13		
topiramate TABS 50 MG, 100 MG,			
200 MG	13		
topotecan hcl SOLN	31		
TOPOTECAN HCL SOLN	31		
topotecan hcl SOLR	31		
toremifene citrate	29		
torsemide TABS 20 MG	50		
torsemide TABS 5 MG, 10 MG, 100			
MG	51		
TOTECT	31		
TOVIAZ (Use fesoterodine fumarate)			
.....	87		
TPOXX CAPS	36		
TRADJENTA	16		

TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	28	trimethoprim TABS .....	26	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen) .....	5
triamcinolone acetonide (mouth) ..	74	trimipramine maleate CAPS .....	15	TYPHIM VI SOLN .....	88
triamcinolone acetonide (topical) AERS .....	47	TRIUMEQ PD TBSO .....	35	TYPHIM VI SOSY .....	88
triamcinolone acetonide (topical) CREA 0.025 % .....	47	TRIUMEQ TABS .....	35	UBRELVY .....	71
triamcinolone acetonide (topical) CREA 0.1 % .....	47	TRIVISC SOSY .....	76	UDENYCA SOAJ .....	57
triamcinolone acetonide (topical) CREA 0.5 % .....	47	TRIZIVIR .....	35	UDENYCA SOSY .....	57
triamcinolone acetonide (topical) LOTN .....	47	tropicamide SOLN 0.5 % .....	79	ULTILET CLASSIC LANCETS .....	65
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	47	tropicamide SOLN 1 % .....	79	ULTRAFLOA IMMUNE HEALTH CAPS .....	21
triamcinolone acetonide (topical) OINT 0.05 % .....	47	trospium chloride CP24 .....	87	UNILET COMFORTOUCH LANCET 65	
triamcinolone acetonide (topical) OINT 0.5 % .....	47	trospium chloride TABS .....	87	UNILET EXCELITE .....	65
triamcinolone acetonide-dimethicone-silicone .....	47	TRUBIOTICS CAPS .....	21	UNILET EXCELITE II .....	65
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	50	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS .....	21	UNILET G.P. LANCET .....	65
triamterene & hydrochlorothiazide TABS .....	50	TRUEPLUS GLUCOSE CHEW ...	16	UNILET G.P. SUPERLITE LANCET . 65	
triazolam .....	58	TRUEPLUS GLUCOSE ON THE GO CHEW .....	16	UNILET GP 28 ULTRA THIN .....	65
trientine hcl 250 MG .....	72	TRUEPLUS LANCETS 26G .....	65	UNILET LANCET .....	65
trifluoperazine hcl TABS .....	33	TRUEPLUS LANCETS 28G .....	65	UNILET LANCETS MICRO-THIN33G .....	65
trihexyphenidyl hcl SOLN .....	31	TRUEPLUS LANCETS 28G SUPER THIN .....	65	UNILET LANCETS SUPER-THIN30G .....	65
trihexyphenidyl hcl TABS .....	31	TRUEPLUS LANCETS 30G .....	65	UNILET LANCETS ULTRA-THIN 28G .....	66
TRIKAFTA TBPK 100 MG-50 MG .	85	TRUEPLUS LANCETS 30G ULTRA THIN .....	65	UNILET SUPERLITE LANCET ...	66
TRILEPTAL SUSP (Use oxcarbazepine) .....	13	TRUEPLUS LANCETS 33G .....	65	UNITUXIN .....	28
TRILURON SOSY .....	76	TRULICITY .....	16	UNIVERSAL 1 LANCETS THIN26G . 66	
		TRUMENBA .....	88	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66
		TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) .....	35	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66
		TUBING/WING TIP MISC .....	71	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66
		TWINRIX SUSY .....	90	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66
		TYBLUME CHEW .....	40	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66
		TYBOST .....	35	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	66

UP4 PROBIOTICS ADULT CAPS .21	VALUE PLUS LANCETS THIN 26G .66	VENCLEXTA STARTING PACK TBPK .....28
UP4 PROBIOTICS MENS CAPS .21	VALUMARK LANCET SUPER THIN 30G .....66	VENCLEXTA TABS .....28
UP4 PROBIOTICS ULTRA CAPS .21	VALUMARK LANCET ULTRA THIN 28G .....66	VENLAFAXINE BESYLATE ER ...15
UP4 PROBIOTICS WOMENS CAPS 21	vancomycin hcl CAPS 125 MG ...26	venlafaxine hcl CP24 150 MG .....15
urea CREA 40 % .....47	vancomycin hcl CAPS 250 MG ...26	venlafaxine hcl CP24 37.5 MG ....15
urea LOTN 40 % .....47	vancomycin hcl SOLR IV 1 GM, 1000 MG .....26	venlafaxine hcl CP24 75 MG .....15
ursodiol CAPS .....53	vancomycin hcl SOLR IV 500 MG .26	venlafaxine hcl TABS .....15
ursodiol TABS 250 MG .....53	vancomycin hcl SOLR OR 25 MG/ML .....26	venlafaxine hcl TB24 .....15
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML .....32	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....26	VENTOLIN HFA AERS (Use albuterol sulfate) .....11
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML .....32	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....26	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...37
valacyclovir hcl 1 GM, 1000 MG ...35	VANDAZOLE .....91	verapamil hcl CP24 300 MG .....37
valacyclovir hcl 500 MG .....35	VAQTA .....90	verapamil hcl CP24 360 MG .....37
valganciclovir hcl TABS .....35	varenicline tartrate TABS .....85	verapamil hcl TABS .....37
valproate sodium SOLN OR 250 MG/5ML .....14	VARIVAX INJ .....90	verapamil hcl TBCR .....37
valproic acid CAPS .....14	VAXCHORA .....88	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) .....37
valrubicin .....29	VAXELIS SUSP .....86	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) .....37
valsartan SOLN .....25	VAXELIS SUSY .....86	VERELAN PM CP24 300 MG (Use verapamil hcl) .....37
valsartan TABS .....25	VAXNEUVANCE .....88	VESICARE LS SUSP .....87
valsartan-hydrochlorothiazide ....26	VCF VAGINAL CONTRACEPTIVE FILM FILM .....90	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS .....21
VALTOCO 10 MG DOSE LIQD ...12	VCF VAGINAL CONTRACEPTIVEGEL GEL .....90	VIACTIV DIGESTIVE HEALTH CHEW .....22
VALTOCO 15 MG DOSE LQPK ...12	VECAMYL .....26	VICTOZA .....16
VALTOCO 20 MG DOSE LQPK ...12	VECTIBIX 100 MG/5ML, 400 MG/20ML .....29	VIDA MIA UNILET LANCETS SUPER THIN 30G .....66
VALTOCO 5 MG DOSE LIQD .....12		VIDA MIA UNILET LANCETS ULTRA THIN 28G .....66

VIEKIRA PAK TBPK .....	35	VOGELXO PUMP GEL TD (Use testosterone) .....	8	MEDIUM 2 PLY .....	66
vigabatrin PACK .....	13	VONVENDI .....	56	WEGOVY .....	1
vigabatrin TABS .....	13	VORAXAZE .....	31	WELLPRO 31 CAPS .....	21
VIJOICE TBPK .....	73	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	71	white petrolatum-mineral oil .....	79
VIMIZIM .....	52	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	71	WILATE KIT .....	56
vincristine sulfate .....	31	VORTEX VALVED HOLDING CHAMBER DEVI .....	71	WINDMILL TRAINER MISC .....	71
VIRACEPT TABS 250 MG .....	35	VOSEVI .....	35	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	82
VIRACEPT TABS 625 MG .....	35	VPRIV .....	56	WOMENS 50 BILLION CAPS .....	21
VIREAD POWD .....	35	VSL#3 CAPS .....	21	XACIATO GEL .....	91
VIREAD TABS (Use tenofovir disoproxil fumarate) .....	35	VTAMA .....	44	XALKORI CAPS .....	30
VIREAD TABS .....	35	VYNDAMAX .....	38	XARELTO STARTER PACK TBPK 12	
VISBIOME PROBIOTIC HIGH POTENCY CAPS .....	21	VYNDAMAX .....	38	XARELTO SUSR .....	12
VISCO-3 SOSY .....	76	VYNDAMAX .....	38	XARELTO TABS 10 MG, 20 MG ..	12
VISTOGARD .....	22	VYNDAMAX .....	38	XARELTO TABS 15 MG .....	12
VISUDYNE .....	80	VYVANSE CAPS .....	1	XARELTO TABS 2.5 MG .....	12
VITAMIN D3 LIQD OR 5000 UNIT/ML .....	92	VYVANSE CHEW .....	1	XCOPRI TBPK .....	13
VITAMIN E CAPS 200 UNIT .....	92	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	66	XELJANZ SOLN .....	3
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT .....	92	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	66	XELSTRYM .....	1
VITAMIN E CHEW .....	92	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	66	XEOMIN .....	78
vitamins w/ lipotropics CAPS .....	75	WALGREENS GLUCOSE CHEW ..	16	XEROSTOMIA RELIEF SPRAY SOLN .....	74
VITRAKVI CAPS .....	30	WALGREENS THIN LANCETS ..	66	XGEVA SOLN .....	51
VITRAKVI SOLN .....	30	warfarin sodium TABS .....	12	XIAFLEX .....	72
VIVIMUSTA SOLN .....	27	WEBCOL ALCOHOL PREP LARGE 1 PLY .....	66	XIIDRA .....	80
VIVITROL .....	22	WEBCOL ALCOHOL PREP LARGE 2 PLY .....	66	XOFLUZA .....	36
VIVOTIF .....	88	WEBCOL ALCOHOL PREP 1 PLY .....	66	XOLAIR SOLR .....	10
VIZIMPRO .....	29	WEBCOL ALCOHOL PREP 2 PLY .....	66	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML .....	10
VOCABRIA .....	35	WEBCOL ALCOHOL PREP		XOPENEX HFA (Use levalbuterol	



tartrate) .....	11	ZENPEP CPEP 105000 UNIT-79000	zoledronic acid SOLN 5 MG/100ML
XOSPATA .....	30	UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000	51
XPERT XPRESS SARS-COV-2 ..	50	UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000	ZOLEDRONIC ACID SOLN .....
XTANDI CAPS .....	29	UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000	ZOLGENSMA 10.1-10.5 KG .....
XYBIOTIC CAPS .....	21	UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	ZOLGENSMA 10.6-11.0 KG .....
XYNTHA .....	56	ZEPATIER .....	ZOLGENSMA 11.1-11.5 KG .....
XYNTHA SOLOFUSE .....	56	ZEPOSIA STARTER KIT CPPK ..	ZOLGENSMA 11.6-12.0 KG .....
XYREM SOLN .....	83	ZEVALIN Y-90 .....	ZOLGENSMA 12.1-12.5 KG .....
YERVOY .....	28	ZIAGEN SOLN (Use abacavir sulfate) .....	ZOLGENSMA 12.6-13.0 KG .....
YESCARTA .....	29	ZIAGEN TABS (Use abacavir sulfate) .....	ZOLGENSMA 13.1-13.5 KG .....
YF-VAX INJ .....	90	zidovudine CAPS .....	ZOLGENSMA 13.6-14.0 KG .....
YONDELIS .....	27	zidovudine SYRP .....	ZOLGENSMA 14.1-14.5 KG .....
YOSPRALA 81 MG-40 MG .....	56	zidovudine TABS .....	ZOLGENSMA 14.6-15.0 KG .....
YUFLYMA 1-PEN KIT AJKT .....	4	ZIEXTENZO .....	ZOLGENSMA 15.1-15.5 KG .....
YUFLYMA 2-PEN KIT AJKT .....	4	zileuton TB12 .....	ZOLGENSMA 15.6-16.0 KG .....
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML .....	4	ZILRETTA SRER .....	ZOLGENSMA 16.1-16.5 KG .....
YUFLYMA CD/UC/HS STARTER AJKT .....	4	ZIMHI SOSY .....	ZOLGENSMA 16.6-17.0 KG .....
YUSIMRY .....	4	zinc oxide (topical) OINT 20 % .....	ZOLGENSMA 17.1-17.5 KG .....
YUTIQ .....	81	zinc sulfate CAPS .....	ZOLGENSMA 17.6-18.0 KG .....
zafirlukast .....	10	ZINPLAVA .....	ZOLGENSMA 18.1-18.5 KG .....
zaleplon .....	58	ziprasidone hcl .....	ZOLGENSMA 18.6-19.0 KG .....
ZALTRAP .....	28	ziprasidone mesylate .....	ZOLGENSMA 19.1-19.5 KG .....
ZARXIO .....	57	ZOLADEX 10.8 MG .....	ZOLGENSMA 19.6-20.0 KG .....
ZAVZPRET .....	71	ZOLADEX 3.6 MG .....	ZOLGENSMA 2.6-3.0 KG .....
ZEGALOGUE SOAJ .....	16	zoledronic acid CONC .....	ZOLGENSMA 20.1-20.5 KG .....
ZEGALOGUE SOSY .....	16	zoledronic acid SOLN 4 MG/100ML 51	ZOLGENSMA 20.6-21.0 KG .....
ZELAC CAPS .....	21		ZOLGENSMA 3.1-3.5 KG .....
ZELBORAF .....	30		ZOLGENSMA 3.6-4.0 KG .....
ZEMAIRA SOLR 1000 MG .....	85		ZOLGENSMA 4.1-4.5 KG .....
			ZOLGENSMA 4.6-5.0 KG .....

ZOLGENSMA 5.1-5.5 KG .....	78	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	8
ZOLGENSMA 5.6-6.0 KG .....	78	ZUBSOLV SUBL 2.9 MG-11.4 MG .	7
ZOLGENSMA 6.1-6.5 KG .....	78	ZULRESSO .....	14
ZOLGENSMA 6.6-7.0 KG .....	78	ZYDELIG .....	30
ZOLGENSMA 7.1-7.5 KG .....	78	ZYKADIA TABS .....	30
ZOLGENSMA 7.6-8.0 KG .....	78	ZYNTEGLO .....	56
ZOLGENSMA 8.1-8.5 KG .....	78	ZYPREXA RELPREVV .....	32
ZOLGENSMA 8.6-9.0 KG .....	78		
ZOLGENSMA 9.1-9.5 KG .....	78		
ZOLGENSMA 9.6-10.0 KG .....	78		
ZOLINZA .....	30		
zolmitriptan SOLN 2.5 MG .....	72		
zolmitriptan TABS .....	72		
zolmitriptan TBDP .....	72		
ZOLPIDEM TARTRATE CAPS ....	58		
zolpidem tartrate SUBL .....	58		
zolpidem tartrate TABS .....	58		
zolpidem tartrate TBCR .....	58		
ZOMIG SOLN 2.5 MG .....	72		
ZONISADE SUSP .....	13		
zonisamide CAPS .....	13		
ZORYVE .....	44		
ZOVIRAX CREA (Use acyclovir topical) .....	44		
ZOVIRAX OINT (Use acyclovir topical) .....	44		
ZTALMY .....	13		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	8		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	7		
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8		
ZUBSOLV SUBL 1.4 MG-5.7 MG ...	7		