

## **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 Depletors

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, Antihyperkinesis, Serotonin Reuptake Inhibitors & Combos
Cardiovascular - Angiotensin Receptor Blockers & Combos, Calcium Channel Blockers & Combos, High Potency Statins & Combos, Platelet Inhibitors, Triglyceride Lowering Agents
Central Nervous System - Triptans
Endocrinology - 2nd Generation Sulfonylureas & Combos, Alpha-Glucosidase Inhibitors, Growth Hormone
Gastrointestinal - Antiemetics, Proton Pump Inhibitors & Combos, Ulcerative Colitis
Genitourinary/Renal - Alpha Blockers for Benign Prostatic Hyperplasia
Hematologic - Anticoagulants
Miscellaneous - Pancreatic Enzymes
Ophthalmic - Nonsteroidal Antiinflammatory, Quinolones, Antihistamines, Carbonic Anhydrase Inhibitors, Prostaglandin Agonists
Osteoporosis - Bisphosphonates
Otic/Antibiotic - Quinolones and Combos
Respiratory - COPD Agents, Leukotriene Modifiers, Nasal Antihistamines, Nasal Corticosteroids
Topical - High/Medium/Low Potency Steroids, Topical Agents for Psoriasis, Antibiotics, Antivirals, Retinoids

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

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

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

## Abbreviations

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

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

## Tier Definitions

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

## Brand/Generic Drug Designation

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

## Contact Information

NH Healthy Families: 866-769-3085, [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
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
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	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); 2 max fill(s) per 999 day(s) retail; MP
<b>Anti-Obesity Agents</b>		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
ZEPBOUND SOAJ	NP	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Aminoglycosides</b>			ABRILADA PSKT	NP	SP; PA
BETHKIS NEBU ( <i>Use tobramycin</i> )	2	SP; PA	ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA
KITABIS PAK NEBU ( <i>Use tobramycin</i> )	2	SP; PA	ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AATY 1-PEN KIT AJKT	2	SP; PA
TOBI NEBU ( <i>Use tobramycin</i> )	NP	SP; PA	ADALIMUMAB-AATY 2-PEN KIT AJKT	2	SP; PA
<i>tobramycin sulfate SOLN IJ</i>	1	PA	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	2	SP; PA
<b>Antirheumatic - Enzyme Inhibitors</b>			ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	2	SP; PA
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	2	SP; PA
RINVOQ TB24	2	SP; PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM AJKT	2	SP; PA
<b>Antirheumatic Antimetabolites</b>			ADALIMUMAB-ADBM PSKT	2	SP; PA
METHOTREXATE	2	MP	ADALIMUMAB-FKJP AJKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-FKJP PSKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			AMJEVITA SOAJ	NP	SP; PA
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA			



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

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

Drug Name	Drug Tier	Requirements/Limits
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	0	MP
nabumetone	1	MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen sodium TABS 220 MG	1	QL(2 ea daily); MP
naproxen-esomeprazole magnesium	1	PA
naproxen SUSP	1	MP
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 ea daily); MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
TOLECTIN 600 TABS	2	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS 600 MG	1	MP
<b>Pyrimidine Synthesis Inhibitors</b>		
leflunomide	1	QL(1 ea daily); MP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 ea daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily)
<b>Analgesics Other</b>		
<i>acetaminophen CHEW</i>	0	
<i>acetaminophen ELIX</i>	0	
<i>acetaminophen LIQD 160 MG/5ML</i>	0	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 ea per fill retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	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 <i>acetaminophen</i> )	0	
<b>Analgesics-Peptide Channel Blockers</b>		
PRIALT	2	SP; PA
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	
<i>aspirin CHEW</i>	0	
ASPIRIN SUPP 300 MG	0	QL(12 ea per fill retail)
<i>aspirin TABS 325 MG</i>	0	
<i>aspirin TBEC 81 MG, 325 MG</i>	0	
<i>diflunisal TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
ECOTRIN ARTHRITIS PAIN TBEC (Use <i>aspirin</i> )	0	
ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i> )	0	
ECOTRIN TBEC (Use <i>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 (Use <i>tramadol hcl</i> )	NP	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>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA
<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 5 MG</i>	1	QL(4 ea daily); PA
<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily); PA
<i>morphine sulfate beads</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>OXAYDO TABS 5 MG</i>	2	QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	1	QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ml daily)
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl T12A 80 MG</i>	1	PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	1	QL(2 ea daily); PA
<i>oxycodone hcl TABS</i>	1	QL(6 ea daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>QDOLO SOLN (Use tramadol hcl)</i>	NP	
<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 25 MG, 100 MG</i>	1	
<i>tramadol hcl TB24</i>	1	PA
<i>TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ml daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 ea daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>tramadol-acetaminophen</i>	1	QL(4 ea daily)
<b>Opioid Partial Agonists</b>		
<i>BRIXADI SOSY</i>	2	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ZUBSOLV SUBL 0.36 MG-1.4 MG</i>	2	QL(12 ea daily)
<i>ZUBSOLV SUBL 2.1 MG-8.6 MG</i>	2	QL(2 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Androgens		
<i>ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)</i>	NP	
<i>AVEED SOLN</i>	2	SP; PA
<i>METHITEST TABS</i>	2	
<i>TESTOPEL PLLT</i>	2	SP; PA
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1	QL(4 ml per 30 day(s) retail)
<i>testosterone GEL TD 1 %</i>	2	
<i>testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	PA
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	
<i>testosterone SOLN</i>	1	PA
<i>VOGELXO PUMP GEL TD (Use testosterone)</i>	NP	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	1	QL(420 ml per fill retail)
Rectal Combinations		
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	QL(48 ea per fill retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	1	QL(15 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<b>Rectal Steroids</b>		
ANUSOL-HC EX ( <i>Use hydrocortisone (rectal)</i> )	2	QL(30 gm per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	QL(30 gm per fill retail)
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone LIQD</i>	1	QL(16.53 ml daily)
<i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-20 MG/5ML-200 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	1	QL(16.53 ml daily)
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	1	QL(16.53 ea daily)
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	1	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide TABS 400 MG</i>	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
BENZNIDAZOLE	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	2	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	1	QL(60 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
<b>Nitrates</b>		
<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 CPCR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
<b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>meprobamate</i>	1	
<b>Benzodiazepines</b>		

Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 ea daily)
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	NP	SP; PA
TEZSPIRE SOSY	NP	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	QL(0.867 gm daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )	2	
<i>tiotropium bromide monohydrate CAPS</i>	1	
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP
<i>zafirlukast</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton TB12</i>	1	
<b>Steroid Inhalants</b>		
ARMONAIR DIGIHALER	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i> )	2	QL(2 ea daily)
<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 gm per 30 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 gm per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 day(s) retail)
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i> )	2	QL(2 ea daily)
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i> )	2	
AIRDUO DIGIHALER 113/14	NP	
AIRDUO DIGIHALER 232/14	NP	
AIRDUO DIGIHALER 55/14	NP	

Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i> )	2	
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i> )	2	
AIRDUO RESPICLICK 55/14 AEPB	2	
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i> )	2	
AIRSUPRA	NP	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 gm daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 gm daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 gm daily)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ml per 30 day(s) retail)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1	QL(2 ea daily)
<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ml per 25 day(s) retail)
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)
<i>albuterol sulfate SYRP</i>	1	MP
<i>albuterol sulfate TABS</i>	1	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 gm per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 day(s) retail)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 200 MG, 300 MG, 400 MG	2	
DULERA 50 MCG/ACT-5 MCG/ACT	2		<i>theophylline ELIX</i>	1	
<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)	<i>theophylline SOLN</i>	1	QL(475 ml per fill retail); MP
<i>fluticasone-salmeterol AERO</i>	1		<i>theophylline TB12 450 MG</i>	1	
<i>ipratropium-albuterol SOLN</i>	1	QL(12 ml daily)	<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>levalbuterol hcl</i>	1		<i>theophylline TB24</i>	1	MP
<i>levalbuterol tartrate</i>	1		<b>ANTICOAGULANTS - Blood Thinners</b>		
PROAIR DIGIHALER	NP		Coumarin Anticoagulants		
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.57 gm daily)	<i>warfarin sodium TABS</i>	1	MP
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.45 gm daily)	Direct Factor Xa Inhibitors		
SEREVENT DISKUS	2	QL(2 ea daily)	ELIQUIS STARTER PACK TBPK	2	QL(4 ea daily)
STIOLTO RESPIMAT	2		ELIQUIS TABS	2	QL(4 ea daily)
SYMBICORT ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	2	QL(11 gm per 30 day(s) retail)	XARELTO STARTER PACK TBPK	2	
<i>terbutaline sulfate TABS</i>	1	MP	XARELTO SUSR	2	
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(0.54 gm daily)	XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	0	Limit 2 inhalers per month; QL(1.2 gm daily)	XARELTO TABS 15 MG	2	QL(2 ea daily)
XOPENEX HFA ( <i>Use levalbuterol tartrate</i> )	2		XARELTO TABS 2.5 MG	2	
<b>Xanthines</b>			Heparins And Heparinoid-Like Agents		
THEO-24 CP24 100 MG	2	MP	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 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>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 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>fondaparinux sodium</i>	1	PA
			FRAGMIN SOLN 10000 UNIT/4ML	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1		<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<b>Thrombin Inhibitors</b>			<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP
<i>dabigatran etexilate mesylate CAPS</i>	1		<i>gabapentin SOLN</i>	1	MP
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i> )	2		<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
PRADAXA PACK	2	SP	<i>lamotrigine CHEW</i>	1	MP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			<i>lamotrigine KIT 25 MG</i>	1	
<b>Anticonvulsants - Benzodiazepines</b>			<i>lamotrigine TABS</i>	1	MP
<i>clobazam SUSP</i>	1		<i>lamotrigine TB24</i>	1	
<i>clobazam TABS</i>	1		<i>lamotrigine TBDP</i>	1	
<i>clonazepam TABS</i>	1	QL(4 ea daily)	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP
<i>clonazepam TBDP</i>	1		<i>levetiracetam TABS</i>	1	MP
VALTOCO 10 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail)	<i>levetiracetam TB24</i>	1	MP
VALTOCO 15 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail)	MOTPOLY XR CP24	NP	
VALTOCO 20 MG DOSE LQPK	2	QL(10 ea per 30 day(s) retail)	<i>oxcarbazepine SUSP</i>	1	MP
VALTOCO 5 MG DOSE LIQD	2	QL(10 ea per 30 day(s) retail)	<i>oxcarbazepine TABS</i>	1	MP
<b>Anticonvulsants - Misc.</b>			<i>pregabalin CAPS</i>	1	PA
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA	<i>pregabalin SOLN</i>	1	PA
<i>carbamazepine CHEW</i>	1	MP	<i>primidone 50 MG, 250 MG</i>	1	MP
<i>carbamazepine CP12</i>	1	MP	<i>primidone 125 MG</i>	1	
<i>carbamazepine SUSP</i>	1	MP	<i>rufinamide SUSP</i>	1	SP
<i>carbamazepine TABS</i>	1	MP	TEGRETOL-XR TB12 (Use <i>carbamazepine</i> )	2	MP
<i>carbamazepine TB12</i>	1	MP	TOPAMAX SPRINKLE CPSP (Use <i>topiramate</i> )	2	MP
CARBATROL CP12 (Use <i>carbamazepine</i> )	2	MP	<i>topiramate CPSP</i>	1	MP
ELEPSIA XR TB24	NP		<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
EPRONTIA SOLN	NP		<i>topiramate TABS 25 MG</i>	1	QL(6 ea daily); MP
			TRILEPTAL SUSP (Use <i>oxcarbazepine</i> )	2	MP
			ZONISADE SUSP	NP	
			<i>zonisamide CAPS</i>	1	MP
			ZTALMY	NP	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Valproic Acid</b>		
DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i> )	2	MP
<i>divalproex sodium</i> CSDR	1	MP
<i>divalproex sodium</i> TB24	1	MP
<i>divalproex sodium</i> TBEC	1	MP
<i>valproate sodium</i> SOLN OR 250 MG/5ML, 500 MG/10ML	1	MP
<i>valproic acid</i> CAPS	1	MP
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine</i> TABS	1	MP
<i>mirtazapine</i> TBDP	1	
<b>Antidepressant Combinations</b>		
AUVELITY	NP	
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl</i> TABS	1	MP
<i>bupropion hcl</i> TB12 100 MG	1	QL(4 ea daily); MP
<i>bupropion hcl</i> TB12 150 MG	1	QL(3 ea daily); MP
<i>bupropion hcl</i> TB12 200 MG	1	QL(2 ea daily); MP
<i>bupropion hcl</i> TB24 450 MG	2	
<i>bupropion hcl</i> TB24 150 MG	1	QL(3 ea daily); MP
<i>bupropion hcl</i> TB24 300 MG	1	QL(1 ea daily); MP
FORFIVO XL TB24 (Use <i>bupropion hcl</i> )	NP	
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
ZULRESSO	2	SP; PA
ZURZUVAE	NP	SP
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate</i>	1		<i>trazodone hcl TABS 300 MG</i>	1	
<i>tranylcypromine sulfate</i>	1		<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			<i>CYMBALTA CPEP 60 MG (Use duloxetine hcl)</i>	NP	QL(2 ea daily); AL(At least 7 yrs old); MP
CITALOPRAM HYDROBROMIDE CAPS	2		<i>CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)</i>	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
<i>citalopram hydrobromide SOLN</i>	1		DESVENLAFAXINE ER	2	
<i>citalopram hydrobromide TABS</i>	1	MP	<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 ea daily); MP
<i>escitalopram oxalate SOLN</i>	1		<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 ea daily); MP
<i>escitalopram oxalate TABS</i>	1	MP	<i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>	1	QL(1 ea daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl CAPS</i>	1	MP	<i>duloxetine hcl CPEP 60 MG</i>	1	QL(2 ea daily); AL(At least 7 yrs old); MP
<i>fluoxetine hcl CPDR</i>	1		VENLAFAXINE BESYLATE ER	NP	
<i>fluoxetine hcl SOLN</i>	1		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily); MP
<i>fluoxetine hcl TABS 60 MG</i>	1		<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 ea daily); MP
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP	<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 ea daily); MP
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TABS</i>	1	MP
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	2		<i>venlafaxine hcl TB24</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate CP24</i>	1		<b>Tricyclic Agents</b>		
<i>fluvoxamine maleate TABS</i>	1		<i>amitriptyline hcl TABS</i>	1	MP
<i>paroxetine hcl TABS</i>	1	MP	<i>amoxapine</i>	1	
<i>paroxetine hcl TB24</i>	1		<i>clomipramine hcl</i>	1	
<i>sertraline hcl CONC</i>	1		<i>desipramine hcl TABS</i>	1	
<i>sertraline hcl TABS</i>	1	MP	<i>doxepin hcl CAPS 150 MG</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	2	PA	<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP
<b>Serotonin Modulators</b>					
<i>nefazodone hcl</i>	1				
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP			

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

Drug Name	Drug Tier	Requirements/Limits
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 625 MG</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)
BD GLUCOSE CHEW	2	QL(1.67 ea daily); MP
CVS GLUCOSE CHEW	2	QL(1.67 ea daily); MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily); MP
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	MP
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail); MP
GLUCAGON EMERGENCY KIT ( <i>Use glucagon (rdna)</i> )	2	QL(1 ea per fill retail); MP
GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP
GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GVOKE KIT SOLN	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP

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

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

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



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

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

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

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

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

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 67 MG</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP
<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 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>lovastatin TABS 40 MG</i>	1	QL(2 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 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>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 IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	QL(300 ml 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 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM	2	QL(24 ea per fill retail)
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 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>		

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
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>		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>azacitidine SUSR</i>	1	SP; PA	LENVIMA 24 MG DAILY DOSE	2	SP; PA
<i>capecitabine</i>	1	SP; PA	LENVIMA 4 MG DAILY DOSE	2	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA	LENVIMA 8 MG DAILY DOSE	2	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA	MVASI	2	SP; PA
<i>decitabine</i>	1	SP; PA	ZALTRAP	2	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA	<b>Antineoplastic - Antibodies</b>		
FLUDARABINE PHOSPHATE SOLN	2	SP; PA	ADCETRIS	2	SP; PA
<i>fludarabine phosphate SOLR</i>	1	SP; PA	ARZERRA	2	SP; PA
FOLOTYN	2	SP; PA	BLINCYTO	2	SP; PA
<i>mercaptopurine TABS</i>	1		DARZALEX	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		EMPLICITI	2	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP	GAZYVA	2	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA	KADCYLA	2	SP; PA
<i>pralatrexate</i>	1	SP; PA	KEYTRUDA	2	SP; PA
PURIXAN SUSP	2		LIBTAYO	2	SP; PA
TABLOID	2	SP; PA	LUMOXITI	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>			POLIVY 140 MG	2	SP; PA
AVASTIN	2	SP; PA	POTELIGEO	2	SP; PA
CYRAMZA	2	SP; PA	RITUXAN	2	SP; PA
INLYTA	2	SP; PA	TECENTRIQ	2	SP; PA
LENVIMA 10 MG DAILY DOSE	2	SP; PA	UNITUXIN	2	SP; PA
LENVIMA 12MG DAILY DOSE	2	SP; PA	YERVOY	2	SP; PA
LENVIMA 14 MG DAILY DOSE	2	SP; PA	ZEVALIN Y-90	2	SP; PA
LENVIMA 18 MG DAILY DOSE	2	SP; PA	<b>Antineoplastic - Anti-HER2 Agents</b>		
LENVIMA 20 MG DAILY DOSE	2	SP; PA	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/BUPIVACAINE 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
ELLECE 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>dasatinib</i>	1	SP; PA	ZYDELIG	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA	ZYKADIA TABS	2	SP; PA
<i>everolimus TBSO</i>	1	SP; PA	Antineoplastic Enzymes		
IBRANCE CAPS	2	SP; PA	ONCASPAR	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA	Antineoplastic Radiopharmaceuticals		
<i>imatinib mesylate</i>	1	SP; PA	AZEDRA DOSIMETRIC	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 ea daily); SP; PA	AZEDRA THERAPEUTIC	2	SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA	LUTATHERA	2	SP; PA
IMBRUVICA TABS	2	QL(1 ea daily); SP; PA	Antineoplastics Misc.		
JAKAFI	2	SP; PA	ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
KYPROLIS	2	SP; PA	ALFERON N	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA	<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
LORBRENA	2	SP; PA	<i>bexarotene</i>	1	SP; PA
MEKINIST TABS	2	SP; PA	<i>hydroxyurea</i>	1	MP
MEKTOVI	2	SP; PA	INTRON A SOLR 10000000 UNIT	2	SP; PA
NINLARO	2	SP; PA	MATULANE	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA	PHOTOFRIN	2	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA	PROLEUKIN	2	SP; PA
RUBRACA	2	SP; PA	SYNRIBO	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA	<i>tretinoin (chemotherapy)</i>	1	SP; PA
STIVARGA	2	SP; PA	Chemotherapy Adjuncts		
<i>sunitinib malate</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
MESNEX TABS	2	SP; PA
TOTECT	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
ABRAXANE	2	SP; PA
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA
<i>eribulin mesylate</i>	1	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	2	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		

Drug Name	Drug Tier	Requirements/Limits
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP	<i>paliperidone</i>	1	
<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>			RYKINDO SRER	NP	AL(At least 18 yrs old); 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		UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
<i>lithium carbonate CAPS</i>	1		Butyrophenones		
<i>lithium carbonate TABS</i>	1		<i>haloperidol decanoate</i>	1	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	2		<i>haloperidol lactate CONC</i>	1	
Antipsychotics - Misc.			<i>haloperidol lactate SOLN</i>	1	
CAPLYTA	NP		<i>haloperidol TABS</i>	1	
<i>lurasidone hcl</i>	1		Dibenzapines		
NUPLAZID CAPS	2	QL(1 ea daily); PA	<i>clozapine TABS</i>	0	
NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA	<i>clozapine TBDP</i>	0	
<i>ziprasidone hcl</i>	1		<i>loxapine succinate</i>	1	
<i>ziprasidone mesylate</i>	1		<i>olanzapine SOLR</i>	1	
Benzisoxazoles			<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
INVEGA HAFYERA	2	SP	<i>olanzapine TBDP</i>	1	
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS</i>	1	
INVEGA TRINZA	2	1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV	NP	SP	<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)
Phenothiazines			<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)
<i>chlorpromazine hcl TABS</i>	1		<i>abacavir sulfate TABS</i>	0	QL(2 ea daily)
<i>fluphenazine decanoate</i>	1		APTIVUS CAPS	0	QL(4 ea daily)
<i>fluphenazine hcl TABS</i>	1		<i>atazanavir sulfate CAPS</i>	0	QL(2 ea daily)
<i>perphenazine TABS</i>	1		BIKTARVY 120 MG-30 MG-15 MG	2	
<i>prochlorperazine</i>	1		BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)
<i>prochlorperazine edisylate 10 MG/2ML</i>	1		COMBIVIR (Use <i>lamivudine-zidovudine</i> )	0	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1		COMPLERA	0	QL(1 ea daily)
<i>thioridazine hcl</i>	1		<i>darunavir TABS</i>	0	QL(2 ea daily)
<i>trifluoperazine hcl TABS</i>	1		DELSTRIGO	0	QL(1 ea daily)
Quinolinone Derivatives			DESCOVY 120 MG-15 MG	2	
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP	DESCOVY 200 MG-25 MG	0	QL(1 ea daily)
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	DOVATO	0	
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 day(s) retail); AL(At least 18 yrs old); SP	EDURANT	0	QL(1 ea daily)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>efavirenz CAPS 200 MG</i>	0	QL(1 ea daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>efavirenz CAPS 50 MG</i>	0	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TBDP</i>	1	QL(2 ea daily)	<i>efavirenz TABS</i>	0	QL(1 ea daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ml per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>emtricitabine CAPS</i>	0	QL(1 ea daily)
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>thiothixene</i>	1		EMTRIVA CAPS (Use <i>emtricitabine</i> )	0	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			EMTRIVA SOLN	0	QL(24 ml daily)
Antiretrovirals			EPIVIR SOLN (Use <i>lamivudine</i> )	0	QL(30 ml daily)
			EPIVIR TABS 150 MG (Use <i>lamivudine</i> )	0	QL(2 ea daily)

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



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

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

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(42 ea per 21 day(s) retail)
<i>valacyclovir hcl 500 MG</i>	1	QL(2 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS 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 40 MG, 80 MG	NP	
<b>Misc. Antivirals</b>		
LAGEVRIO	0	
TPOXX CAPS	2	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>carvedilol phosphate</i>	1	QL(1 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP
<b>Beta Blockers Non-Selective</b>		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/afI)</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 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>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
CONJUPRI (Use <i>levamlodipine maleate</i> )	2	
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</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 extended release beads</i>	1	QL(1 ea daily); MP

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

**CARDIOTONICS - Drugs to Treat Heart Failure**

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)
LIQREV SUSP	NP	SP	<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA	Cephalosporins - 3rd Generation		
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA	<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA	<i>cefdinir SUSR</i>	1	QL(60 ml per fill retail)
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA	<i>cefixime CAPS</i>	1	
TADLIQ SUSP	NP	SP; PA	<i>cefixime SUSR</i>	1	
Transthyretin Stabilizers			<i>cefpodoxime proxetil SUSR</i>	1	
VYNDAMAX	2	QL(1 ea daily); SP; PA	<i>cefpodoxime proxetil TABS</i>	1	
VYNDAQEL	2	QL(4 ea daily); SP; PA	<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>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>			<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Cephalosporins - 1st Generation			Combination Contraceptives - Oral		
<i>cefadroxil CAPS</i>	1		<i>desogestrel &amp; ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefadroxil SUSR</i>	1		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefadroxil TABS</i>	1		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cephalexin CAPS 250 MG, 500 MG</i>	1		<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<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)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	Emergency Contraceptives		
<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	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
<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	Progestin Contraceptives - Implants		
TYBLUME CHEW	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
Combination Contraceptives - Transdermal			Progestin Contraceptives - Injectable		
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	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
Combination Contraceptives - Vaginal			<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
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<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
Copper Contraceptives - IUD			Progestin Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV			

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

Drug Name	Drug Tier	Requirements/Limits
<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>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<b>Cough/Cold/Allergy Combinations</b>		
<i>brompheniramine &amp; phenyleph ELIX</i>	1	QL(120 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>brompheniramine &amp; pseudoeph ELIX</i>	1	QL(120 ml per fill retail)
<i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine SOLN</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>guaifenesin-codeine SYRP</i>	1	QL(240 ml per fill retail); 1 max fill(s) per 30 day(s) retail
MAXI-TUSS PE LIQD	2	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)

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



Drug Name	Drug Tier	Requirements/Limits
<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	
<i>clindamycin phosphate-tretinoin</i>	1	
DIFFERIN LOTN	2	
<i>erythromycin (acne aid) GEL</i>	1	QL(60 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	1	
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 12 yrs old)
RETIN-A CREA (Use <i>tretinoin</i> )	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
RETIN-A GEL (Use <i>tretinoin</i> )	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>sulfacetamide sodium (acne)</i>	1	QL(120 ml per fill retail)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>tretinoin microsphere</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin CREA 0.025 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
<b>Antibiotics - Topical</b>		
<i>bacitracin (topical) OINT</i>	1	QL(453.9 ea per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 gm per fill retail)
CENTANY OINT	NP	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>mupirocin calcium (topical)</i>	1	
<i>mupirocin OINT</i>	1	QL(30 gm per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 gm per fill retail)
<b>Antifungals - Topical</b>		
<i>ciclopirox SOLN</i>	1	PA
<i>clotrimazole (topical) CREA</i>	1	QL(60 gm per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ml per fill retail)
<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)
<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
<i>camphor &amp; menthol LOTN</i>	1	QL(59 ml per fill retail)
Antipsoriatics		
BIMZELX SOAJ	NP	SP; PA
BIMZELX SOSY	NP	SP; PA
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
<i>calcipotriene FOAM</i>	1	
CALCIPOTRIENE FOAM	1	
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	SP; PA
<i>tazarotene CREA 0.1 %</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
VTAMA	NP	
ZORYVE 0.3 %	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ml per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 ml per fill retail)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate OINT</i>	1	
HYDROCORTISONE CREA	2	
HYDROXATE GEL	NP	
HYDROXYM GEL	NP	
IMPEKLO LOTN	NP	
LOCOID LIPOCREAM	NP	
<i>mometasone furoate CREA</i>	1	QL(50 gm per fill retail)
<i>mometasone furoate OINT</i>	1	QL(45 gm per fill retail)
<i>mometasone furoate SOLN</i>	1	QL(60 ml per fill retail)
<i>prednicarbate OINT</i>	1	QL(60 gm per fill retail)
TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<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) CREA 0.5 %</i>	1	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1	QL(80 gm per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	
<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 SOSY	2	SP; PA
CIBINQO	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	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
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 gm per fill retail); RX/OTC
<b>Hair Growth Agents</b>		
LITFULO	NP	SP; PA
<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>		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Diagnostic Drugs			ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	0	RX/OTC
<i>cosyntropin SOLR</i>	1	SP; PA	ELLUME COVID-19 HOME TEST KIT	0	
THYROGEN 0.9 MG	2	SP; PA	FASTEP COVID-19 ANTIGEN HOME TEST KIT	0	
Diagnostic Tests			FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	0	RX/OTC
ACCUA SARS-COV-2	0		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	0	
ADVIN COVID-19 ANTIGEN HOME TEST KIT	0		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	0	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	0		GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	0	
BINAXNOW COVID-19 AG CARD	0		GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	0	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	0		ID NOW COVID-19	0	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	0		ID NOW COVID-19 2.0	0	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	0		ID NOW COVID-19 2.0 CONTROL SWAB KIT	0	RX/OTC
CHEMSTRIP-K STRP	2		ID NOW COVID-19 CONTROL SWAB KIT	0	RX/OTC
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	0		IHEALTH COVID-19 ANTIGENRAPID TEST KIT	0	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	0		INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	0	
COBAS LIAT SARS-COV-2 ASSAY	0		INTELISWAB COVID-19 RAPID TEST KIT	0	
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC	KETONE TEST STRIPS STRP	2	
COVID-19 AG TEST KIT	0		KETONE STRP	2	
COVID-19 AT-HOME TEST KIT KIT	0		KETOSTIX STRP	2	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	0		LUCIRA CHECK IT COVID-19TEST KIT KIT	0	RX/OTC
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	0				
CVS COVID-19 AT HOME TESTKIT KIT	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	0	RX/OTC	RELION KETONE TEST STRIPS STRP	2	
LYRA DIRECT SARS-COV-2 ASSAY	0		SOFIA SARS ANTIGEN FIA	0	
LYRA SARS-COV-2 ASSAY	0		SOFIA2 SARS ANTIGEN FIA	0	
OHC COVID-19 ANTIGEN SELF TEST KIT	0		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	0	
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	0		XPERT XPRESS SARS-COV-2	0	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	0		<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC	Digestive Enzymes		
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	CREON CPEP	2	
PILOT COVID-19 AT-HOME TEST KIT	0		SUCRAID	2	SP; PA
QUICKVUE AT-HOME COVID-19 TEST KIT	0		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	
QUICKVUE SARS ANTIGEN TEST	0		<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
RAPID RESPONSE COVID-19	0	RX/OTC	Carbonic Anhydrase Inhibitors		
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	0		<i>acetazolamide CP12</i>	1	MP
			<i>acetazolamide TABS</i>	1	MP
			<i>methazolamide TABS</i>	1	MP
			Diuretic Combinations		
			<i>amiloride &amp; hydrochlorothiazide</i>	1	QL(1 ea daily)
			<i>spironolactone &amp; hydrochlorothiazide</i>	1	MP



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP	<i>calcitonin (salmon) NA</i>	1	QL(4 ml per 30 day(s) retail)
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP	EVENITY	2	SP; PA
<b>Loop Diuretics</b>			<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>bumetanide TABS</i>	1	MP	<i>ibandronate sodium TABS</i>	1	PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP	NATPARA	2	SP; PA
<i>furosemide TABS</i>	1	MP	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
SOAANZ TABS 20 MG	2	MP	PAMIDRONATE DISODIUM SOLN	2	SP; PA
<i>toremide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily); MP	PROLIA SOSY	2	SP; PA
<i>toremide TABS 20 MG</i>	1	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 150 MG</i>	1	
<i>amiloride hcl TABS</i>	1	QL(4 ea daily)	<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)
<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 GEL	2	SP; PA
<b>Bone Density Regulators</b>			CORTROPHIN GEL	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) IJ</i>	1	QL(2 ml per 30 day(s) retail)	PREGNYL IM	2	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA	BUPHENYL POWD ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA
GnRH/LHRH Antagonists			BUPHENYL TABS ( <i>Use sodium phenylbutyrate</i> )	2	SP; PA
ORLISSA	2	SP; PA	<i>calcitriol CAPS</i>	1	
Growth Hormone Receptor Antagonists			CARBAGLU ( <i>Use carglumic acid</i> )	2	SP; PA
SOMAVERT	2	SP; PA	<i>carglumic acid</i>	1	SP; PA
Growth Hormones			<i>cinacalcet hcl</i>	1	SP; PA
GENOTROPIN MINIQUICK PRSY	2	SP; PA	CRYSVITA	2	SP; PA
GENOTROPIN CART SC	2	SP; PA	ELAPRASE	2	SP; PA
NGENLA	NP	SP; PA	FABRAZYME	2	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA	GALAFOLD	2	QL(0.5 ea daily); SP; PA
OMNITROPE SOCT	NP	SP; PA	KANUMA	2	SP; PA
SKYTROFA	NP	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)
SOGROYA	2	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)
Hormone Receptor Modulators			LUMIZYME	2	SP; PA
<i>raloxifene hcl</i>	1	QL(1 ea daily)	MYALEPT	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			NAGLAZYME	2	SP; PA
INCRELEX	2	SP; PA	<i>nitisinone CAPS</i>	1	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			OLPRUVA THPK	NP	SP
FENSOLVI SC	2	SP; PA	ORFADIN SUSP	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA	PALYNZIQ	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA	<i>paricalcitol SOLN</i>	1	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA	PARSABIV	2	SP; PA
SUPPRELIN LA	NP	SP; PA	PHEBURANE PLLT	2	PA
SYNAREL	2	SP; PA	RAVICTI	2	SP; PA
Metabolic Modifiers			REVCOVI	2	SP; PA
ALDURAZYME	2	SP; PA	<i>sapropterin dihydrochloride PACK</i>	1	SP; PA
<i>betaine</i>	1	SP; PA	<i>sapropterin dihydrochloride TABS</i>	1	SP; PA
			<i>sodium phenylbutyrate POWD</i>	1	SP; PA
			<i>sodium phenylbutyrate TABS</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ	2	SP; PA
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA
<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)
STIMATE SOLN NA	2	SP; PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 ea daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 ea daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 ea per fill retail)
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>simethicone SUSP</i>	1	QL(45 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 ea daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		
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
Gastrointestinal Stimulants		
<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	
Inflammatory Bowel Agents		
<i>ASACOL HD TBEC (Use mesalamine)</i>	NP	QL(3 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
<i>CANASA SUPP (Use mesalamine)</i>	2	
ENTYVIO SOPN	NP	SP; PA
<i>LIALDA TBEC (Use mesalamine)</i>	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	1	
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP
VELSIPITY	NP	SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosecron hcl</i>	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENAGEL ( <i>Use sevelamer hcl</i> )	2	
RENVELA TABS ( <i>Use sevelamer carbonate</i> )	NP	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate &amp; citric acid</i>	1	QL(16.67 ml daily); RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
<b>Genitourinary Irrigants</b>		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 ea daily); MP
RAPAFLO 4 MG (Use <i>silodosin</i> )	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1	
<b>Urinary Stone Agents</b>		
<i>tiopronin TABS</i>	1	SP; PA
<b>Vesicoureteral Reflux (VUR) Agents</b>		
DEFLUX	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1	MP
<b>Gout Agents</b>		
<i>allopurinol 100 MG, 300 MG</i>	1	MP
<i>colchicine TABS</i>	1	1 fill per 30 days; QL(6 ea per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA
<b>Uricosurics</b>		
<i>probenecid</i>	1	MP
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE	2	SP; PA
ADYNOVATE	2	SP; PA
AFSTYLA	2	SP; PA
ALPHANATE SOLR	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ALPROLIX	2	SP; PA
ALTUVIIIIO	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	2	SP; PA
CORIFACT	2	SP; PA
ELOCTATE	2	SP; PA
ESPEROCT	2	SP; PA
FEIBA	2	SP; PA
FIBRYGA	2	SP; PA
HEMGENIX	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 1501 - 2000 UNIT	2	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
HUMATE-P SOLR	2	SP; PA
IDELVION	2	SP; PA
IXINITY SOLR	2	SP; PA
JIVI	2	SP; PA
KCENTRA	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
KOATE SOLR	2	SP; PA
KOGENATE FS KIT	2	SP; PA
KOVALTRY	2	SP; PA
NOVOEIGHT	2	SP; PA
NOVOSEVEN RT	2	SP; PA
NUWIQ KIT	2	SP; PA
NUWIQ SOLR	2	SP; PA
OBIZUR	2	SP; PA
PROFILNINE	2	SP; PA
REBINYN	2	SP; PA
RECOMBINATE SOLR	2	SP; PA
RIASTAP	2	SP; PA
RIXUBIS SOLR	2	SP; PA
ROCTAVIAN	2	SP; PA
SEVENFACT	2	SP; PA
TRETTEN	2	SP; PA
VONVENDI	2	SP; PA
WILATE KIT	2	SP; PA
XYNTHA	2	SP; PA
XYNTHA SOLOFUSE	2	SP; PA
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate SOLN</i>	1	SP; PA
<i>icatibant acetate SOSY</i>	1	SP; PA
<b>Complement Inhibitors</b>		
BERINERT KIT	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
<b>Hematologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE	2	SP; PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1	MP
<b>Human Protein C</b>		
CEPROTIN	2	SP; PA
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
<b>Plasma Proteins</b>		
THROMBATE III	2	SP; PA
<b>Platelet Aggregation Inhibitors</b>		
ASPIRIN/OMEPRazole 81 MG-40 MG	2	
ASPIRIN/OMEPRazole ER	2	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 ea daily)
YOSPRALA 81 MG-40 MG	2	
<b>Thrombolytic Agent - Misc</b>		
DEFITELIO	2	SP; PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Agents for Gaucher Disease</b>		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
<b>Agents for Sickle Cell Disease</b>		
CASGEVY	2	SP; PA
DROXIA CAPS	2	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
<b>Cobalamins</b>		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
<b>Folic Acid/Folates</b>		
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 ea daily)
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<b>Hematopoietic Gene Therapy</b>		
ZYNTEGLO	2	SP; PA
<b>Hematopoietic Growth Factors</b>		
DOPTELET	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 ea daily)
<b>Iron</b>		
FERRETT'S TABS	2	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	1	QL(2 ea daily)
<i>ferrous gluconate TABS 27 MG, 240 MG</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR 160 MG</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)	<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP	<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>ferrous sulfate TBEC 325 MG</i>	1	MP	<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1	
<i>ferrous sulfate TBEC 324 MG</i>	1		<i>doxylamine succinate (sleep)</i>	1	
IRON CHEWS PEDIATRIC CHEW	2		<i>ibuprofen-diphenhydramine citrate</i>	1	
IRON TABS 28 MG	2		<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)	<i>naproxen sodium-diphenhydramine hcl</i>	1	
Stem Cell Mobilizers			Barbiturate Hypnotics		
<i>plerixafor</i>	1	SP; PA	<i>phenobarbital ELIX</i>	1	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>			<i>phenobarbital TABS</i>	1	
Hemostatics - Systemic			Hypnotics - Tricyclic Agents		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA	<i>doxepin hcl (sleep)</i>	1	
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP; PA	Non-Barbiturate Hypnotics		
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA	<i>dexmedetomidine hcl in sodium chloride 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>dexmedetomidine hcl SOLN</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			<i>estazolam</i>	1	
Antihistamine Hypnotics			<i>eszopiclone</i>	1	
<i>diphenhydramine hcl (sleep) CAPS</i>	1		<i>flurazepam hcl</i>	1	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) LIQD</i>	1		IGALMI FILM	NP	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 ea daily)	<i>midazolam hcl SOLN IJ</i>	1	
			<i>temazepam 7.5 MG, 22.5 MG</i>	1	
			<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
			<i>triazolam</i>	1	QL(1 ea daily)
			<i>zaleplon</i>	1	QL(1 ea daily)
			ZOLPIDEM TARTRATE CAPS	2	
			<i>zolpidem tartrate SUBL</i>	1	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)	<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>zolpidem tartrate TBCR</i>	1				
Orexin Receptor Antagonists					
QUVIVIQ	NP		<i>sodium phosphates ENEM</i>	1	
Selective Melatonin Receptor Agonists			Stimulant Laxatives		
<i>ramelteon</i>	1		<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
<i>tasimelteon CAPS</i>	1	SP; PA	<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>			<i>sennosides TABS 8.6 MG</i>	1	
Bulk Laxatives			Surfactant Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 ea daily)	<i>docusate sodium CAPS 50 MG</i>	1	
NATURAL FIBER LAXATIVE POWD	2		<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>psyllium CAPS 0.52 GM</i>	1		<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %</i>	1		DOCUSATE SODIUM SYRP	2	
Laxative Combinations			<i>docusate sodium TABS</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)	<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)	Azithromycin		
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)	<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)
Laxatives - Miscellaneous			<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	1		<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 day(s) retail)
<i>lactulose SOLN</i>	1		<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)
<i>polyethylene glycol 3350 PACK</i>	1	QL(34 ea daily)	<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)	Clarithromycin		
SORBITOL OR 70 %	2		<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)
Saline Laxatives			<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>magnesium citrate</i>	1		<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	2	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	2	
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	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>		
1ST TIER UNILET COMFORTOUCH LANCETS 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
ACCUTREND PLUS	2	
ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 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
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AURORA LANCET SUPER THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	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
CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	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
CLEANLET 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
COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	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
CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PSS SELECT GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS MICROTHIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	2		QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 ea per 730 day(s) retail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
PERFECT LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
PHARMACY COUNTER LANCETS	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
PRECISION THINS GP LANCET	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
PREFERRED PLUS LANCETS COLORED 21G	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 SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	REALITY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
			RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	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
CO MONITOR REPLACEMENT TPIECES 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
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	FILTER AIR PP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL 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
COMPACT SPACE CHAMBER/ANTI-STATIC	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
EASIVENT/MASK-LARGE 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
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC
			INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 day(s) retail)
			LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
			LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET 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
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	SOOTHENE NB 100 CHILD MASK MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENE NB 100 MEDICATION CUP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENE NB 100 MESH CAP 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	SOOTHENE NB 100 ADULT MASK 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	THRESHOLD IMT 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	TUBING/WING TIP MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/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	Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 365 day(s) retail); RX/OTC	<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
WINDMILL TRAINER MISC	2	QL(1 ea per 360 day(s) retail); RX/OTC	<i>rizatriptan benzoate TBDP</i>	1	
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>sumatriptan</i>	1	QL(6 ea per 30 day(s) retail)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
AJOVY SOAJ	2	SP; PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
AJOVY SOSY	2	SP; PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
EMGALITY SOAJ	2	SP; PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
EMGALITY SOSY 100 MG/ML	NP	SP; PA	<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)
EMGALITY SOSY 120 MG/ML	2	SP; PA	<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 day(s) retail)
NURTEC	2	PA	<i>zolmitriptan SOLN 2.5 MG</i>	2	
QULIPTA	2	PA	<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 day(s) retail)
UBRELVY	2	PA	<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 day(s) retail)
ZAVZPRET	NP	PA	ZOMIG SOLN 2.5 MG	NP	
Migraine Combinations			<b>MINERALS &amp; ELECTROLYTES</b>		
<i>ergotamine w/ caffeine TABS</i>	1		Calcium		
<i>sumatriptan-naproxen sodium</i>	1		<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)
Migraine Products			MAGNEBIND 400	NP	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1		<i>oyster shell</i>	1	
Serotonin Agonists			Fluoride		
<i>almotriptan malate</i>	1		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
<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>sodium fluoride SOLN 0.125 MG/DROP</i>	1	
SOLUVITA SOLN	2	RX/OTC
<b>Magnesium</b>		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	1	
<b>Phosphate</b>		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	QL(8 ea daily)
<b>Potassium</b>		
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 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
<b>Zinc</b>		
<i>zinc sulfate CAPS</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
<b>Enzymes</b>		
XIAFLEX	2	SP; PA
<b>Fecal Incontinence Bulking Agents</b>		
SOLESTA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Immunomodulators</b>		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 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 IV 50 MG/ML	2	PA
<i>sirolimus SOLN</i>	1	PA
<i>sirolimus TABS</i>	1	PA
<i>tacrolimus CAPS</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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)
B-Complex w/ C		



Drug Name	Drug Tier	Requirements/Limits
<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/ FI & FE		
<i>ped multivitamins w/ fi &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 FORMULATION PEDIATRIC 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
SOLUVITA SOLN	2	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
VITAMINS A/C/D/FLUORIDE SOLN	2	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)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	2	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	2	QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN	2	
POLY-VITA/IRON SOLN	2	QL(60 ml per fill retail)
POLY-VITE/IRON SOLN	2	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine w/ aspirin &amp; caff 385 MG-30 MG-25 MG</i>	NP	
<i>orphenadrine w/ aspirin &amp; caff</i>	1	
<b>Viscosupplements</b>		
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
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>		
<b>Nasal Agent Combinations</b>		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	
RYALTRIS	NP	
<b>Nasal Agents - Misc.</b>		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)
<i>saline SOLN</i>	1	QL(90 ml per fill retail)
<b>Nasal Antiallergy</b>		
<i>azelastine hcl</i>	1	QL(30 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)
<i>olopatadine hcl (nasal)</i>	1	
<b>Nasal Anticholinergics</b>		
<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)
<b>Nasal Steroids</b>		
<i>flunisolide (nasal) 0.025 %</i>	1	QL(25 ml per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ml per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
<b>Sympathomimetic Decongestants</b>		
<i>epinephrine hcl (nasal)</i>	1	
<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)
<i>pseudoephedrine hcl TABS</i>	1	
<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
<i>riluzole TABS</i>	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
<b>Muscular Dystrophy Agents</b>		
AMONDYS 45	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 10.0-10.4 KG	2	SP; PA	ELEVIDYS 46.5-47.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA	ELEVIDYS 47.5-48.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA	ELEVIDYS 48.5-49.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA	ELEVIDYS 49.5-50.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA	ELEVIDYS 50.5-51.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA	ELEVIDYS 51.5-52.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA	ELEVIDYS 52.5-53.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA	ELEVIDYS 53.5-54.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA	ELEVIDYS 54.5-55.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA	ELEVIDYS 55.5-56.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA	ELEVIDYS 56.5-57.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA	ELEVIDYS 57.5-58.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA	ELEVIDYS 58.5-59.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA	ELEVIDYS 59.5-60.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA	ELEVIDYS 60.5-61.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA	ELEVIDYS 61.5-62.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA	ELEVIDYS 62.5-63.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA	ELEVIDYS 63.5-64.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA	ELEVIDYS 64.5-65.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA	ELEVIDYS 65.5-66.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA	ELEVIDYS 66.5-67.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA	ELEVIDYS 67.5-68.4 KG	2	SP; PA
ELEVIDYS 31.5-32.4 KG	2	SP; PA	ELEVIDYS 68.5-69.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA	ELEVIDYS 69.5 KG PLUS	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA	EXONDYS 51	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA	VILTEPSO	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA	VYONDYS 53	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA	<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
ELEVIDYS 37.5-38.4 KG	2	SP; PA	BOTOX IJ	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA	DYSPORT	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA	MYOBLOC	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA	XEOMIN	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA	<b>Spinal Muscular Atrophy Agents (SMA)</b>		
ELEVIDYS 42.5-43.4 KG	2	SP; PA	EVRYSDI	2	SP
ELEVIDYS 43.5-44.4 KG	2	SP; PA	SPINRAZA	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA			
ELEVIDYS 45.5-46.4 KG	2	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 10.1-10.5 KG	2	SP; PA	ZOLGENSMA 20.1-20.5 KG	2	SP; PA
ZOLGENSMA 10.6-11.0 KG	2	SP; PA	ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ZOLGENSMA 11.1-11.5 KG	2	SP; PA	ZOLGENSMA 3.1-3.5 KG	2	SP; PA
ZOLGENSMA 11.6-12.0 KG	2	SP; PA	ZOLGENSMA 3.6-4.0 KG	2	SP; PA
ZOLGENSMA 12.1-12.5 KG	2	SP; PA	ZOLGENSMA 4.1-4.5 KG	2	SP; PA
ZOLGENSMA 12.6-13.0 KG	2	SP; PA	ZOLGENSMA 4.6-5.0 KG	2	SP; PA
ZOLGENSMA 13.1-13.5 KG	2	SP; PA	ZOLGENSMA 5.1-5.5 KG	2	SP; PA
ZOLGENSMA 13.6-14.0 KG	2	SP; PA	ZOLGENSMA 5.6-6.0 KG	2	SP; PA
ZOLGENSMA 14.1-14.5 KG	2	SP; PA	ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 14.6-15.0 KG	2	SP; PA	ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 15.1-15.5 KG	2	SP; PA	ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 15.6-16.0 KG	2	SP; PA	ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 16.1-16.5 KG	2	SP; PA	ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 16.6-17.0 KG	2	SP; PA	ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 17.1-17.5 KG	2	SP; PA	ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 17.6-18.0 KG	2	SP; PA	ZOLGENSMA 9.6-10.0 KG	2	SP; PA
ZOLGENSMA 18.1-18.5 KG	2	SP; PA	<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
ZOLGENSMA 18.6-19.0 KG	2	SP; PA	Artificial Tears and Lubricants		
ZOLGENSMA 19.1-19.5 KG	2	SP; PA	<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)
ZOLGENSMA 19.6-20.0 KG	2	SP; PA	<i>white petrolatum-mineral oil</i>	1	QL(5 gm per fill retail)
ZOLGENSMA 2.6-3.0 KG	2	SP; PA	Beta-blockers - Ophthalmic		
			<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	1 max fill(s) per 30 day(s) retail
			COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )	2	
			DORZOLAMIDE HCL/TIMOLOL MALEATE	2	QL(10 ml per fill retail)
			<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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/D ORZOLAMIDE	2	
TIMOPTIC-XE SOLG 0.25 % (Use <i>timolol maleate (ophth)</i> )	NP	
Cycloplegic Mydriatics		
<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)
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 0.5 %</i>	1	QL(15 ml per fill retail)
<i>tropicamide SOLN 1 %</i>	1	QL(3 ml per fill retail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Angiogenesis Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
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
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use <i>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	
Ophthalmic Anti-infectives		
<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 gm per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
ERYTHROMYCIN	2	QL(4 gm per fill retail)
<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
TOBEX OINT	2	QL(4 gm per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ml daily)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 max fill(s) per 30 day(s) retail
<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	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL (Use cyclosporine (ophth))	2	
VEVYE SOLN	NP	
<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>		

Drug Name	Drug Tier	Requirements/Limits
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-polymyxin-dexameth OINT</i>	1	QL(4 gm per fill retail)
<i>neomycin-polymyxin-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)
<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
<b>Ophthalmics - Misc.</b>		
<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
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)
MIEBO	NP	
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN ( <i>Use travoprost</i> )	2	
<i>travoprost SOLN</i>	1	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ml daily)
Otic Anti-infectives		
CETRAXAL ( <i>Use ciprofloxacin hcl (otic)</i> )	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ml per fill retail)
Otic Combinations		

Drug Name	Drug Tier	Requirements/Limits
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>		
Immune Serums		
BIVIGAM SOLN 10 %	2	SP; PA
BIVIGAM SOLN 5 GM/50ML	2	PA
CUVITRU SOLN	2	SP; PA
CYTOGAM	2	SP; PA
FLEBOGAMMA DIF SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA
GAMASTAN	2	SP; PA
GAMMAGARD LIQUID	2	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA



Drug Name	Drug Tier	Requirements/Limits
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMMAPLEX SOLN 5 GM/50ML	2	PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
OCTAGAM SOLN 5 GM/50ML	2	PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA
PRIVIGEN SOLN 5 GM/50ML	2	PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
<b>Monoclonal Antibodies</b>		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZINPLAVA	2	SP; PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	2	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
<b>Natural Penicillins</b>		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	QL(1.34 ea daily)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
<b>Liquid Vehicles</b>		
<i>glycine diluent</i>	1	SP; PA
PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA
<b>Semi Solid Vehicles</b>		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<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
<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>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
<b>Anti-Cataplectic Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
<b>Antidementia Agents</b>		
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 rivastigmine)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	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)
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NP	QL(1 ea per 28 day(s) retail)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)
<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)
<b>Cerebral Adrenoleukodystrophy (CALD) Agents</b>		
SKYSONA	2	SP; PA
<b>Combination Psychotherapeutics</b>		
LYBALVI	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
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, 30 MG, 36 MG, 42 MG, 48 MG	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
<i>tetrabenazine</i>	1	SP; PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN AJKT	2	SP; PA
AVONEX PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	2	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i> fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	1	AL(At least 7 yrs old)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
<i>ergoloid mesylates TABS</i>	1	
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 13 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 13 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 13 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 13 yrs old)
<i>nicotine MISC XX</i>	0	AL(At least 13 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 13 yrs old)
NICOTROL INHALER INHA	NP	AL(At least 13 yrs old); PA
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily); AL(At least 13 yrs old)
<i>varenicline tartrate TBPK</i>	0	AL(At least 13 yrs old)
<b>Transthyretin Amyloidosis Agents</b>		
ONPATTRO	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	2	SP; PA
<i>pirfenidone CAPS</i>	1	SP; PA
<i>pirfenidone TABS 534 MG</i>	1	SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl CAPS</i>	1	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole TABS</i>	1	MP
<i>propylthiouracil</i>	1	MP
Thyroid Hormones		
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 CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	2	MP
NP THYROID 120 TABS	2	MP
NP THYROID 15 TABS	2	MP
NP THYROID 30 TABS	2	MP
NP THYROID 60 TABS	2	MP
NP THYROID 90 TABS	2	MP
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	2	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	0	AL (At least 19 yrs old)
BOOSTRIX SUSP	0	AL (At least 19 yrs old)
BOOSTRIX SUSY	0	AL (At least 19 yrs old)
DAPTACEL	0	AL (At least 19 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	AL (At least 19 yrs old)
INFANRIX	0	AL (At least 19 yrs old)
KINRIX SUSY	0	AL (At least 19 yrs old)
PEDIARIX SUSY	0	AL (At least 19 yrs old)
PENTACEL	0	AL (At least 19 yrs old)
QUADRACEL SUSP	0	AL (At least 19 yrs old)
QUADRACEL SUSY	0	AL (At least 19 yrs old)
TDVAX SUSP	0	AL (At least 19 yrs old)
TENIVAC INJ	0	AL (At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	AL (At least 19 yrs old)
VAXELIS SUSP	0	AL (At least 19 yrs old)
VAXELIS SUSY	0	AL (At least 19 yrs old)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl CAPS</i>	1	
<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 800 MG</i>	1	QL(500 ea per fill retail)
<i>cimetidine TABS 300 MG, 400 MG</i>	1	
<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	1	MP; RX/OTC
<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)	NP	
pantoprazole sodium TBEC 40 MG	1	QL(2 ea daily)	tropium chloride CP24	1	
pantoprazole sodium TBEC 20 MG	1	QL(1 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		mirabegron TB24	1	
Ulcer Therapy Combinations			MYRBETRIQ TB24 (Use mirabegron)	2	
KONVOMEPEP SUSR	NP		MYRBETRIQ TB24	2	
omeprazole-sodium bicarbonate CAPS	1	RX/OTC	Urinary Antispasmodics - Cholinergic Agonists		
omeprazole-sodium bicarbonate PACK	1		bethanechol chloride	1	MP
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			Urinary Antispasmodics - Direct Muscle Relaxants		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			flavoxate hcl	1	
darifenacin hydrobromide	1		<b>VACCINES</b>		
fesoterodine fumarate	1		Bacterial Vaccines		
			ACTHIB SOLR IM	0	AL(At least 19 yrs old)
			BCG VACCINE	0	AL(At least 19 yrs old)
			BEXSERO	0	AL(At least 19 yrs old)
			BIOTHRAX	0	AL(At least 19 yrs old)
			HIBERIX SOLR IJ	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENACTRA	0	AL(At least 19 yrs old)	AFLURIA 2024-2025 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
MENQUADFI	0	AL(At least 19 yrs old)			
MENVEO SOLN	0	AL(At least 19 yrs old)			
MENVEO SOLR	0	AL(At least 19 yrs old)			
PEDVAX HIB SUSP	0	AL(At least 19 yrs old)			
PENBRAYA	0	AL(At least 19 yrs old)			
PNEUMOVAX 23	0	AL(At least 19 yrs old)			
PNEUMOVAX 23/1 DOSE	0	AL(At least 19 yrs old)			
PREVNAR 13	0	AL(At least 19 yrs old)			
PREVNAR 20	0	AL(At least 19 yrs old)			
TRUMENBA	0	AL(At least 19 yrs old)			
TYPHIM VI SOLN	0	AL(At least 19 yrs old)			
TYPHIM VI SOSY	0	AL(At least 19 yrs old)			
VAXCHORA	0	AL(At least 19 yrs old)			
VAXNEUVANCE	0	AL(At least 19 yrs old)			
VIVOTIF	0	AL(At least 19 yrs old)			
<b>Viral Vaccines</b>			AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)	AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
ACAM2000	0	AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA 2024-2025 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
			AREXVY	0	QL(1 ea per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 2023-24 SUSP	0	AL(At least 19 yrs old)	FLUARIX 2024-2025 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSY	0	AL(At least 19 yrs old)			
COMIRNATY 2024-25 SUSY	0	AL(At least 19 yrs old)			
COMIRNATY SUSP	0	AL(At least 19 yrs old)			
DENGVAXIA	0	AL(At least 19 yrs old)	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)			
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD 2024-2025	0	AL (19 years old and older); 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)			
FLUAD QUADRIVALENT 2022-2023	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK 2024-2025 SOSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2023-2024	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)			
			FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX 2024-2025 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX 2024-2025 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLULAVAL 2024-2025 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE HIGH-DOSE PF 2023-2024	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE 2024-2025 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE 2024-2025 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	AL (19 years old and older); 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 vaccination every 6 months; 1 package(s) per 180 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE/6MO-5Y SUSP	0	AL(At least 19 yrs old)
GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE SUSP	0	AL(At least 19 yrs old)
HAVRIX	0	AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0	AL(At least 19 yrs old)
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	AL(At least 19 yrs old)
IMOVAX RABIES (H.D.C.V.) SUSR	0	AL(At least 19 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	0	AL(At least 19 yrs old)
IPOL INACTIVATED IPV	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	AL(At least 19 yrs old)
IXIARO	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	AL(At least 19 yrs old)
JYNNEOS	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	AL(At least 19 yrs old)
M-M-R II SOLR	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0	AL(At least 19 yrs old)	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	AL(At least 19 yrs old)	TWINRIX SUSY	0	AL(At least 19 yrs old)
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)	VAQTA	0	AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)	VARIVAX INJ	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)	YF-VAX INJ	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)	<b>VAGINAL AND RELATED PRODUCTS</b>		
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)	<b>Spermicides</b>		
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 9 yrs old)	ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)
ROTARIX SUSP	0	AL(At least 19 yrs old)	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
ROTARIX SUSR	0	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
ROTATEQ SOLN	0	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	0	AL(At least 19 yrs old)	<b>Vaginal Anti-infectives</b>		
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	AL(At least 19 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	AL(At least 19 yrs old)	CLINDESSE	2	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)
SPIKEVAX COVID-19 VACCINE SUSP	0	AL(At least 19 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)
STAMARIL SUSR	0	AL(At least 19 yrs old)	GYNAZOLE-1	2	
TICOVAC	0	AL(At least 19 yrs old)	<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
			<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
			<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)
			<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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill 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)
NUVESSA	2		<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)	<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 day(s) retail)
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)	EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 ea per 180 day(s) retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)	EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(6 ea per 180 day(s) retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)	<b>Neurogenic Orthostatic Hypotension (NOH) - Agents</b>		
VANAZOLE	NP	QL(70 gm per fill retail)	<i>droxidopa</i>	1	SP; PA
XACIATO GEL	NP		<b>Vasopressors</b>		
<b>Vaginal Anti-inflammatory Agents</b>			<i>midodrine hcl</i>	1	
<i>hydrocortisone vaginal</i>	1	QL(85.2 gm per fill retail)	<b>VITAMINS</b>		
<b>Vaginal Estrogens</b>			<b>Oil Soluble Vitamins</b>		
<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 day(s) retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
PREMARIN	2	QL(43 gm per 30 day(s) retail)	<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
<b>Vaginal Progestins</b>			<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
CRINONE GEL	2	AL(At least 15 yrs old)	<i>ergocalciferol CAPS</i>	1	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	KEY-E CHEW	2	QL(2 ea daily)
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	<i>phytonadione TABS 5 MG</i>	1	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>			VITAMIN D3 LIQD OR 5000 UNIT/ML	2	
<b>Anaphylaxis Therapy Agents</b>					
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 ea per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
VITAMIN E CAPS 200 UNIT	2	QL(2 ea daily)
VITAMIN E CHEW	2	QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	1	QL(100 ea per 34 day(s) retail)
NIACIN TR CPCR	2	
NIACIN TR TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 ea daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 ea daily)
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betamethasone dipropionate augmented OINT .....	46	BIMZELX SOSY .....	BOSULIF TABS 100 MG, 500 MG	31
betamethasone valerate CREA ....	46	BINAXNOW COVID-19 AG CARD 50	BOTOX IJ .....	79
betamethasone valerate FOAM ....	46	BINAXNOW COVID-19 AG CARD HOME TEST KIT .....	BPROTECTED PEDIA POLY-VITE SOLN OR .....	76
betamethasone valerate LOTN ....	46	BIOHM PROBIOTIC SUPPLEMENT CAPS .....	BPROTECTED PEDIA POLY- VITE/IRON SOLN .....	76
betamethasone valerate OINT ....	46	BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	BRAFTOVI 75 MG .....	31
betaxolol hcl (ophth) SOLN .....	80	BIO-KULT CAPS .....	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI .....	69
betaxolol hcl .....	37	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI .....	69
bethanechol chloride .....	89	BIOTHRAX .....	BREATHE EASE NEBULIZER MASK/CHILD MISC .....	69
BETHKIS NEBU (Use tobramycin) .3		bisacodyl SUPP .....	BREATHE EASE NEBULIZER MASK/INFANT MISC .....	69
BEVACIZUMAB IO 2.75 MG/0.11ML . 81		bisacodyl TBEC .....	BREATHE EASE/LARGE MASK DEVI .....	69
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 81		bismuth subsalicylate CHEW 262 MG .....	BREATHE EASE/MEDIUM MASK DEVI .....	69
BEVESPI AEROSPHERE .....	11	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML .....	BREATHE EASE/SMALL MASK DEVI .....	69
bexarotene (topical) .....	45	bisoprolol & hydrochlorothiazide ..	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI ..	69
bexarotene .....	31	bisoprolol fumarate .....	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....	69
BEXSERO .....	89	BIVIGAM SOLN 10 % .....	BREO ELLIPTA .....	11
BEYFORTUS .....	84	BIVIGAM SOLN 5 GM/50ML .....		
bicalutamide .....	30	BLEPHAMIDE S.O.P. OINT .....		
BIKTARVY 120 MG-30 MG-15 MG		BLINCYTO .....		

BREZTRI AEROSPHERE .....	11	dihydrate FILM SL 0.5 MG-2 MG ...	7	BYETTA SOPN 10 MCG/0.04ML ...	17
BRIDION SOLN .....	23	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG .....	7	BYETTA SOPN 5 MCG/0.02ML ...	17
BRILINTA .....	57	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG .....	8	CABOMETYX TABS .....	31
brimonidine tartrate 0.1 %, 0.15 %	81	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	8	caffeine citrate SOLN OR .....	1
brimonidine tartrate 0.2 % .....	81	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	8	calcipotriene CREA .....	45
brimonidine tartrate-timolol maleate .	80	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG .....	8	calcipotriene FOAM .....	45
BRIUMVI .....	86	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG .....	8	CALCIPOTRIENE FOAM .....	45
BRIVIACT SOLN IV 50 MG/5ML ..	13	buprenorphine PTWK .....	8	calcipotriene OINT .....	45
BRIXADI SOSY .....	7	bupropion hcl (smoking deterrent)	86	calcipotriene SOLN .....	45
bromfenac sodium (ophth) .....	82	bupropion hcl TABS .....	14	calcipotriene-betamethasone dipropionate OINT .....	46
bromocriptine mesylate CAPS .....	32	bupropion hcl TB12 100 MG .....	14	calcipotriene-betamethasone dipropionate SUSP .....	46
bromocriptine mesylate TABS 2.5 MG .....	32	bupropion hcl TB12 150 MG .....	14	calcitonin (salmon) IJ .....	52
brompheniramine & phenyleph ELIX .	43	bupropion hcl TB12 200 MG .....	14	calcitonin (salmon) NA .....	52
brompheniramine & pseudoeph ELIX	43	bupropion hcl TB24 150 MG .....	14	calcitriol CAPS .....	53
brompheniramine & pseudoeph LIQD	43	bupropion hcl TB24 300 MG .....	14	calcium acetate (phosphate binder) CAPS .....	55
15 MG/5ML-1 MG/5ML .....	43	bupropion hcl TB24 450 MG .....	14	calcium acetate (phosphate binder) TABs .....	55
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC .....	69	buspirone hcl .....	9	calcium carbonate (antacid) CHEW 500 MG .....	9
budesonide (inhalation) SUSP .....	11	butalbital-acetaminophen TABS 50 MG-325 MG .....	6	calcium carbonate-cholecalciferol TABs 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG .....	73
budesonide TB24 .....	42	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	5	calcium polycarbophil TABs .....	60
budesonide-formoterol fumarate dihydrate .....	11	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....	5	CAMCEVI .....	30
bumetanide TABS .....	52	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	7	camphor & menthol LOTN .....	45
BUPHENYL POWD (Use sodium phenylbutyrate) .....	53	butalbital-aspirin-caffeine CAPS .....	6	CANASA SUPP (Use mesalamine) 55	
BUPHENYL TABS (Use sodium phenylbutyrate) .....	53	butalbital-aspirin-caffeine w/cod ...	7	candesartan cilexetil .....	26
buprenorphine hcl SUBL .....	8	BUTRANS PTWK (Use buprenorphine) .....	8	candesartan cilexetil-	

hydrochlorothiazide .....	26	HOME TEST KIT .....	50	cefprozil TABS .....	39
capecitabine .....	29	CARETOUCH TWIST LANCETS 28G .....	61	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....	39
CAPHOSOL SOLN .....	75	CARETOUCH TWIST LANCETS 30G .....	61	cefuroxime axetil TABS .....	39
CAPLYTA .....	33	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	61	celecoxib .....	5
CAPRELSA .....	31	carglumic acid .....	53	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	50
capsaicin CREA 0.025 %, 0.075 % 49		carisoprodol TABS 250 MG .....	77	CELONTIN (Use methsuximide) ..	14
capsaicin CREA 0.1 % .....	49	carisoprodol TABS 350 MG .....	77	CENTANY OINT .....	44
captopril & hydrochlorothiazide ...	26	carteolol hcl (ophth) .....	80	cephalexin CAPS 250 MG, 500 MG 39	
captopril .....	26	carvedilol 25 MG .....	37	cephalexin SUSR .....	39
CAPZASIN-P CREA .....	49	carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....	37	CEPROTIN .....	57
CARAC CREA .....	45	carvedilol phosphate .....	37	CEQUA SOLN .....	82
CARBAGLU (Use carglumic acid) 53		CASGEVY .....	58	CERDELGA .....	58
carbamazepine CHEW .....	13	CASTIVA WARMING LOTN .....	49	CEREZYME 400 UNIT .....	58
carbamazepine CP12 .....	13	CAYSTON .....	27	cetirizine hcl CAPS .....	24
carbamazepine SUSP .....	13	cefaclor CAPS .....	39	cetirizine hcl CHEW .....	24
carbamazepine TABS .....	13	CEFACTOR ER TB12 .....	39	cetirizine hcl SOLN OR .....	24
carbamazepine TB12 .....	13	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	39	cetirizine hcl SYRP OR .....	24
carbamide peroxide (otic) 6.5 % ...	83	cefadroxil CAPS .....	39	cetirizine hcl TABS .....	24
CARBATROL CP12 (Use carbamazepine) .....	13	cefadroxil SUSR .....	39	CETRAXAL (Use ciprofloxacin hcl (otic)) .....	83
carbidopa .....	32	cefadroxil TABS .....	39	CHEMET .....	23
carbidopa-levodopa TABS .....	32	cefdinir CAPS .....	39	CHEMSTRIP-K STRP .....	50
carbidopa-levodopa TBCR .....	32	cefdinir SUSR .....	39	CHENODAL .....	55
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML .....	28	cefixime CAPS .....	39	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	5
CAREONE LANCET SUPER THIN/30G .....	61	cefixime SUSR .....	39	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	5
CAREONE LANCET THIN .....	61	cefpodoxime proxetil SUSR .....	39	chlordiazepoxide hcl CAPS .....	10
CARESENS LANCETS .....	61	cefpodoxime proxetil TABS .....	39	chlorhexidine gluconate (mouth-	
CARESTART COVID-19 ANTIGEN		cefprozil SUSR .....	39		

throat) .....	75	cimetidine TABS 800 MG .....	88	CHAMBER/ADULT LARGE DEVI .	70
chloroquine phosphate TABS 250 MG .....	28	cinacalcet hcl .....	53	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI .....	70
chloroquine phosphate TABS 500 MG .....	28	CINQAIR .....	10	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	70
chlorpheniramine maleate SYRP ..	24	CINRYZE SOLR IV .....	57	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	70
chlorpheniramine maleate TABS ..	24	CIPRO SUSR .....	54	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI .....	70
chlorpromazine hcl TABS .....	34	CIPRODEX (Use ciprofloxacin- dexamethasone) .....	83	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	70
chlorthalidone 25 MG, 50 MG .....	52	ciprofloxacin hcl (ophth) SOLN ....	81	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	70
chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....	77	ciprofloxacin hcl (otic) .....	83	clindamycin hcl 150 MG, 300 MG .	27
chlorzoxazone TABS 500 MG .....	77	ciprofloxacin hcl TABS 100 MG ...	54	clindamycin palmitate hydrochloride .	27
CHOLBAM .....	55	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	54	clindamycin phosphate (topical) GEL	44
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....	96	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	54	clindamycin phosphate (topical) LOTN .....	44
cholecalciferol CAPS 125 MCG, 5000 UNIT .....	96	ciprofloxacin-dexamethasone ....	83	clindamycin phosphate (topical) SOLN .....	44
cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT .....	96	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....	28	clindamycin phosphate (topical) SOLN .....	44
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML ...	96	CISPLATIN SOLR .....	28	clindamycin phosphate vaginal CREA .....	95
cholestyramine light PACK .....	25	CITALOPRAM HYDROBROMIDE CAPS .....	15	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	44
cholestyramine light POWD .....	25	citalopram hydrobromide SOLN ...	15	clindamycin phosphate-benzoyl peroxide GEL .....	44
cholestyramine PACK .....	25	citalopram hydrobromide TABS ...	15	clindamycin phosphate-tretinoin ..	44
cholestyramine POWD .....	25	cladribine 10 MG/10ML .....	29	CLINDESSE .....	95
CHORIONIC GONADOTROPIN IM 52		clarithromycin SUSR .....	60	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT .....	50
CIBINQO .....	48	clarithromycin TABS .....	60	clobazam SUSP .....	13
ciclopirox SOLN .....	44	clarithromycin TB24 .....	60	clobazam TABS .....	13
cilostazol .....	57	CLEANLET LANCETS 28G .....	61	clobetasol propionate CREA 0.05 % .	46
cimetidine TABS 200 MG .....	88	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT .....	50		
cimetidine TABS 300 MG, 400 MG 88		clemastine fumarate TABS 1.34 MG . 24			
		CLEVER CHOICE ANTI- STATICVALVED HOLDING			

clobetasol propionate emollient base 0.05 % .....	46	clozapine TBDP .....	33	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....	70
clobetasol propionate emulsion ...	46	CO MONITOR REPLACEMENT TPIECES MISC .....	70	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....	70
clobetasol propionate FOAM .....	46	COAGADDEX .....	56	COARTEM .....	28
clobetasol propionate GEL 0.05 %	46	coal tar extract SHAM 0.5 % .....	49	COBAS LIAT SARS-COV-2 ASSAY . 50	50
clobetasol propionate LIQD .....	46	COBAS LIAT SARS-COV-2 CONTROL .....	50	COMPLERA .....	34
clobetasol propionate LOTN .....	46	codeine sulfate TABS 30 MG .....	6	CONCERTA TBCR (Use methylphenidate hcl) .....	2
clobetasol propionate OINT 0.05 % 46	46	CODEINE SULFATE TABS .....	6	CONDOMS-MISC .....	61
clobetasol propionate SHAM .....	46	colchicine TABS .....	56	CONJUPRI (Use levamlodipine maleate) .....	37
clobetasol propionate SOLN 0.05 % . 46	46	colchicine w/ probenecid .....	56	CONZIP CP24 (Use tramadol hcl) ..	6
clocortolone pivalate .....	46	colestipol hcl GRAN .....	25	COPAXONE SOSY (Use glatiramer acetate) .....	86
CLODERM (Use clocortolone pivalate) .....	46	colestipol hcl TABS .....	25	CORDRAN OINT .....	46
clomipramine hcl .....	15	COMBIGAN (Use brimonidine tartrate-timolol maleate) .....	80	CORIFACT .....	56
clonazepam TABS .....	13	COMBIPATCH PTTW .....	54	CORTISONE ACETATE TABS ...	42
clonazepam TBDP .....	13	COMBIVENT RESPIMAT AERS ..	11	CORTROPHIN GEL .....	52
clonidine hcl (adhd) TB12 .....	2	COMBIVIR (Use lamivudine- zidovudine) .....	34	COSENTYX SENSOREADY PEN SOAJ .....	45
clonidine hcl TABS .....	26	COMETRIQ KIT .....	31	COSENTYX SOLN .....	45
clopidogrel bisulfate 300 MG .....	57	COMFORT ASSURED LANCETS SUPER THIN 28G .....	61	COSENTYX SOSY .....	45
clopidogrel bisulfate 75 MG .....	57	COMFORT LANCETS .....	61	COSENTYX UNOREADY SOAJ ..	45
clorazepate dipotassium TABS ...	10	COMIRNATY 2023-24 SUSP .....	91	cosyntropin SOLR .....	50
clotrimazole (topical) CREA .....	44	COMIRNATY 2023-24 SUSY .....	91	COTELLIC .....	31
clotrimazole (topical) SOLN .....	44	COMIRNATY 2024-25 SUSY .....	91	COVID-19 AG TEST KIT .....	50
clotrimazole vaginal CREA 1 % ...	95	COMIRNATY SUSP .....	91	COVID-19 AT-HOME TEST KIT KIT . 50	50
clotrimazole vaginal CREA 2 % ...	95	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...	70	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT .....	50
clotrimazole w/ betamethasone CREA .....	44				
clotrimazole w/ betamethasone LOTN .....	44				
clozapine TABS .....	33				



COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT .....	50	PROBIOTICS PACK .....	19	CVS LANCETS ULTRA-THIN 30G 62
CREON CPEP .....	51	CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS .....	19	CVS MOOD SUPPORT PROBIOTIC CAPS .....
CRINONE GEL .....	96	CULTURELLE PROBIOTICS KIDS PACK .....	19	CVS PREP PADS .....
cromolyn sodium (nasal) 5.2 MG/ACT .....	78	CULTURELLE PRO-WELL CAPS ..	19	CVS PROBIOTIC ADULT 50+ CAPS 19
cromolyn sodium (ophth) .....	82	CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..	23	CVS PROBIOTIC CAPS .....
cromolyn sodium NEBU .....	10	CURITY ALCOHOL PREPS/MEDIUM 2 PLY .....	67	CVS PROBIOTIC MAXIMUM STRENGTH CAPS .....
CRYSVITA .....	53	CUVITRU SOLN .....	83	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS .....
CULTURELLE ADULT ULTIMATEBALANCE CAPS .....	22	CVS ADULT 50+ PROBIOTIC CAPS 19		CVS SENIOR PROBIOTIC CAPS ..
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS .....	19	CVS ADULT PROBIOTIC CAPS ..	19	CVS SOFT GLUCOSE CHEW ....
CULTURELLE BLOATING & GAS DEFENSE CAPS .....	19	CVS ALCOHOL PREP PADS ....	67	CVS ULTRA THIN LANCETS ....
CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS .....	22	CVS COVID-19 AT HOME TESTKIT KIT .....	50	cyanocobalamin SOLN IJ 1000 MCG/ML .....
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS .....	22	CVS DAILY PROBIOTIC CAPS ...	19	cyclobenzaprine hcl CP24 .....
CULTURELLE DIGESTIVE HEALTH CAPS .....	23	CVS DIGESTIVE PROBIOTIC CAPS .....	19	cyclobenzaprine hcl TABS 5 MG, 10 MG .....
CULTURELLE DIGESTIVE HEALTH CHEW .....	23	CVS DRY MOUTH SPRAY SOLN ..	75	cyclobenzaprine hcl TABS 7.5 MG
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS .....	22	CVS EVERYDAY CARE PROBIOTIC CAPS .....	19	CYCLOGYL 0.5 % .....
CULTURELLE HEALTH & WELLNESS CAPS .....	23	CVS GLUCOSE CHEW .....	16	cyclopentolate hcl 0.5 % .....
CULTURELLE KIDS CHEW .....	19	CVS LANCETS 21G .....	61	cyclopentolate hcl 1 % .....
CULTURELLE KIDS PACK .....	19	CVS LANCETS MICRO THIN 33G 61		cyclophosphamide CAPS 50 MG ..
CULTURELLE KIDS PROBIOTIC + FIBER PACK .....	19	CVS LANCETS MICRO-THIN 33G 61		CYCLOPHOSPHAMIDE TABS ....
CULTURELLE KIDS PURELY PRBIOTICS CHEW .....	19	CVS LANCETS ORIGINAL .....	61	cyclosporine (ophth) EMUL .....
CULTURELLE KIDS PURELY		CVS LANCETS THIN 26G .....	61	cyclosporine CAPS .....
		CVS LANCETS ULTRA THIN 30G 62		cyclosporine modified (for microemulsion) CAPS .....
				cyclosporine modified (for microemulsion) SOLN .....
				cyclosporine SOLN IV 50 MG/ML ..

CYLTEZO AJKT .....	4	darunavir TABS .....	34	desloratadine TBDP .....	24
CYLTEZO PSKT 40 MG/0.4ML .....	4	DARZALEX .....	29	desmopressin acetate SOLN IJ ...	54
CYLTEZO PSKT .....	4	dasatinib .....	31	DESMOPRESSIN ACETATE SOLN NA .....	54
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	4	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML .....	30	desmopressin acetate spray .....	54
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	4	DAURISMO .....	30	desmopressin acetate spray refrigerated .....	54
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	4	DAYHIST ALLERGY 12 HOUR RELIEF TABS .....	24	desmopressin acetate TABS .....	54
CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl) .....	15	decitabine .....	29	desogestrel & ethinyl estradiol .....	39
CYMBALTA CPEP 60 MG (Use duloxetine hcl) .....	15	deferasirox PACK .....	23	desogestrel-ethinyl estradiol (biphasic) .....	39
cyproheptadine hcl SYRP .....	25	deferasirox TABS .....	23	desogestrel-ethinyl estradiol (triphasic) .....	39
cyproheptadine hcl TABS .....	25	deferasirox TBSO .....	23	desonide CREA .....	46
CYRAMZA .....	29	deferiprone TABS .....	23	desonide LOTN .....	47
CYSTAGON CAPS .....	56	deferoxamine mesylate .....	23	desonide OINT .....	47
CYSTARAN .....	83	DEFITELIO .....	57	desoximetasone CREA 0.05 % ...	47
cytarabine SOLN .....	29	deflazacort SUSP .....	42	desoximetasone CREA 0.25 % ...	47
CYTOGAM .....	83	deflazacort TABS .....	42	desoximetasone GEL .....	47
dabigatran etexilate mesylate CAPS . 13		DEFLUX .....	56	desoximetasone LIQD .....	47
DAILY DIGESTIVE PROBIOTIC CAPS .....	19	DELSTRIGO .....	34	desoximetasone OINT .....	47
DAILY PROBIOTIC CAPS .....	19	DENAVIR (Use penciclovir) .....	46	DESVENLAFAXINE ER .....	15
dalfampridine .....	86	DENGVAXIA .....	91	desvenlafaxine succinate 100 MG .	15
dantrolene sodium CAPS .....	77	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....	14	desvenlafaxine succinate 25 MG, 50 MG .....	15
dapagliflozin propanediol .....	18	DEPO-SUBQ PROVERA 104 SUSY SC .....	41	DEX4 QUICK DISSOLVE GLUCOSE CHEW .....	16
dapsone .....	27	DERMACINRX PROBISOL CAPS .	19	dexamethasone ELIX .....	42
DAPTACEL .....	88	DERMACINRX PROBITRAN CAPS 19		DEXAMETHASONE INTENSOL CONC .....	42
DARAPRIM (Use pyrimethamine) 28		DESCOVY 120 MG-15 MG .....	34	dexamethasone sodium phosphate (ophth) .....	82
darifenacin hydrobromide .....	89	DESCOVY 200 MG-25 MG .....	34	dexamethasone sodium phosphate	
		desipramine hcl TABS .....	15		

SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	42	DHIVY TABS .....	32	DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS .....	20
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	42	DIATHRIVE LANCETS .....	62	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS .....	20
dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	42	DIATHRIVE LANCETS ULTRA THIN 30G .....	62	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS .....	20
dexamethasone SOLN .....	42	diazepam CONC .....	10	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS .....	20
dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	42	DIAZEPAM SOAJ .....	10	DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS .....	20
dexchlorpheniramine maleate SOLN . 24		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML .....	10	digoxin SOLN OR 0.05 MG/ML ....	38
dexmedetomidine hcl in sodium chloride SOLN .....	59	DIAZEPAM SOLN IJ 5 MG/ML ....	10	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	38
dexmedetomidine hcl SOLN .....	59	diazepam SOLN OR 5 MG/5ML ...	10	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	73
dexmethylphenidate hcl CP24 .....	2	diazepam TABS .....	10	DILANTIN (Use phenytoin sodium extended) .....	14
dexmethylphenidate hcl TABS .....	2	diazoxide .....	16	DILANTIN INFATABS CHEW (Use phenytoin) .....	14
dextrazoxane hcl .....	32	dibucaine .....	49	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG .....	37
DEXTENZA INST .....	82	diclofenac potassium TABS 50 MG .	5	diltiazem hcl coated beads CP24 240 MG .....	37
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	diclofenac sodium (ophth) .....	83	diltiazem hcl coated beads CP24 360 MG .....	37
dextroamphetamine sulfate CP24 5 MG .....	1	diclofenac sodium (topical) GEL EX 45		diltiazem hcl CP12 .....	38
dextroamphetamine sulfate SOLN ..	1	diclofenac sodium TB24 .....	5	diltiazem hcl CP24 120 MG, 240 MG 38	
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....	1	diclofenac sodium TBEC .....	5	diltiazem hcl CP24 180 MG .....	38
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	dicloxacillin sodium .....	84	diltiazem hcl extended release beads .....	37
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....	43	dicyclomine hcl CAPS .....	88	diltiazem hcl TABS .....	38
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....	43	dicyclomine hcl SOLN OR .....	88		
		dicyclomine hcl TABS .....	88		
		DIFFERIN LOTN .....	44		
		DIFF-STAT CAPS .....	19		
		diflorasone diacetate CREA .....	47		
		diflorasone diacetate OINT .....	47		
		diflunisal TABS .....	6		
		DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI-STRAIN SUPPORT CAPS .....	20		
		DIGESTIVE ADVANTAGE CAPS .	20		

diltiazem hcl TB24 .....	38	DOCETAXEL CONC 160 MG/8ML 32	doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	87
dimethyl fumarate CDPK .....	86	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML .....	doxycycline (monohydrate) TABS 50 MG, 100 MG .....	87
dimethyl fumarate CPDR .....	86	docetaxel SOLN .....	doxycycline hyclate CAPS .....	87
diphenhydramine hcl (sleep) CAPS 59		DOCIVYX SOLN .....	doxycycline hyclate TABS 100 MG 87	
diphenhydramine hcl (sleep) LIQD 59		docusate sodium CAPS 100 MG, 250 MG .....	doxylamine succinate (sleep) .....	59
diphenhydramine hcl (sleep) TABS 25 MG .....	59	docusate sodium CAPS 50 MG ...	doxylamine-pyridoxine TBEC .....	24
diphenhydramine hcl (sleep) TABS 50 MG .....	59	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....	droperidol SOLN 2.5 MG/ML .....	9
diphenhydramine hcl (sleep) TBDP 59		DOCUSATE SODIUM SYRP .....	DROPLET LANCETS ULTRA THIN 30G .....	62
diphenhydramine hcl CAPS .....	24	docusate sodium TABS .....	DROPSAFE ALCOHOL PREP PADS .....	67
diphenhydramine hcl ELIX 12.5 MG/5ML .....	24	dofetilide .....	drosiprenone-ethinyl estradiol .....	39
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	24	donepezil hydrochloride TABS 23 MG .....	drosiprenone-ethinyl estradiol- levomefolate calcium .....	40
diphenhydramine hcl TABS 25 MG 24		donepezil hydrochloride TABS 5 MG, 10 MG .....	DROXIA CAPS .....	58
diphenhydramine-acetaminophen (sleep) TABS .....	59	donepezil hydrochloride TBDP ...	droxidopa .....	96
diphenoxylate w/ atropine LIQD ...	23	DOPTELET .....	DRUG MART LANCETS THIN ...	62
diphenoxylate w/ atropine TABS ..	23	dorzolamide hcl .....	DRUG MART UNILET LANCETSSUPER THIN 30G .....	62
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	88	DORZOLAMIDE HCL .....	DRUG MART UNILET LANCETSULTRA THIN 28G .....	62
dipyridamole .....	57	DORZOLAMIDE HCL/TIMOLOL MALEATE .....	DRUG MART UNILET MICRO THIN LANCETS 33G .....	62
disopyramide phosphate CAPS ...	10	dorzolamide hcl-timolol maleate ..	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT .....	12
disulfiram 250 MG .....	85	dorzolamide hcl-timolol maleate ..	DULERA 50 MCG/ACT-5 MCG/ACT . 12	
divalproex sodium CSDR .....	14	DOVATO .....	duloxetine hcl CPEP 20 MG, 30 MG, 40 MG .....	15
divalproex sodium TB24 .....	14	doxazosin mesylate .....	duloxetine hcl CPEP 60 MG .....	15
divalproex sodium TBEC .....	14	doxepin hcl (sleep) .....		
docetaxel CONC 160 MG/8ML ....	32	doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG .....		
		doxepin hcl CAPS 150 MG .....		
		doxepin hcl CONC .....		

DUPIXENT SOPN .....	48	RAPID TEST DEVICE .....	50	ELEVIDYS 22.5-23.4 KG .....	79
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML .....	48	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....	6	ELEVIDYS 23.5-24.4 KG .....	79
dutasteride .....	56	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin) .....	6	ELEVIDYS 24.5-25.4 KG .....	79
dutasteride-tamsulosin hcl .....	56	ECOTRIN TBEC (Use aspirin) .....	6	ELEVIDYS 25.5-26.4 KG .....	79
DYANAVEL XR CHER .....	1	EDURANT .....	34	ELEVIDYS 26.5-27.4 KG .....	79
DYSPORT .....	79	efavirenz CAPS 200 MG .....	34	ELEVIDYS 27.5-28.4 KG .....	79
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) .....	61	efavirenz CAPS 50 MG .....	34	ELEVIDYS 28.5-29.4 KG .....	79
EASIVENT MISC .....	70	efavirenz TABS .....	34	ELEVIDYS 29.5-30.4 KG .....	79
EASIVENT/MASK-LARGE MISC ..	70	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	34	ELEVIDYS 30.5-31.4 KG .....	79
EASIVENT/MASK-MEDIUM MISC	70	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	34	ELEVIDYS 31.5-32.4 KG .....	79
EASIVENT/MASK-SMALL MISC ..	70	ELAPRASE .....	53	ELEVIDYS 32.5-33.4 KG .....	79
EASY TOUCH ALCOHOL PREP PADS/MEDIUM .....	68	ELELYSO .....	58	ELEVIDYS 33.5-34.4 KG .....	79
EASY TOUCH LANCETS 26G/PULL- TOP .....	62	ELEPSIA XR TB24 .....	13	ELEVIDYS 34.5-35.4 KG .....	79
EASY TOUCH LANCETS 28G/PULL- TOP .....	62	eletriptan hydrobromide .....	73	ELEVIDYS 35.5-36.4 KG .....	79
EASY TOUCH LANCETS 28G/TWIST .....	62	ELEVIDYS 10.0-10.4 KG .....	79	ELEVIDYS 36.5-37.4 KG .....	79
EASY TOUCH LANCETS 30G/PULL- TOP .....	62	ELEVIDYS 10.5-11.4 KG .....	79	ELEVIDYS 37.5-38.4 KG .....	79
EASY TOUCH LANCETS 30G/TWIST .....	62	ELEVIDYS 11.5-12.4 KG .....	79	ELEVIDYS 38.5-39.4 KG .....	79
EASY TOUCH LANCETS 32G/PULL- TOP .....	62	ELEVIDYS 12.5-13.4 KG .....	79	ELEVIDYS 39.5-40.4 KG .....	79
EASY TOUCH LANCETS 32G/TWIST .....	62	ELEVIDYS 13.5-14.4 KG .....	79	ELEVIDYS 40.5-41.4 KG .....	79
EASY TOUCH LANCETS 33G/PULL- TOP .....	62	ELEVIDYS 14.5-15.4 KG .....	79	ELEVIDYS 41.5-42.4 KG .....	79
EASY TOUCH LANCETS 33G/TWIST .....	62	ELEVIDYS 15.5-16.4 KG .....	79	ELEVIDYS 42.5-43.4 KG .....	79
EBASE CONTROLLER KIT MISC	70	ELEVIDYS 16.5-17.4 KG .....	79	ELEVIDYS 43.5-44.4 KG .....	79
econazole nitrate CREA .....	44	ELEVIDYS 17.5-18.4 KG .....	79	ELEVIDYS 44.5-45.4 KG .....	79
ECOTEST COVID -19 IGG/IGM		ELEVIDYS 18.5-19.4 KG .....	79	ELEVIDYS 45.5-46.4 KG .....	79
		ELEVIDYS 19.5-20.4 KG .....	79	ELEVIDYS 46.5-47.4 KG .....	79
		ELEVIDYS 20.5-21.4 KG .....	79	ELEVIDYS 47.5-48.4 KG .....	79
		ELEVIDYS 21.5-22.4 KG .....	79	ELEVIDYS 48.5-49.4 KG .....	79
				ELEVIDYS 49.5-50.4 KG .....	79
				ELEVIDYS 50.5-51.4 KG .....	79
				ELEVIDYS 51.5-52.4 KG .....	79

ELEVIDYS 52.5-53.4 KG .....	79	EMGALITY SOAJ .....	73	ENTYVIO SOPN .....	55
ELEVIDYS 53.5-54.4 KG .....	79	EMGALITY SOSY 100 MG/ML ....	73	ENVIVE CAPS .....	20
ELEVIDYS 54.5-55.4 KG .....	79	EMGALITY SOSY 120 MG/ML ....	73	EPCLUSA PACK .....	36
ELEVIDYS 55.5-56.4 KG .....	79	EMPLICITI .....	29	EPCLUSA TABS .....	36
ELEVIDYS 56.5-57.4 KG .....	79	emtricitabine CAPS .....	34	EPIFOAM FOAM .....	47
ELEVIDYS 57.5-58.4 KG .....	79	emtricitabine-tenofovir disoproxil fumarate .....	34	epinastine hcl (ophth) .....	83
ELEVIDYS 58.5-59.4 KG .....	79	EMTRIVA CAPS (Use emtricitabine) .	34	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....	96
ELEVIDYS 59.5-60.4 KG .....	79	EMTRIVA SOLN .....	34	epinephrine (anaphylaxis) SOAJ ..	96
ELEVIDYS 60.5-61.4 KG .....	79	EMVERM CHEW .....	9	epinephrine hcl (nasal) .....	78
ELEVIDYS 61.5-62.4 KG .....	79	enalapril maleate & hydrochlorothiazide .....	26	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	96
ELEVIDYS 62.5-63.4 KG .....	79	enalapril maleate TABS .....	26	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	96
ELEVIDYS 63.5-64.4 KG .....	79	ENBREL MINI SOCT .....	5	EPIVIR SOLN (Use lamivudine) ...	34
ELEVIDYS 64.5-65.4 KG .....	79	ENBREL SOLN .....	5	EPIVIR TABS 150 MG (Use lamivudine) .....	34
ELEVIDYS 65.5-66.4 KG .....	79	ENBREL SOSY .....	5	EPIVIR TABS 300 MG (Use lamivudine) .....	35
ELEVIDYS 66.5-67.4 KG .....	79	ENBREL SURECLICK SOAJ .....	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	58
ELEVIDYS 67.5-68.4 KG .....	79	ENCARE SUPP 100 MG .....	95	epoprostenol sodium .....	38
ELEVIDYS 68.5-69.4 KG .....	79	ENGERIX-B SUSP 20 MCG/ML ...	91	EPRONTIA SOLN .....	13
ELEVIDYS 69.5 KG PLUS .....	79	ENGERIX-B SUSY .....	91	EPZICOM (Use abacavir sulfate-lamivudine) .....	35
ELIDEL (Use pimecrolimus) .....	48	enoxaparin sodium SOLN IJ 300 MG/3ML .....	12	EQ PROBIOTIC CPDR .....	20
ELIGARD KIT SC 7.5 MG .....	30	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS .....	20
ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	30	enoxaparin sodium SOSY 30 MG/0.3ML .....	12	EQ SPACE CHAMBER ANTI-STATIC DEVI .....	70
ELIQUIS STARTER PACK TBPK .	12	enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....	12	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI .....	70
ELIQUIS TABS .....	12	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	12	EQ SPACE CHAMBER ANTI-	
ELLA .....	41	ENTADFI .....	56		
ELLEENCE SOLN .....	30	ENTRESTO TABS .....	38		
ELLUME COVID-19 HOME TEST KIT .....	50				
ELMIRON CAPS .....	56				
ELOCTATE .....	56				
EMCYT .....	30				

STATIC/MEDIUM MASK DEVI ... 70	61	etravirine 200 MG .....	35
EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI .....	70	erythromycin ethylsuccinate TABS	61
EQL COLOR LANCETS 21G .....	62	escitalopram oxalate SOLN .....	15
EQL COLOR LANCETS MICRO THIN 33G .....	62	escitalopram oxalate TABS .....	15
EQL DAILY PROBIOTIC CAPS ...	20	esomeprazole magnesium CPDR .	88
EQL DRY MOUTH ORAL RINSE SOLN .....	75	esomeprazole magnesium PACK .	88
EQL PROBIOTIC COLON SUPPORT CAPS .....	20	ESPEROCT .....	56
EQL SUPER THIN LANCETS 30G 62		estazolam .....	59
EQL THIN LANCETS 26G .....	62	estradiol & norethindrone acetate TABs .....	54
ERBITUX .....	30	estradiol PTTW .....	54
ergocalciferol CAPS .....	96	estradiol PTWK .....	54
ergoloid mesylates TABS .....	86	estradiol TABS .....	54
ergotamine w/ caffeine TABS .....	73	estradiol vaginal CREA .....	96
eribulin mesylate .....	32	estradiol vaginal TABS .....	96
ERIVEDGE .....	30	ESTROVEN SLIMBIOTICS MENOPAUSE RELIEF/WEIGHT MANAGEMENT CAPS .....	20
ERLEADA 60 MG .....	30	eszopiclone .....	59
erlotinib hcl .....	30	ethambutol hcl TABS .....	28
ertapenem sodium IJ .....	27	ethosuximide CAPS .....	14
ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....	61	ethosuximide SOLN .....	14
erythromycin (acne aid) GEL .....	44	ethynodiol diacet & eth estrad ....	40
erythromycin (acne aid) SOLN .....	44	etodolac CAPS .....	5
erythromycin (ophth) .....	81	etodolac TABS .....	5
ERYTHROMYCIN .....	81	etodolac TB24 .....	5
erythromycin base CPEP .....	61	etonogestrel-ethinyl estradiol ....	41
erythromycin base TABS .....	61	etoposide CAPS .....	32
erythromycin ethylsuccinate SUSR		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	32
		etravirine 100 MG .....	35
		EUFLEXXA SOSY .....	78
		EULEXIN .....	30
		EVENITY .....	52
		everolimus (immunosuppressant) .	74
		everolimus TABS .....	31
		everolimus TBSO .....	31
		EVOMELA IV .....	28
		EVOTAZ .....	35
		EVRYSDI .....	79
		EXELON 13.3 MG/24HR (Use rivastigmine) .....	85
		EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) .....	85
		exemestane .....	30
		EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide) ....	26
		EXONDYS 51 .....	79
		EYLEA SOLN .....	81
		EYSUVIS SUSP .....	82
		E-Z JECT LANCETS .....	62
		E-Z JECT LANCETS 21G .....	62
		E-Z JECT LANCETS COLOR ....	62
		E-Z JECT LANCETS SUPER THIN 30G .....	62
		E-Z JECT LANCETS THIN 26G ..	62
		ezetimibe .....	25
		ezetimibe-simvastatin .....	25
		E-ZJECT LANCETS MICRO-THIN 33G .....	62
		EZ-LETS LANCETS 26G SUPER- SOFT .....	62

EZ-LETS LANCETS 28G ULTRA-SOFT .....	62	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	6	FIRMAGON .....	30
EZ-LETS LANCETS 30G .....	62	FERRETT'S TABS .....	58	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP .....	96
FABRAZYME .....	53	FERRIPROX SOLN .....	23	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP .....	96
famciclovir .....	36	ferrous fumarate TABS 324 MG .....	58	flavoxate hcl .....	89
famotidine TABS 10 MG .....	88	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS .....	58	FLEBOGAMMA DIF SOLN 5 GM/50ML .....	83
famotidine TABS 20 MG, 40 MG ..	88	ferrous gluconate TABS 27 MG, 240 MG .....	58	FLEBOGAMMA DIF SOLN .....	83
FARXIGA .....	18	FERROUS GLUCONATE TABS 324 MG .....	58	flecainide acetate .....	10
FASENRA PEN SOAJ .....	10	ferrous sulfate dried TBCR 160 MG 58		FLEXICHAMBER DEVI .....	70
FASENRA SOSY 10 MG/0.5ML ...	10	ferrous sulfate SOLN 15 MG/ML ..	58	FLORA VANCE CAPS .....	20
FASTEP COVID-19 ANTIGEN HOME TEST KIT .....	50	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML .....	59	FLORAJEN DIGESTION CAPS ...	20
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE .....	50	ferrous sulfate TABS 65 MG, 325 MG .....	59	FLORAJEN3 CAPS .....	20
FEIBA .....	56	ferrous sulfate TBEC 324 MG .....	59	FLORAJEN4KIDS CAPS .....	20
felbamate SUSP .....	14	ferrous sulfate TBEC 325 MG .....	59	FLORANEX ONE CAPS .....	20
felbamate TABS .....	14	fesoterodine fumarate .....	89	FLORASAVE CPDR .....	20
felodipine .....	38	FEVERALL JUNIOR STRENGTH SUPP .....	6	FLORASTOR ADVANCED CAPS .	20
FEM-DOPHILUS WOMENS CAPS 20		fexofenadine hcl SUSP .....	24	FLORASTOR SELECT GUT BOOST CAPS .....	20
fenofibrate CAPS .....	25	fexofenadine hcl TABS 180 MG ...	24	FLORASTOR SELECT IMMUNITY BOOST CAPS .....	20
fenofibrate micronized 134 MG, 200 MG .....	25	fexofenadine hcl TABS 60 MG ....	24	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 11	
fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG .....	25	FIBRICOR (Use fenofibric acid) ..	25	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....	50
fenofibrate micronized 67 MG .....	25	FIBRYGA .....	56	FLUAD 2024-2025 .....	91
fenofibrate TABS 40 MG, 120 MG .	25	FIFTY50 ALCOHOL PREP PADS	68	FLUAD QUADRIVALENT 2022-2023 .....	91
fenofibrate TABS 54 MG .....	25	FILTER AIR PP MISC .....	70	FLUAD QUADRIVALENT 2023-2024 .....	91
fenofibric acid .....	25	finasteride .....	56	FLUARIX 2024-2025 SUSY .....	91
FENSOLVI SC .....	53	fingolimod hcl .....	86		
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	6	FIRDAPSE .....	28		



FLUARIX QUADRIVALENT 2022-2023 SUSY .....91	FLUMIST QUADRIVALENT .....93	flurandrenolide CREA .....47
FLUARIX QUADRIVALENT 2023-2024 SUSY .....91	flunisolide (nasal) 0.025 % .....78	flurandrenolide LOTN .....47
FLUBLOK 2024-2025 SOSY ..... 91	fluocinolone acetonide (otic) ..... 83	flurazepam hcl .....59
FLUBLOK QUADRIVALENT 2022-2023 .....91	fluocinolone acetonide CREA .....47	flurbiprofen sodium .....83
FLUBLOK QUADRIVALENT 2023-2024 .....92	fluocinolone acetonide OIL ..... 47	flurbiprofen TABS ..... 5
FLUCELVAX 2024-2025 SUSP ... 92	fluocinolone acetonide OINT .....47	flutamide .....30
FLUCELVAX 2024-2025 SUSY ... 92	fluocinolone acetonide SOLN .....47	fluticasone propionate (inhalation) AEPB .....11
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....92	fluocinonide CREA 0.05 % .....47	fluticasone propionate (nasal) SUSP .78
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....92	fluocinonide CREA 0.1 % .....47	fluticasone propionate CREA 0.05 % 47
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....92	fluocinonide emulsified base .....47	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....11
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....92	fluocinonide GEL .....47	fluticasone propionate hfa 44 MCG/ACT .....11
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....92	fluocinonide OINT .....47	fluticasone propionate LOTN .....47
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....92	fluocinonide SOLN .....47	fluticasone propionate OINT .....47
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....92	fluorometholone (ophth) SUSP ....82	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....12
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....92	fluorouracil (topical) CREA 0.5 % .45	fluticasone-salmeterol AERO .....12
fluconazole SUSR .....24	fluorouracil (topical) CREA 5 % ...45	fluvastatin sodium CAPS .....25
fluconazole TABS 100 MG .....24	fluorouracil (topical) SOLN .....45	fluvastatin sodium TB24 .....25
fluconazole TABS 150 MG .....24	fluoxetine hcl (pmdd) TABS 10 MG 86	fluvoxamine maleate CP24 .....15
fluconazole TABS 200 MG .....24	fluoxetine hcl (pmdd) TABS 20 MG 86	fluvoxamine maleate TABS .....15
fluconazole TABS 50 MG .....24	fluoxetine hcl CAPS .....15	FLUZONE 2024-2025 SUSP .....93
fludarabine phosphate SOLN .....29	fluoxetine hcl CPDR .....15	FLUZONE 2024-2025 SUSY .....93
FLUDARABINE PHOSPHATE SOLN .....29	fluoxetine hcl SOLN .....15	FLUZONE HIGH-DOSE 2024-2025 SUSY .....93
fludarabine phosphate SOLR .....29	fluoxetine hcl TABS 10 MG .....15	FLUZONE HIGH-DOSE PF 2022-2023 .....93
fludrocortisone acetate TABS .....42	fluoxetine hcl TABS 20 MG .....15	
FLULAVAL 2024-2025 SUSY ..... 92	fluoxetine hcl TABS 60 MG .....15	
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....92	FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl) .....15	
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....92	fluphenazine decanoate .....34	
	fluphenazine hcl TABS .....34	



GAMMAPLEX SOLN 5 GM/50ML .84	STYLE/FINE POINT .....63	GNP ACIDOPHILUS HIGH POTENCY CAPS .....20
GAMMAPLEX SOLN .....84	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .....63	GNP ADVANCED PROBIOTIC CAPS .....20
GAMUNEX-C .....84	GENVISC 850 SOSY .....78	GNP ALCOHOL SWABS .....68
GARDASIL 9 SUSP .....94	GENVOYA .....35	GNP GLUCOSE CHEW .....16
GARDASIL 9 SUSY .....94	GILENYA .....86	GNP LANCETS 21G .....63
gatifloxacin (ophth) .....81	GILOTRIF .....30	GNP LANCETS THIN 26G .....63
GATTEX .....55	ginger (zingiber officinalis) CAPS 250 MG .....2	GNP PROBIOTIC COLON SUPPORT CAPS .....20
GAUZE SPONGES .....63	GLASSIA SOLN .....87	GNP QUICK DISSOLVE GLUCOSE CHEW .....16
GAZYVA .....29	glatiramer acetate SOSY .....86	GNP STERILE LANCETS 28G ...63
gefitinib .....30	glimepiride 1 MG, 2 MG .....18	GNP STERILE LANCETS 30G ...63
GEL-ONE .....78	glimepiride 4 MG .....18	GNP STERILE LANCETS 33G ...63
GELSYN-3 SOSY .....78	glipizide TABS 2.5 MG .....18	GOJJI STERILE LANCETS 30G ..63
gemfibrozil TABS .....25	glipizide TABS 5 MG, 10 MG .....18	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..63
GEMTESA .....89	glipizide TB24 .....18	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL .....63
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....50	glipizide-metformin hcl .....16	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL .....63
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....50	GLUCAGEN HYPOKIT .....16	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL .....63
GENORAVANCE CAPS .....20	glucagon (rdna) .....16	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT .....50
GENOTROPIN CART SC .....53	GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....16	granisetron hcl TABS .....23
GENOTROPIN MINIQUICK PRSY 53	GLUCO TO GO CHEW .....16	GRANIX SOLN .....58
gentamicin sulfate (ophth) OINT ...81	GLUCOSE CHEW .....16	GRANIX SOSY .....58
gentamicin sulfate (ophth) SOLN ..81	glyburide micronized 1.5 MG, 3 MG, 6 MG .....18	griseofulvin microsize SUSP .....24
gentamicin sulfate (topical) CREA .44	glyburide TABS .....18	griseofulvin microsize TABS .....24
gentamicin sulfate (topical) OINT ..44	glyburide-metformin .....16	griseofulvin ultramicrosize .....24
GENTLE-LET GP LANCETS .....63	glycerin (laxative) SUPP 2 GM ....60	guaifenesin-codeine SOLN .....43
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..63	glycine diluent .....85	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 63	glycopyrrolate TABS 1 MG, 2 MG .88	
GENTLE-LET LANCETS SAFETY	GLYXAMBI .....16	

guaifenesin-codeine SYRP .....	43	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT .....	57	HUMIRA PEN PNKT .....	4
guanfacine hcl (adhd) .....	2	HEPAGAM B SOLN IJ .....	84	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	4
guanfacine hcl .....	26	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	13	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	4
GVOKE KIT SOLN .....	16	HEPLISAV-B SOSY .....	94	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	4
GYNAZOLE-1 .....	95	HERCEPTIN HYLECTA .....	30	HUMIRA PEN-PS/UV STARTER PNKT .....	4
HADLIMA PUSHTOUCH SOAJ ....	4	HIBERIX SOLR IJ .....	89	HUMIRA PSKT .....	4
HADLIMA SOSY .....	4	HIGH POTENCY PROBIOTIC CAPS 20		HUMULIN 70/30 SUSP .....	17
halcinonide CREA .....	47	HIZENTRA SOLN .....	84	HUMULIN N SUSP .....	17
halobetasol propionate CREA ....	47	HM STERILE ALCOHOL PREP PADS .....	68	HUMULIN R SOLN IJ .....	17
halobetasol propionate FOAM ....	47	HULIO AJKT .....	4	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	17
halobetasol propionate OINT .....	47	HULIO PSKT .....	4	HUMULIN R U-500 KWIKPEN SOPN SC .....	17
haloperidol decanoate .....	33	HUMALOG JUNIOR KWIKPEN SOPN .....	17	HYALGAN SOLN .....	78
haloperidol lactate CONC .....	33	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	17	HYALGAN SOSY .....	78
haloperidol lactate SOLN .....	33	HUMALOG MIX 50/50 KWIKPEN SUPN .....	17	HYCANTIN CAPS .....	32
haloperidol TABS .....	33	HUMALOG MIX 50/50 SUSP .....	17	hydralazine hcl TABS .....	27
HARVONI PACK .....	36	HUMALOG MIX 75/25 KWIKPEN SUPN .....	17	hydrochlorothiazide CAPS .....	52
HARVONI TABS .....	36	HUMALOG MIX 75/25 SUSP .....	17	hydrochlorothiazide TABS 25 MG, 50 MG .....	52
HAVRIX .....	94	HUMALOG SOLN IJ .....	17	hydrocodone bitartrate CP12 .....	6
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ....	63	HUMALOG TEMPO PEN SOPN ..	17	hydrocodone bitartrate-homatropine methylbromide SOLN .....	43
H-E-B INCONTROL LANCETS MICRO THIN 33G .....	63	HUMATE-P SOLR .....	57	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	7
H-E-B INCONTROL LANCETS SUPER THIN 30G .....	64	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	4	hydrocodone-acetaminophen TABS 325 MG-10 MG .....	7
H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	64	HUMIRA PEN PNKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS	
HEMGENIX .....	56				
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML .....	56				
HEMOFIL M SOLR 1501 -2000 UNIT .....	57				

325 MG-5 MG .....	7	hydrocortisone TABS .....	42	88
hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....	7	hydrocortisone vaginal .....	96	HYPERHEP B SOLN IM .....
hydrocortisone (intrarectal) .....	8	hydrocortisone valerate CREA ....	47	HYPERHEP B SOSY 110 UNIT/0.5ML .....
hydrocortisone (rectal) EX 1 % .....	9	hydrocortisone valerate OINT .....	48	HYPERRHO S/D MINI-DOSE SOSY IM .....
hydrocortisone (rectal) EX 2.5 % ...	9	hydrocortisone w/acetic acid .....	83	HYPERRHO S/D SOSY IM 1500 UNIT .....
hydrocortisone (topical) CREA 0.5 % 47		HYDROMORPHONE HCL SUPP ..	6	HYQVIA .....
hydrocortisone (topical) CREA 1 % 47		hydromorphone hcl TABS .....	6	84
hydrocortisone (topical) CREA 2.5 % 47		hydromorphone hcl TB24 .....	6	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ .....
hydrocortisone (topical) LOTN 1 % 47		HYDROXATE GEL .....	48	4
hydrocortisone (topical) LOTN 2.5 % . 47		HYDROXYM GEL .....	48	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY .....
hydrocortisone (topical) OINT 0.5 % . 47		hydroxyprogesterone caproate (antineoplastic) .....	30	4
hydrocortisone (topical) OINT 1 % .47		hydroxyprogesterone caproate OIL 85		HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY .....
hydrocortisone (topical) OINT 2.5 % . 47		hydroxyurea .....	31	4
hydrocortisone (topical) SOLN 1 % 47		hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....	9	HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK SOAJ .....
hydrocortisone acetate (topical) CREA 1 % .....	47	hydroxyzine hcl SYRP .....	9	4
hydrocortisone acetate (topical) OINT .....	47	hydroxyzine hcl TABS .....	9	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4
hydrocortisone butyrate CREA ....	47	hydroxyzine pamoate CAPS 25 MG, 100 MG .....	9	4
hydrocortisone butyrate hydrophilic lipo base .....	47	hydroxyzine pamoate CAPS 50 MG 9		HYRIMOZ SENSOREADY PENS SOAJ .....
hydrocortisone butyrate LOTN ....	47	HYMOVIS .....	78	4
hydrocortisone butyrate OINT .....	47	hyoscyamine sulfate ELIX .....	88	HYRIMOZ SOAJ .....
hydrocortisone butyrate SOLN ....	47	hyoscyamine sulfate SOLN OR 0.125 MG/ML .....	88	4
HYDROCORTISONE CREA .....	48	hyoscyamine sulfate SUBL 0.125 MG .....	88	HYRIMOZ SOSY .....
		hyoscyamine sulfate TABS 0.125 MG .....	88	HY-VEE LANCETS .....
		hyoscyamine sulfate TB12 0.375 MG 88		HY-VEE THIN LANCETS .....
		hyoscyamine sulfate TBDP 0.125 MG		ibandronate sodium SOLN .....
				ibandronate sodium TABS .....
				IBRANCE CAPS .....
				IBSRELA .....
				ibuprofen CHEW .....

ibuprofen SUSP .....	5	imipramine hcl TABS .....	16	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML .....	18
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG .....	5	imipramine pamoate .....	16	INSULIN GLARGINE-YFGN SOLN 18	
ibuprofen-diphenhydramine citrate 59		imiquimod 5 % .....	48	INSULIN GLARGINE-YFGN SOPN 18	
ibuprofen-diphenhydramine hcl ...	59	IMLYGIC .....	32	INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	18
icatibant acetate SOLN .....	57	IMOVAX RABIES (H.D.C.V.) SUSR 94		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	18
icatibant acetate SOSY .....	57	IMPEKLO LOTN .....	48	INSULIN LISPRO KWIKPEN SOPN . 18	
ICLUSIG 15 MG, 45 MG .....	31	INCRELEX .....	53	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	18
ID NOW COVID-19 .....	50	indapamide TABS 1.25 MG, 2.5 MG . 52		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	18
ID NOW COVID-19 2.0 .....	50	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	50	INSULIN LISPRO SOLN IJ .....	18
ID NOW COVID-19 2.0 CONTROL SWAB KIT .....	50	indomethacin CAPS 25 MG, 50 MG 5		INSULIN SYRINGES .....	68
ID NOW COVID-19 CONTROL SWAB KIT .....	50	indomethacin CPCR .....	5	INTELENCE (Use etravirine) .....	35
IDACIO (2 PEN) AJKT .....	4	INFANRIX .....	88	INTELENCE .....	35
IDACIO (2 SYRINGE) PSKT .....	4	INFANTS ADVIL SUSP (Use ibuprofen) .....	5	INTELENCE 200 MG (Use etravirine) .....	35
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT .....	4	INFANTS SILAPAP SOLN OR .....	6	INTELISWAB COVID-19 RAPID TEST KIT .....	50
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT .....	4	INGREZZA CAPS .....	86	INTRON A SOLR 10000000 UNIT	31
IDELVION .....	57	INLYTA .....	29	INVEGA HAFYERA .....	33
IGALMI FILM .....	59	INNOSPIRE REPLACEMENT FILTER MISC .....	70	INVEGA SUSTENNA .....	33
IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....	50	INPEFA .....	38	INVEGA TRINZA .....	33
ILEVRO .....	83	INSPIREASE DRUG DELIVERYSYSTEM MISC .....	70	INVOKANA .....	18
ILUVIEN .....	82	INSPIREASE RESERVOIR BAGS 70		IPOL INACTIVATED IPV .....	94
imatinib mesylate .....	31	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	17	ipratropium bromide (nasal) 0.03 % 78	
IMBRUVICA CAPS 140 MG .....	31	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	18	ipratropium bromide (nasal) 0.06 % 78	
IMBRUVICA CAPS 70 MG .....	31	INSULIN GLARGINE SOLN .....	18	ipratropium bromide SOLN 0.02 %	10
IMBRUVICA TABS .....	31			ipratropium-albuterol SOLN .....	12
IMCIVREE .....	1			irbesartan .....	26

irbesartan-hydrochlorothiazide	27	JANUVIA	17	KAZANO (Use alogliptin-metformin hcl)	16
irinotecan hcl	32	JARDIANCE	18	KCENTRA	57
IRON CHEWS PEDIATRIC CHEW 59		JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	20	KEMOPLAT SOLN	28
IRON TABS 28 MG	59	JARRO-DOPHILUS EPS CPDR	21	KEPIVANCE 6.25 MG	32
ISENTRESS CHEW 100 MG	35	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	21	KESIMPTA	86
ISENTRESS CHEW 25 MG	35	JARRO-DOPHILUS EPS PROBIOTIC CPDR	21	ketoconazole (topical) CREA	44
ISENTRESS PACK	35	JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	21	ketoconazole (topical) SHAM 2 %	44
ISENTRESS TABS	35	JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	21	KETONE STRP	50
isoniazid SYRP	28	JENTADUETO TABS	16	KETONE TEST STRIPS STRP	50
isoniazid TABS	28	JEVTANA	32	ketoprofen CAPS 50 MG	5
ISOPTO ATROPINE SOLN	81	JIVI	57	ketoprofen CP24	5
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25	ketorolac tromethamine (ophth) 0.4 %	83
isosorbide mononitrate TABS	9	JYNARQUE TABS	54	ketorolac tromethamine (ophth) 0.5 %	83
isosorbide mononitrate TB24	9	JYNARQUE TBPK	54	ketorolac tromethamine TABS	5
isotretinoin 10 MG, 20 MG, 40 MG	44	JYNNEOS	94	KETOSTIX STRP	50
isradipine CAPS	38	KADCYLA	29	ketotifen fumarate (ophth) 0.035 %	83
ITCH RELIEF CREA	45	KALBITOR	57	KEY-E CHEW	96
itraconazole CAPS	24	KALETRA SOLN (Use lopinavir-ritonavir)	35	KEYTRUDA	29
itraconazole SOLN	24	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	35	KHAPZORY	32
ivermectin (pediculicide)	49	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	35	KINNEY LANCETS	64
IXCHIQ	94	KALYDECO PACK 50 MG, 75 MG	87	KINNEY THIN LANCETS	64
IXEMPRA KIT	32	KALYDECO TABS	87	KINRIX SUSY	88
IXIARO	94	KANJINTI 420 MG	29	KITABIS PAK NEBU (Use tobramycin)	3
IXINITY SOLR	57	KANUMA	53	KLOXXADO LIQD	23
IYUZEH SOLN	83			KOATE SOLR	57
JAKAFI	31			KOATE-DVI SOLR 500 UNIT, 1000 UNIT	57
JANSSEN COVID-19 VACCINE	94				
JANUMET TABS	16				
JANUMET XR TB24	16				

KOGENATE FS KIT .....	57	lactulose SOLN .....	60	LEADER QUICK DISSOLVE GLUCOSE CHEW .....	16
KOMBIGLYZE XR (Use saxagliptin- metformin hcl) .....	16	LAGEVRIO .....	37	LEDIPASVIR/SOFOSBUVIR TABS 36	
KONVOMEK SUSR .....	89	lamivudine SOLN .....	35	leflunomide .....	5
KOVALTRY .....	57	lamivudine TABS 150 MG .....	35	lenalidomide .....	74
KRINTAFEL .....	28	lamivudine TABS 300 MG .....	35	LENVIMA 10 MG DAILY DOSE ...	29
KROGER HEALTHPRO TWIST LANCETS/26G .....	64	lamivudine-zidovudine .....	35	LENVIMA 12MG DAILY DOSE ...	29
KROGER LANCETS .....	64	lamotrigine CHEW .....	13	LENVIMA 14 MG DAILY DOSE ...	29
KROGER LANCETS 21G .....	64	lamotrigine KIT 25 MG .....	13	LENVIMA 18 MG DAILY DOSE ...	29
KROGER LANCETS MICRO THIN33G .....	64	lamotrigine TABS .....	13	LENVIMA 20 MG DAILY DOSE ...	29
KROGER LANCETS SUPER THIN 64		lamotrigine TB24 .....	13	LENVIMA 24 MG DAILY DOSE ...	29
KROGER LANCETS THIN .....	64	lamotrigine TBP .....	13	LENVIMA 4 MG DAILY DOSE ....	29
KROGER LANCETS THIN 26G ..	64	LANCETS .....	64	LENVIMA 8 MG DAILY DOSE ....	29
KROGER LANCETS ULTRATHIN30G .....	64	LANCETS 30G .....	64	LETAIRIS (Use ambrisentan) .....	38
KRYSTEXXA .....	56	LANCETS SUPER THIN 28G ....	64	letrozole .....	30
KYLEENA .....	42	LANCETS THIN .....	64	leucovorin calcium TABS 5 MG, 25 MG .....	32
KYMRIAH .....	30	LANCETS ULTRA THIN .....	64	LEUKERAN .....	28
KYPROLIS .....	31	lanolin (topical) CREA .....	49	LEUKINE SOLR IJ .....	58
labetalol hcl TABS 100 MG .....	37	lanolin (topical) OINT .....	49	LEUPROLIDE ACETATE INJ .....	30
labetalol hcl TABS 200 MG .....	37	lanolin XX .....	85	leuprolide acetate KIT IJ 1 MG/0.2ML .....	30
labetalol hcl TABS 300 MG .....	37	LANOLIN XX .....	85	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE .....	30
LACTEROL CAPS .....	21	LANOLOR CREA .....	49	levabuterol hcl .....	12
lactic acid (ammonium lactate) CREA .....	48	LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....	38	levabuterol tartrate .....	12
lactic acid (ammonium lactate) LOTN 12 % .....	48	lanreotide acetate .....	54	levamlodipine maleate .....	38
LACTO-PECTIN CAPS .....	21	LANREOTIDE ACETATE .....	54	LEVEMIR FLEXPEN SOPN .....	18
lactulose (encephalopathy) .....	55	lansoprazole CPDR .....	88	LEVEMIR FLEXTOUCH SOPN ....	18
		lansoprazole TBDD .....	88	LEVEMIR SOLN .....	18
		lanthanum carbonate CHEW .....	55		
		LANTUS SOLOSTAR SOPN .....	18		
		lapatinib ditosylate .....	31		



levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	13	calcium) .....	35	lithium .....	33
levetiracetam TABS .....	13	LIALDA TBEC (Use mesalamine) .	55	lithium carbonate CAPS .....	33
levetiracetam TB24 .....	13	LIBTAYO .....	29	lithium carbonate TABS .....	33
levobunolol hcl 0.5 % .....	81	LICEMD GEL .....	49	lithium carbonate TBCR .....	33
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	53	lidocaine CREA 4 % .....	49	LITHOBID TBCR (Use lithium carbonate) .....	33
levocarnitine (metabolic modifiers) TABs .....	53	LIDOCAINE CREA .....	49	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN .....	78
levocetirizine dihydrochloride SOLN 24 .....	32	lidocaine hcl (mouth-throat) 2 % ...	75	LIVE BETTER LANCET SUPERTHIN 30G .....	64
levofloxacin (ophth) 0.5 % .....	81	lidocaine hcl CREA 3 % .....	49	LIVE BETTER LANCET ULTRATHIN 28G .....	64
levofloxacin SOLN OR .....	54	lidocaine hcl CREA 4 % .....	49	LO LOESTRIN FE TABS .....	40
levofloxacin TABS .....	54	lidocaine hcl GEL 2 % .....	49	LOCOID LIPOCREAM .....	48
levoleucovorin calcium SOLN .....	32	lidocaine hcl PRSY .....	49	LOKELMA .....	75
levoleucovorin calcium SOLR .....	32	lidocaine-prilocaine CREA .....	49	LONGS LANCETS STANDARD ..	64
levonorgestrel & eth estradiol TABS 40 .....	40	LILETTA 20.1 MCG/DAY .....	42	LONGS LANCETS THIN .....	64
levonorgestrel (emergency oc) 1.5 MG .....	41	LINZESS .....	55	LONSURF .....	30
levonorgestrel-eth estradiol (triphasic) .....	40	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	77	loperamide hcl CAPS .....	23
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	40	liothyronine sodium TABS .....	87	loperamide hcl TABS .....	23
levonorgestrel-ethinyl estradiol (continuous) .....	40	LIPOFEN CAPS (Use fenofibrate) .25	25	lopinavir-ritonavir SOLN .....	35
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG .....	87	LIQREV SUSP .....	39	lopinavir-ritonavir TABS 25 MG-100 MG .....	35
levothyroxine sodium TABS .....	87	liraglutide .....	17	lopinavir-ritonavir TABS 50 MG-200 MG .....	35
LEVULAN KERASTICK SOLR .....	45	lisdexamfetamine dimesylate CAPS 1	1	loratadine CAPS .....	25
LEXIVA SUSP .....	35	lisdexamfetamine dimesylate CHEW . 1 .....	1	loratadine CHEW .....	25
LEXIVA TABS (Use fosamprenavir		lisinopril & hydrochlorothiazide ...	27	loratadine SOLN .....	25
		lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	26	loratadine TABS .....	25
		LITETOUCH MASK LARGE MISC	70	loratadine TBDP 10 MG .....	25
		LITETOUCH MASK MEDIUM MISC . 70 .....	70	lorazepam CONC .....	10
		LITETOUCH MASK SMALL MISC .71	71	lorazepam TABS 0.5 MG, 2 MG ...	10
		LITFULO .....	48		

lorazepam TABS 1 MG .....	10	LYBALVI .....	85	medroxyprogesterone acetate (contraceptive) SUSP IM .....	41
LORBRENA .....	31	LYFGENIA .....	58	medroxyprogesterone acetate (contraceptive) SUSY IM .....	41
LOREEV XR CS24 .....	10	LYRA DIRECT SARS-COV-2 ASSAY .....	51	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	85
losartan potassium & hydrochlorothiazide .....	27	LYRA SARS-COV-2 ASSAY .....	51	mefloquine hcl .....	28
losartan potassium .....	26	LYSODREN .....	30	MEGA PROBIOTIC CAPS .....	21
lovastatin TABS 10 MG, 20 MG ...	25	LYUMJEV TEMPO PEN SOPN ...	18	megestrol acetate SUSP .....	30
lovastatin TABS 40 MG .....	25	LYVISPAH PACK .....	77	megestrol acetate TABS .....	30
loxapine succinate .....	33	MACI .....	77	MEIJER ALCOHOL SWABS EXTRA- THICK .....	68
LUCENTIS SOLN 0.3 MG/0.05ML	81	MAGE CPDR .....	21	MEIJER COLOR LANCETS UNIVERSAL 33G .....	64
LUCENTIS SOSY .....	81	MAGNEBIND 400 .....	73	MEIJER LANCETS .....	64
LUCIRA CHECK IT COVID-19TEST KIT KIT .....	50	magnesium citrate .....	60	MEIJER LANCETS THIN .....	64
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT .....	51	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....	60	MEIJER LANCETS UNIVERSAL21G .....	64
luliconazole .....	45	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG .....	74	MEIJER LANCETS UNIVERSAL30G .....	64
LUMIZYME .....	53	magnesium oxide TABS 400 MG ...	9	MEIJER LANCETS UNIVERSAL33G .....	64
LUMOXITI .....	29	MAKENA SOAJ .....	85	MEIJER SUPER THIN LANCETS	64
LUPRON DEPOT (1-MONTH) KIT IM .....	30	malathion .....	49	MEKINIST TABS .....	31
LUPRON DEPOT (3-MONTH) KIT IM .....	30	maraviroc TABS 150 MG .....	35	MEKTOVI .....	31
LUPRON DEPOT (4-MONTH) IM .	30	maraviroc TABS 300 MG .....	35	melatonin TABS 3 MG, 5 MG .....	2
LUPRON DEPOT (6-MONTH) IM .	30	MATULANE .....	31	meloxicam TABS .....	5
LUPRON DEPOT-PED (1-MONTH) . 53		MAVYRET PACK .....	36	melphalan .....	28
LUPRON DEPOT-PED (3-MONTH) . 53		MAVYRET TABS .....	36	melphalan hcl IV .....	28
LUPRON DEPOT-PED (6-MONTH) IM .....	53	MAXI-TUSS PE LIQD .....	43	memantine hcl CP24 .....	85
lurasidone hcl .....	33	MAYZENT STARTER PACK TBPK 86		memantine hcl SOLN .....	85
LUTATHERA .....	31	MAYZENT TABS .....	86	memantine hcl TABS .....	85
LUZU (Use luliconazole) .....	45	meclizine hcl CHEW .....	23	MENACTRA .....	90
		meclizine hcl TABS 12.5 MG, 25 MG 24			

MENQUADFI .....	90	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG .....	27	63 MG .....	2
MENVEO SOLN .....	90	methimazole TABS .....	87	methylprednisolone TABS 4 MG, 8 MG .....	42
MENVEO SOLR .....	90	METHITEST TABS .....	8	methylprednisolone TBPK .....	42
meperidine hcl SOLN OR 50 MG/5ML .....	6	methocarbamol TABS 500 MG ....	77	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	55
meperidine hcl TABS 50 MG .....	6	methocarbamol TABS 750 MG ....	77	metoclopramide hcl TABS 10 MG .55	
meprobamate .....	9	METHOTREXATE .....	3	metoclopramide hcl TABS 5 MG ..	55
mercaptopurine TABS .....	29	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	29	metolazone .....	52
mesalamine ENEM .....	55	methotrexate sodium TABS 2.5 MG 29		metoprolol & hydrochlorothiazide TABs .....	27
mesalamine SUPP .....	55	methsuximide .....	14	metoprolol succinate TB24 200 MG 37	
mesalamine TBEC 1.2 GM .....	55	methylphenidate .....	26	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	37
mesalamine TBEC 800 MG .....	55	methylphenidate hcl .....	26	metoprolol tartrate TABS 100 MG .37	
mesalamine w/ cleanser .....	55	methylphenidate hcl CHEW .....	2	metoprolol tartrate TABS 25 MG, 50 MG .....	37
mesna SOLN .....	32	METHYLIN SOLN (Use methylphenidate hcl) .....	2	metoprolol tartrate TABS 37.5 MG, 75 MG .....	37
MESNEX TABS .....	32	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....	2	metronidazole (topical) CREA .....	49
META BIOTIC/BIO-ACTIVE 12 CAPS .....	21	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 % 49	
metaxalone .....	77	methylphenidate hcl CP24 .....	2	metronidazole (topical) LOTN .....	49
metformin hcl SOLN .....	16	methylphenidate hcl CP24 .....	2	metronidazole TABS .....	27
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	16	methylphenidate hcl CPCR .....	2	metronidazole vaginal .....	95
metformin hcl TABS 625 MG .....	16	methylphenidate hcl SOLN .....	2	metyrosine .....	26
metformin hcl TB24 500 MG, 1000 MG .....	16	methylphenidate hcl TABS .....	2	miconazole nitrate (topical) CREA .45	
metformin hcl TB24 500 MG, 750 MG .....	16	methylphenidate hcl TB24 .....	2	miconazole nitrate vaginal CREA 2 % .....	95
methadone hcl TABS 10 MG .....	6	methylphenidate hcl TBCR 10 MG, 20 MG .....	2	miconazole nitrate vaginal CREA 4 % .....	95
methadone hcl TABS 5 MG .....	6	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG .....	2	miconazole nitrate vaginal KIT .....	95
methamphetamine hcl .....	1	methylphenidate hcl TBCR 45 MG,			
methazolamide TABS .....	51				
methenamine mandelate 0.5 GM, 1 GM .....	28				

miconazole nitrate vaginal SUPP 100 MG .....	96	morphine sulfate TABS .....	7
miconazole nitrate vaginal SUPP 200 MG .....	95	morphine sulfate TBCR .....	7
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM .....	84	MOTPOLY XR CP24 .....	13
MICROCHAMBER DEVI .....	71	MOTRIN CHILDRENS CHEW (Use ibuprofen) .....	5
MICROCHAMBER MISC .....	71	MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....	5
MICROFLOR 33 CAPS .....	21	MOUNJARO .....	17
MICROSPACER MISC .....	71	MOUTH KOTE REMINT SOLN ....	75
midazolam hcl SOLN IJ .....	59	MOUTH KOTE SOLN .....	75
midodrine hcl .....	96	MOVANTIK .....	55
MIEBO .....	83	moxifloxacin hcl (ophth) SOLN OP 81	
mifepristone (hyperglycemia) .....	17	moxifloxacin hcl TABS .....	54
miglitol .....	16	MULPLETA .....	58
miglustat .....	58	MULTIPLE VITAMINS TABS-ASSORTED BRAND .....	76
MINIELITE FILTER REPLACEMENTS MISC .....	71	MULTIPLE VITAMINS TABS-ASSORTED GENERIC .....	76
minocycline hcl CAPS .....	87	multiple vitamins w/ iron TABS ....	76
minoxidil 2.5 MG, 10 MG .....	27	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND .....	76
mirabegron TB24 .....	89	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC .....	76
MIRCERA .....	58	MULTIVITAMIN INFANT & TODDLER SOLN OR .....	77
MIRENA .....	42	MULTIVITAMIN INFANT/TODDLER SOLN OR .....	77
mirtazapine TABS .....	14	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 76	
mirtazapine TBDP .....	14	mupirocin calcium (topical) .....	44
misoprostol .....	89	mupirocin OINT .....	44
mitoxantrone hcl 2 MG/ML .....	30		
M-M-R II SOLR .....	94		
MODERNA COVID-19 VACCINE SUSP .....	94		
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .			
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	94		
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ....	94		
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	94		
MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	94		
moexipril hcl .....	26		
MOI-STIR SOLN .....	75		
mometasone furoate (nasal) SUSP 78			
mometasone furoate CREA .....	48		
mometasone furoate OINT .....	48		
mometasone furoate SOLN .....	48		
MOMMYS BLISS PROBIOTIC PACK .....	21		
MONOLET LANCETS .....	64		
MONOLET OPD LANCETS .....	64		
MONOVISC .....	78		
montelukast sodium CHEW .....	10		
montelukast sodium PACK .....	10		
montelukast sodium TABS .....	10		
morphine sulfate beads .....	6		
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	7		
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML .....	7		
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML .....	7		
morphine sulfate SUPP .....	7		

MVASI .....	29	NAMENDA TITRATION PAK TABS (Use memantine hcl) .....	85	neomycin-polymy-dexameth OINT	82
MVW COMPLETE FORMULATIONPEDIATRIC SOLN 76		naphazoline w/ pheniramine 0.3 %- 0.025 % .....	82	neomycin-polymy-dexameth SUSP	82
MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR .....	21	naphazoline w/ pheniramine 0.315 %-0.027 % .....	82	neomycin-polymyxin w/ pramoxine	44
MVW COMPLETE PROBIOTIC FORMULATION CPDR .....	21	naproxen sodium TABS 220 MG ...	5	neomycin-polymyxin-gramicidin ..	81
MYALEPT .....	53	naproxen sodium TABS 275 MG, 550 MG .....	5	neomycin-polymyxin-hc (ophth) ...	82
mycophenolate mofetil CAPS .....	74	naproxen sodium-diphenhydramine hcl .....	59	neomycin-polymyxin-hc (otic) SOLN .	83
mycophenolate mofetil hcl .....	74	naproxen SUSP .....	5	neomycin-polymyxin-hc (otic) SUSP .	83
mycophenolate mofetil SUSR .....	74	naproxen TABS .....	5	NESINA (Use alogliptin benzoate)	17
mycophenolate mofetil TABS .....	74	naproxen TBEC .....	5	NEULASTA ONPRO KIT PSKT ...	58
mycophenolate sodium .....	74	naproxen-esomeprazole magnesium .....	5	NEULASTA SOSY .....	58
MYFEMBREE .....	54	naratriptan hcl .....	73	NEUPOGEN SOLN .....	58
MYLERAN TABS .....	28	NARCAN LIQD (Use naloxone hcl) 23		NEUPOGEN SOSY .....	58
MYOBLOC .....	79	NATAZIA .....	40	nevirapine SUSP .....	35
MYRBETRIQ TB24 (Use mirabegron) .....	89	nateglinide .....	18	nevirapine TABS .....	35
MYRBETRIQ TB24 .....	89	NATPARA .....	52	nevirapine TB24 100 MG .....	35
NABI-HB SOLN IM .....	84	NATROBA (Use spinosad) .....	49	nevirapine TB24 400 MG .....	35
nabumetone .....	5	NATRUL PROBIOTIC CAPS .....	21	NEXABIOTIC CPDR .....	21
nadolol TABS 20 MG, 40 MG, 80 MG .....	37	NATURAL FIBER LAXATIVE POWD 60		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	89
NAGLAZYME .....	53	NEBULIZER AIR TUBE/PLUGS MISC .....	71	NEXIUM 24HR CPDR (Use esomeprazole magnesium) .....	89
naloxone hcl LIQD .....	23	nefazodone hcl .....	15	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) .....	89
naloxone hcl SOCT .....	23	neomycin sulfate TABS .....	3	NEXIUM PACK (Use esomeprazole magnesium) .....	89
naloxone hcl SOLN 0.4 MG/ML ...	23	neomycin-bacitracin zn-polymyxin	81	NEXIUM PACK .....	89
naloxone hcl SOLN 4 MG/10ML ...	23	neomycin-bacitracin-polymyxin OINT	44	NEXPLANON .....	41
naloxone hcl SOSY 2 MG/2ML .....	23			NGENLA .....	53
naltrexone hcl .....	23				

niacin (antihyperlipidemic) TBCR ..26	NIVA THYROID TABS .....87	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....41
niacin CPR 250 MG, 500 MG ....97	NIVESTYM SOLN .....58	NORLIQVA SOLN .....38
niacin TABS 500 MG .....97	NIVESTYM SOSY .....58	NORPACE CAPS (Use disopyramide phosphate) .....10
niacin TBCR .....97	NIX LICE KILLING SPRAY LIQD XX .49	nortriptyline hcl CAPS .....16
NIACIN TR CPR .....97	NIZORAL SHAM .....45	nortriptyline hcl SOLN .....16
NIACIN TR TBCR .....97	NORDITROPIN FLEXPLO SOPN .53	NORVIR CAPS .....35
nicardipine hcl CAPS .....38	norelgestromin-ethinyl estradiol ..41	NORVIR PACK .....35
nicotine MISC XX .....86	norethin acet & estrad-fe CAPS ...40	NORVIR SOLN .....35
nicotine polacrilex GUM .....86	norethin acet & estrad-fe CHEW ..40	NORVIR TABS (Use ritonavir) .....35
nicotine polacrilex LOZG .....86	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....40	NOSE CLIP MISC .....71
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....86	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG .....40	NOVA SUREFLEX LANCETS ....65
NICOTINE TRANSDERMAL SYSTEM KIT .....86	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG ...40	NOVAREL IM 5000 UNIT .....52
NICOTROL INHALER INHA .....86	norethindrone & eth estradiol 35 MCG-1 MG .....40	NOVAVAX COVID-19 VACCINE SUSP .....94
NICOTROL NS SOLN .....86	norethindrone & ethinyl estradiol-fe 40	NOVAVAX COVID-19 VACCINE/2023-24 SUSP .....94
nifedipine CAPS .....38	norethindrone (contraceptive) ....42	NOVAVAX COVID-19 VACCINE/2024-25 SUSY .....94
nifedipine TB24 30 MG, 90 MG ...38	norethindrone acet & eth estra TABS 40	NOVOEIGHT .....57
nifedipine TB24 60 MG .....38	norethindrone acetate TABS .....85	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN .....18
nimodipine CAPS .....38	norethindrone acetate-ethinyl estradiol .....54	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN .....18
NINLARO .....31	norethindrone acetate-ethinyl estradiol-fe .....40	NOVOLOG MIX 70/30 RELION SUSP .....18
nisoldipine .....38	norethindrone-eth estradiol (triphasic) .....41	NOVOLOG MIX 70/30 SUSP .....18
nitisinone CAPS .....53	norgestimate-ethinyl estradiol (triphasic) .....41	NOVOSEVEN RT .....57
NITRO-BID OINT .....9	norgestimate-ethinyl estradiol .....41	NP THYROID 120 TABS .....87
nitrofurantoin .....28		NP THYROID 15 TABS .....87
nitrofurantoin macrocrystal 50 MG, 100 MG .....28		NP THYROID 30 TABS .....87
nitrofurantoin monohyd macro ....28		NP THYROID 60 TABS .....87
nitroglycerin CPR .....9		
nitroglycerin PT24 .....9		
nitroglycerin SUBL .....9		

NP THYROID 90 TABS .....	87	ofloxacin (ophth) .....	81	ONCASPAR .....	31
NPLATE 250 MCG, 500 MCG .....	58	ofloxacin (otic) .....	83	ondansetron hcl SOLN OR 4 MG/5ML .....	23
NUCALA SOAJ .....	10	ofloxacin 300 MG, 400 MG .....	54	ondansetron hcl TABS 4 MG, 8 MG 23	
NUCALA SOLR .....	10	OHC COVID-19 ANTIGEN SELF TEST KIT .....	51	ondansetron TBDP 4 MG, 8 MG ..	23
NUCALA SOSY .....	10	olanzapine SOLR .....	33	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....	65
NULOJIX .....	74	olanzapine TABS .....	33	ONETOUCH DELICA PLUS LANCETS FINE 30G .....	65
NUMOISYN LIQD .....	75	olanzapine TBDP .....	33	ONETOUCH ULTRA 2 KIT .....	65
NUPLAZID CAPS .....	33	olmesartan medoxomil .....	26	ONETOUCH ULTRA STRP .....	51
NUPLAZID TABS 10 MG .....	33	olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	27	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....	65
NURTEC .....	73	olmesartan medoxomil- hydrochlorothiazide .....	27	ONETOUCH ULTRASOFT LANCETS .....	65
NUVESSA .....	96	olopatadine hcl (nasal) .....	78	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	65
NUWIQ KIT .....	57	olopatadine hcl .....	83	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....	65
NUWIQ SOLR .....	57	OLPRUVA THPK .....	53	ONETOUCH VERIO REFLECT KIT 65	
nystatin (mouth-throat) .....	75	OLUMIANT .....	3	ONETOUCH VERIO TEST STRIPS STRP .....	51
nystatin (topical) CREA .....	45	omega-3-acid ethyl esters .....	25	ONGLYZA (Use saxagliptin hcl) ..	17
nystatin (topical) OINT .....	45	omeprazole CPDR .....	89	ONPATTRO .....	86
nystatin (topical) POWD EX .....	45	omeprazole TBEC .....	89	OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML .....	29
nystatin TABS .....	24	omeprazole-sodium bicarbonate CAPS .....	89	OPTICHAMBER DIAMOND DEVI .	71
nystatin-triamcinolone CREA .....	45	omeprazole-sodium bicarbonate PACK .....	89	OPTICHAMBER DIAMOND MISC .	71
nystatin-triamcinolone OINT .....	45	OMNITROPE SOCT .....	53	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....	71
NYVEPRIA .....	58	OMVOH SOAJ .....	55	OPTICHAMBER DIAMOND/MEDIUM	
OBIZUR .....	57	OMVOH SOLN .....	55		
OCALIVA .....	55	OMVOH SOSY .....	55		
OCTAGAM SOLN 5 GM/50ML .....	84	ON/GO COVID-19 ANTIGEN SELF- TEST KIT .....	51		
OCTAGAM SOLN .....	84	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT .....	51		
octreotide acetate SOLN .....	54				
octreotide acetate SOSY .....	54				
ODEFSEY .....	35				
ODOMZO .....	30				
OFEV .....	87				

FACE MASK MISC .....	71	oseltamivir phosphate SUSR .....	37	OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML .....	17
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....	71	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) .....	16	OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML .....	17
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	95	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....	3	OZOBAX DS SOLN OR (Use baclofen) .....	77
OPVEE NA .....	23	oxaprozin TABS .....	5	OZOBAX SOLN OR (Use baclofen) 77	
OPZELURA .....	48	OXAYDO TABS 5 MG .....	7	OZURDEX IMPL .....	82
ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN .....	75	oxazepam CAPS .....	10	paclitaxel protein-bound particles	.32
ORALAIR ADULT STARTER PACK SUBL .....	2	oxcarbazepine SUSP .....	13	PACLITAXEL PROTEIN- BOUND PARTICLES .....	32
ORALAIR SUBL .....	2	oxcarbazepine TABS .....	13	paliperidone .....	33
ORENITRAM TITRATION KIT MONTH 1 TEPK .....	38	OXERVATE .....	82	PALYNZIQ .....	53
ORENITRAM TITRATION KIT MONTH 2 TEPK .....	38	oxiconazole nitrate CREA .....	45	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	52
ORENITRAM TITRATION KIT MONTH 3 TEPK .....	38	oxybutynin chloride SOLN .....	89	PAMIDRONATE DISODIUM SOLN 52	
ORFADIN SUSP .....	53	oxybutynin chloride TABS 2.5 MG	.89	pantoprazole sodium PACK .....	89
ORIAHNN .....	54	oxybutynin chloride TABS 5 MG	.89	pantoprazole sodium TBEC 20 MG 89	
ORLISSA .....	53	oxybutynin chloride TB24 .....	89	pantoprazole sodium TBEC 40 MG 89	
ORKAMBI PACK .....	87	oxycodone hcl CAPS .....	7	PANZYGA .....	84
ORKAMBI TABS .....	87	oxycodone hcl CONC 100 MG/5ML	7	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	41
orphenadrine citrate TB12 .....	77	oxycodone hcl SOLN .....	7	PARI ALTERA NEBULIZER HANDSET MISC .....	71
orphenadrine w/ aspirin & caff	78	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	7	PARI BABY CONVERSION KITSIZE 1 MISC .....	71
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG .....	78	oxycodone hcl T12A 80 MG .....	7	PARI BABY CONVERSION KITSIZE 2 MISC .....	71
ORTHOVISC .....	78	oxycodone hcl TABS .....	7	PARI BABY CONVERSION KITSIZE 3 MISC .....	71
oseltamivir phosphate CAPS 30 MG	37	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7		
oseltamivir phosphate CAPS 45 MG, 75 MG .....	37	oxymorphone hcl TB12 15 MG .....	7		
		oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	7		
		oyster shell .....	73		



PARI ERAPID NEBULIZER HANDSET MISC .....	71	SOLN-ASSORTED BRAND .....	76	19VACCINE/5-11Y SUSP .....	94
PARI EXPIRATORY FILTER VALVE SET DEVI .....	71	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC ....	76	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP	94
PARI MASK SET MISC .....	71	pediatric vitamins acd w/ fluoride SOLN .....	76	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP	94
PARI SOFT PLASTIC ADULT MASK MISC .....	71	PEDVAX HIB SUSP .....	90	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP .....	94
PARI SOFT PLASTIC PEDIATRIC MASK MISC .....	71	peg 3350-kcl-sod bicarb-sod chloride-sod sulfat SOLR .....	60	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP	94
PARI VORTEX ADULT MASK ....	71	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	60	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP	94
paricalcitol SOLN .....	53	PEGASYS SOLN .....	36	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP	94
paroxetine hcl TABS .....	15	PEGASYS SOSY .....	36	PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP ..	94
paroxetine hcl TB24 .....	15	pemetrexed disodium SOLR 100 MG, 500 MG .....	29	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ...	94
paroxetine mesylate (vasomotor) .	87	PENBRAYA .....	90	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y ...	94
PARSABIV .....	53	penciclovir .....	46	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5	94
PAXLOVID 100 MG-150 MG .....	36	penicillamine TABS .....	74	PFLEX MISC .....	71
pazopanib hcl .....	31	penicillin v potassium SOLR .....	84	PH 12 STERILE DILUENT FORFLOLAN .....	85
PC LANCETS SUPER THIN 30G .	65	penicillin v potassium TABS .....	84	PHARMACIST CHOICE NEBULIZER/CPAP/IHALER CHAMBER MASK WIPES MISC ..	71
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR .....	77	PENTACEL .....	88	PHARMACY COUNTER LANCETS .	65
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN .....	76	pentoxifylline .....	57	PHEBURANE PLLT .....	53
PEARLS IC CAPS .....	21	PERFECT LANCETS 30G .....	65	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	56
ped multivitamins w/fl & iron SOLN 76		perindopril erbumine .....	26	phenelzine sulfat .....	15
PEDIARIX SUSY .....	88	PERJETA .....	29	phenobarbital ELIX .....	59
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	71	permethrin AERO .....	49		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND .....	76	permethrin CREA .....	49		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ....	76	permethrin LIQD EX .....	49		
PEDIATRIC MULTIVITAMINS W/FL		perphenazine TABS .....	34		
		perphenazine-amitriptyline .....	86		
		PFIZER-BIONTECH COVID- 19VACCINE SUSP .....	95		
		PFIZER-BIONTECH COVID-			

phenobarbital TABS .....	59	pioglitazone hcl-glimepiride .....	16	PORTRAZZA .....	30
phenylephrine hcl (mydriatic) SOLN 2.5 % .....	81	pioglitazone hcl-metformin hcl TABS 16 .....	16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	74
phenylephrine hcl (oral) TABS .....	78	pirfenidone CAPS .....	87	potassium bicarbonate TBEF .....	74
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....	43	pirfenidone TABS 534 MG .....	87	potassium chloride CPCR 10 MEQ 74	
phenylephrine-dm SOLN .....	43	piroxicam CAPS .....	5	potassium chloride CPCR 8 MEQ .	74
phenylephrine-shark liver oil-cocoa butter .....	8	PLEGRIDY SOSY IM .....	86	potassium chloride microencapsulated crystals er ....	74
phenylephrine-shark liver oil-mineral oil-petrolatum .....	8	plerixafor .....	59	potassium chloride PACK OR 20 MEQ .....	74
phenytoin CHEW .....	14	PNEUMOVAX 23 .....	90	potassium chloride SOLN OR 10 %, 20 % .....	74
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	14	PNEUMOVAX 23/1 DOSE .....	90	potassium chloride TBCR 8 MEQ, 10 MEQ .....	74
phenytoin sodium extended 200 MG, 300 MG .....	14	POCKET CHAMBER DEVI .....	71	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG .....	56
phenytoin SUSP .....	14	POCKET SPACER DEVI .....	71	potassium citrate-citric acid PACK .	56
PHILLIPS COLON HEALTH CAPS 21		podofilox SOLN .....	48	potassium iodide (expectorant) SOLN .....	43
PHOTOFRIN .....	31	POLIVY 140 MG .....	29	POTELIGEO .....	29
phytonadione TABS 5 MG .....	96	polyethylene glycol 3350 PACK ...	60	PRADAXA CAPS (Use dabigatran etexilate mesylate) .....	13
PIFELTRO .....	35	polyethylene glycol 3350 POWD ..	60	PRADAXA PACK .....	13
PILLOW MASK/ADULT MISC .....	71	polymyxin b-trimethoprim .....	82	pralatrexate .....	29
PILLOW MASK/CHILD MISC .....	71	polysaccharide iron complex CAPS 150 MG .....	59	PRALUENT SOAJ .....	26
PILLOW MASK/PEDIATRIC MISC	71	polyvinyl alcohol 1.4 % .....	80	pramipexole dihydrochloride TABS 32	
pilocarpine hcl (oral) 5 MG .....	75	POLY-VI-SOL SOLN OR .....	77	pramipexole dihydrochloride TB24	32
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 81		POLY-VI-SOL/IRON SOLN .....	76	pramoxine hcl (rectal) FOAM EX ...	8
PILOT COVID-19 AT-HOME TEST KIT .....	51	POLY-VITA SOLN OR .....	77	prasugrel hcl .....	57
pimecrolimus .....	48	POLY-VITA/IRON SOLN .....	76	pravastatin sodium .....	25
pindolol TABS .....	37	POLY-VITE PEDIATRIC SOLN OR 77		prazosin hcl CAPS .....	26
pioglitazone hcl .....	18	POLY-VITE/IRON SOLN .....	76		
		POMALYST .....	30		
		PONVORY 14-DAY STARTER PACK TBPK .....	86		
		PONVORY TABS .....	86		

PRECISION THINS GP LANCET .65	PREMPHASE ..... 54	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI ..... 72
PRED MILD ..... 82	PREMPRO ..... 54	PROAIR DIGIHALER ..... 12
PRED-G SUSP ..... 82	PRENATAL VITAMINS-ASSORTED BRAND ..... 77	PROAIR HFA AERS (Use albuterol sulfate) ..... 12
prednicarbate OINT ..... 48	PRENATAL VITAMINS-ASSORTED GENERIC ..... 77	probenecid ..... 56
prednisolone acetate (ophth) ..... 82	PREORBOTIC CAPS ..... 21	PROBINATE CAPS ..... 21
PREDNISOLONE ACETATE P-F .82	PREVNAR 13 ..... 90	PROBIO DEFENSE CAPS ..... 21
PREDNISOLONE SODIUM PHOSPHATE ..... 82	PREVNAR 20 ..... 90	PROBIOFLEXX CAPS ..... 21
prednisolone sodium phosphate SOLN 15 MG/5ML ..... 42	PREVYMIS SOLN ..... 36	PROBIOMAX COMPLETE DF CAPS ..... 21
prednisolone sodium phosphate SOLN 20 MG/5ML ..... 42	PREVYMIS TABS ..... 36	PROBIOMAX DAILY DF CAPS ... 21
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML ... 42	PREZCOBIX ..... 35	PROBIOMAX IG 26 DF CAPS .... 21
prednisolone SOLN ..... 42	PREZISTA SUSP ..... 35	PROBIOMAX LEAN DF CAPS .... 21
PREDNISONE INTENSOL CONC 42	PREZISTA TABS (Use darunavir) .35	PROBIOMAX SB DF CAPS ..... 21
prednisone SOLN ..... 42	PREZISTA TABS 150 MG ..... 35	PROBIONEXX CAPS ..... 21
prednisone TABS ..... 42	PREZISTA TABS 75 MG, 600 MG, 800 MG ..... 35	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS ..... 21
prednisone TBPK ..... 42	PRIALT ..... 6	PROBIOTIC + OMEGA-3 CAPS .. 21
PREFERRED PLUS LANCETS COLORED 21G ..... 65	PRIMADOPHILUS BIFIDUS CPDR 21	PROBIOTIC 10 ULTRA STRENGTH CAPS ..... 21
PREFERRED PLUS LANCETS SUPER THIN 30G ..... 65	PRIMIDAR CAPS ..... 21	PROBIOTIC BLEND CAPS ..... 21
PREFERRED PLUS LANCETS THIN 26G ..... 65	primidone 125 MG ..... 13	PROBIOTIC CAPS ..... 22
pregabalin CAPS ..... 13	primidone 50 MG, 250 MG ..... 13	PROBIOTIC COLON SUPPORT CAPS ..... 21
pregabalin SOLN ..... 13	PRIORIX SUSR ..... 95	PROBIOTIC DAILY CAPS ..... 21
PREGNYL IM ..... 52	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML ..... 84	PROBIOTIC DIGESTIVE SUPPORT CAPS ..... 21
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM ..... 53	PRIVIGEN SOLN 5 GM/50ML .... 84	PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS ..... 23
PREHEVBRIO ..... 95	PRO COMFORT ALCOHOL PADS 68	PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS ..... 21
PREMARIN ..... 96	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC ..... 72	
PREMARIN TABS ..... 54	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC ..... 72	

PROBIOTIC MATURE ADULT CAPS .....	21	progesterone CAPS 200 MG .....	85	PROVENTIL HFA AERS (Use albuterol sulfate) .....	12
PROBIOTIC PEARLS ADVANTAGE CAPS .....	21	PROGLYCEM (Use diazoxide) ...	17	pseudoephedrine hcl TABS .....	78
PROBIOTIC PEARLS CAPS .....	21	PROGRAF PACK .....	74	pseudoephedrine hcl TB12 .....	78
PROBIOTIC PEARLS MAX POTENCY CAPS .....	21	PROGRAF SOLN .....	74	pseudoephedrine-ibuprofen TABS	43
PROBIOTIC PEARLS WOMENS CAPS .....	21	PROLEUKIN .....	31	PSS SELECT GP LANCETS .....	65
PROBIOTIC/PREBIOTIC/CRANBERRY CAPS .....	21	PROLIA SOSY .....	52	PSS SELECT SAFETY LANCETS	65
PROBIOTIC+TURMERIC EXTRACT CAPS .....	21	PROMACTA PACK 12.5 MG .....	58	psyllium CAPS 0.52 GM .....	60
PROBIOTIC-10 ULTIMATE CAPS	22	PROMACTA TABS .....	58	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 % ....	60
PROBITROL CAPS .....	22	PROMELLA IN PREBIOTIC CAPS	22	PULMICORT FLEXHALER AEPB .	11
PROBIZEN CAPS .....	22	PROMEROL CAPS .....	22	PULMOZYME .....	87
PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....	72	promethazine & phenylephrine SYRP .....	43	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	72
PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....	72	promethazine hcl SOLN OR 6.25 MG/5ML .....	25	PURIXAN SUSP .....	29
PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....	72	promethazine hcl SUPP .....	25	PX LANCETS MICROTHIN 33G ..	65
prochlorperazine .....	34	promethazine hcl TABS .....	25	PX LANCETS ULTRA THIN .....	65
prochlorperazine edisylate 10 MG/2ML .....	34	promethazine w/codeine SOLN ...	43	pyrantel pamoate SUSP 144 MG/ML	9
prochlorperazine maleate TABS ...	34	promethazine w/codeine SYRP ...	43	pyrazinamide .....	28
PROCURIT .....	58	PRONEB ULTRA FILTER SET MISC .....	72	pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 % .....	49
PROCYSBI CPDR .....	56	propafenone hcl TABS .....	10	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	49
PROCYSBI PACK .....	56	propranolol hcl CP24 .....	37	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 % .....	49
PRODIGY TWIST TOP LANCETS	65	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	37	pyridostigmine bromide TABS 60 MG .....	28
PROFILNINE .....	57	propranolol hcl TABS .....	37	pyridostigmine bromide TBCR .....	28
PRO-FLORA IMMUNE CAPS .....	22	propylthiouracil .....	87	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG .....	97
progesterone CAPS 100 MG .....	85	PROQUAD SUSR .....	95		
		PROTONIX PACK (Use pantoprazole sodium) .....	89		
		protriptyline hcl .....	16		
		PROVENGE .....	30		

pyrimethamine .....	28	RA DRY MOUTH SOLN .....	75	REALITY LANCETS .....	65
QC ALCOHOL SWABS .....	68	RA E-ZJECT LANCETS 28G .....	65	REALITY SWABS .....	68
QC LANCETS SUPER THIN .....	65	RA E-ZJECT LANCETS THIN 26G	65	REBINYN .....	57
QC LANCETS ULTRA THIN .....	65	RA E-ZJECT LANCETS THIN 28G	65	RECOMBINATE SOLR .....	57
QC UNILET LANCETS 28G/ULTRA		RA E-ZJECT LANCETS ULTRATHIN		RECOMBIVAX HB SUSP .....	95
THIN .....	65	30G .....	65	RECOMBIVAX HB SUSY .....	95
QC UNILET LANCETS 33G/MICRO		RA PROBIOTIC COLON CARE		RELEUKO SOLN .....	58
THIN .....	65	CAPS .....	22	RELEUKO SOSY .....	58
QDOLO SOLN (Use tramadol hcl) ..	7	RA PROBIOTIC COMPLEX CAPS		RELEXXII TBCR 18 MG, 27 MG, 36	
QELBREE .....	2	22		MG, 54 MG .....	2
QUAD-PROBIOTIC CAPS .....	22	RA PROBIOTIC DIGESTIVE		RELEXXII TBCR 45 MG, 63 MG	
QUADRACEL SUSP .....	88	SUPPORT CAPS .....	22	(Use methylphenidate hcl) .....	2
QUADRACEL SUSY .....	88	RA PROBIOTIC MAXIMUM		RELION ALCOHOL SWABS .....	68
quetiapine fumarate TABS .....	33	STRENGTH CAPS .....	22	RELION KETONE TEST STRIPS	
quetiapine fumarate TB24 .....	33	RABAVERT .....	95	STRP .....	51
QUICKVUE AT-HOME COVID-19		rabeprazole sodium TBEC .....	89	RELION LANCETS MICRO-	
TEST KIT .....	51	raloxifene hcl .....	53	THIN33G .....	65
QUICKVUE SARS ANTIGEN TEST .		ramelteon .....	60	RELION LANCETS THIN 26G .....	66
51		ramipril CAPS .....	26	RELION LANCETS ULTRA-	
quinapril hcl .....	26	ranitidine hcl TABS 75 MG, 150 MG .		THIN30G .....	66
quinapril-hydrochlorothiazide 12.5		88		RELION ULTRA THIN	
MG-10 MG .....	27	ranolazine TB12 .....	9	LANCETS/30G .....	66
quinapril-hydrochlorothiazide 12.5		RAPAFLO 4 MG (Use silodosin) ..	56	RELION ULTRA THIN LANCETS30G	
MG-20 MG .....	27	RAPID RESPONSE COVID-19 ...	51	.....	66
quinapril-hydrochlorothiazide 25 MG-		RAPID SARS-COV-2		RELION ULTRA THIN PLUS	
20 MG .....	27	ANTIGENTEST CARD KIT .....	51	LANCETS 32G .....	66
quinidine gluconate TBCR .....	10	RASUVO SOAJ 7.5 MG/0.15ML, 10		RELION ULTRA THIN PLUS	
quinidine sulfate TABS .....	10	MG/0.2ML, 12.5 MG/0.25ML, 15		LANCETS 33G .....	66
QULIPTA .....	73	MG/0.3ML, 17.5 MG/0.35ML, 20		REMODULIN SOLN IJ .....	38
QUVIVIQ .....	60	MG/0.4ML, 22.5 MG/0.45ML, 25		RENAGEL (Use sevelamer hcl) ..	55
RA ALCOHOL SWABS .....	68	MG/0.5ML, 30 MG/0.6ML .....	3	REVELA TABS (Use sevelamer	
RA ARTHRITIS PAIN RELIEF CREA		RAVICTI .....	53	carbonate) .....	55
49				repaglinide .....	18

REPATHA SOSY .....	26	riboflavin TABS .....	97	ROCKLATAN .....	82
REPATHA SURECLICK SOAJ ....	26	RID ESSENTIAL LICE ELIMINATION KIT KIT EX .....	49	ROCTAVIAN .....	57
REPLACEMENT AIR FILTER MISC .	72	rifampin CAPS .....	28	ROLVEDON .....	58
REPLACEMENT FILTERS MISC ..	72	RIGHTEST GL300 LANCETS .....	66	romidepsin SOLR .....	31
RESTASIS EMUL (Use cyclosporine (ophth)) .....	82	riluzole TABS .....	78	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG .....	33
RESTASIS MULTIDOSE EMUL ...	82	rimantadine hydrochloride TABS ..	37	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG .....	33
RESTORA CAPS .....	22	RINVOQ TB24 .....	3	ropinirole hydrochloride TB24 .....	33
RETACRIT .....	58	RISAQUAD CAPS .....	22	rosuvastatin calcium TABS .....	25
RETIN-A CREA (Use tretinoin) ....	44	RISAQUAD-2 CAPS .....	22	ROTARIX SUSP .....	95
RETIN-A GEL (Use tretinoin) .....	44	risedronate sodium TABS 150 MG	52	ROTARIX SUSR .....	95
RETISERT .....	82	risedronate sodium TABS 35 MG .	52	ROTATEQ SOLN .....	95
RETROVIR CAPS (Use zidovudine) .	35	risedronate sodium TABS 5 MG, 30 MG .....	52	RUBRACA .....	31
RETROVIR SYRP (Use zidovudine) .	35	risedronate sodium TBEC .....	52	RUCONEST .....	57
REVCIVI .....	53	RISPERDAL CONSTA (Use risperidone microspheres) .....	33	rufinamide SUSP .....	13
REVLIMID .....	74	risperidone microspheres .....	33	RUKOBIA .....	35
REXALL LANCETS ULTRA THIN	66	risperidone SOLN .....	33	RYALTRIS .....	78
REXTOVY LIQD .....	23	risperidone TABS .....	33	RYBELSUS TABS .....	17
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) .....	35	risperidone TBP .....	33	RYKINDO SRER .....	33
REYATAZ PACK .....	35	RITEFLO DEVI .....	72	SABRIL PACK (Use vigabatrin) ...	14
REZVOGLAR KWIKPEN .....	18	ritonavir TABS .....	35	SABRIL TABS (Use vigabatrin) ....	14
RHOGAM ULTRA-FILTERED PLUS SOSY IM .....	84	RITUXAN .....	29	salicylic acid GEL 6 % .....	48
RHOPHYLAC SOSY IJ .....	84	rivastigmine 13.3 MG/24HR .....	85	saline SOLN .....	78
RIASTAP .....	57	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR .....	85	salsalate .....	6
ribavirin (hepatitis c) CAPS .....	36	rivastigmine tartrate CAPS .....	85	SAMI THE SEAL	
ribavirin (hepatitis c) TABS 200 MG	36	RIXUBIS SOLR .....	57	REPLACEMENTFILTERS MISC ..	72
		rizatriptan benzoate TABS .....	73	SANDIMMUNE CAPS (Use cyclosporine) .....	74
		rizatriptan benzoate TBP .....	73	SANDIMMUNE SOLN IV 50 MG/ML .	74
				SANDOSTATIN LAR DEPOT KIT .	54

SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT . 95	sertraline hcl TABS ..... 15	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC ..... 72
sapropterin dihydrochloride PACK .53	SERTRALINE HYDROCHLORIDE CAPS .....15	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC .....72
sapropterin dihydrochloride TABS .53	sevelamer carbonate PACK ..... 55	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC ..... 72
SAVELLA TABS ..... 86	sevelamer carbonate TABS ..... 55	silodosin .....56
SAVELLA TITRATION PACK MISC 86	sevelamer hcl ..... 55	silver sulfadiazine ..... 46
saxagliptin hcl ..... 17	SEVENFACT ..... 57	SIMBRINZA ..... 81
saxagliptin-metformin hcl .....16	SHOPKO UNILET LANCETS SUPER THIN 30G .....66	simethicone CHEW 80 MG ..... 54
SAXENDA ..... 1	SHOPKO UNILET LANCETS ULTRA THIN 28G .....66	simethicone LIQD OR 20 MG/0.3ML . 54
SB ALCOHOL PREP PADS ..... 68	SIDESTREAM ADULT FACE MASK MISC ..... 72	simethicone SUSP .....55
SB LANCETS THIN .....66	SIDESTREAM PEDIATRIC FACEMASK MISC .....72	SIMLANDI 1-PEN KIT AJKT ..... 4
SB LANCETS ULTRA THIN ..... 66	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 72	SIMLANDI 2-PEN KIT AJKT ..... 4
SCHOOLTIME SHAMPOO SHAM 49	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC ..... 72	SIMPLYTHICK ..... 84
SD PROBIOTIC-10 COMPLEXULTRA CAPS .....22	SIDESTREAM PLUS ADULT FACE MASK MISC .....72	SIMPLYTHICK EASY MIX ..... 85
selegiline hcl CAPS .....33	SIGNIFOR .....54	SIMPLYTHICK EASYMIX .....85
selegiline hcl TABS ..... 33	SIGNIFOR LAR ..... 54	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG .....25
selenium sulfide LOTN 1 % .....45	SIKLOS TABS ..... 58	simvastatin TABS 80 MG .....25
selenium sulfide LOTN 2.5 % ..... 45	sildenafil citrate (pulmonary hypertension) SOLN ..... 39	sirolimus SOLN ..... 74
selenium sulfide SHAM 1 % ..... 45	sildenafil citrate (pulmonary hypertension) SUSR .....39	sirolimus TABS .....74
SELZENTRY SOLN .....35	sildenafil citrate (pulmonary hypertension) TABS .....39	SITAGLIPTIN .....17
SELZENTRY TABS 25 MG, 75 MG 35	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC ..... 72	SIVEXTRO TABS .....28
SEMGLEE SOLN ..... 18		SKLICE (Use ivermectin (pediculicide)) .....49
SEMGLEE SOPN ..... 18		SKYLA .....42
sennosides TABS 8.6 MG ..... 60		SKYRIZI PEN SOAJ ..... 45
sennosides-docusate sodium TABS 60		SKYRIZI SOCT ..... 55
SEREVENT DISKUS .....12		
sertraline hcl CONC .....15		

SKYRIZI SOLN .....	55	MG, 1 MG, 2.2 MG .....	73	sorafenib tosylate .....	31
SKYRIZI SOSY .....	45	sodium fluoride SOLN 0.125		SORBITOL OR 70 % .....	60
SKYSONA .....	85	MG/DROP .....	74	SORILUX FOAM .....	45
SKYTROFA .....	53	sodium fluoride SOLN 0.5 MG/ML	73	sotalol hcl (afib/afI) .....	37
SM ACIDOPHILUS PEARLS CAPS		SODIUM OXYBATE SOLN .....	85	sotalol hcl TABS 240 MG .....	37
22		sodium phenylbutyrate POWD .....	53	sotalol hcl TABS 80 MG, 120 MG,	
SM ADVANCED PROBIOTIC ULTRA		sodium phenylbutyrate TABS .....	53	160 MG .....	37
POTENCY CAPS .....	22	sodium phosphates ENEM .....	60	SOTYKTU .....	45
SM ALCOHOL PREP PADS .....	68	sodium polystyrene sulfonate POWD		SOVALDI PACK .....	36
SM GLUCOSE CHEW .....	17	75		SOVALDI TABS .....	36
SM IPECAC SYRUP .....	23	sodium polystyrene sulfonate SUSP		SPEEDY SWAB RAPID COVID-19	
SM MICRO THIN LANCETS 33G	.66	OR 15 GM/60ML .....	75	ANTIGEN SELF-TEST KIT .....	51
SMART SENSE COLOR LANCETS		SOFIA SARS ANTIGEN FIA .....	51	SPEVIGO SOLN .....	45
UNIVERSAL 33G .....	66	SOFIA2 SARS ANTIGEN FIA .....	51	SPEVIGO SOSY .....	45
SMART SENSE STANDARD		SOFOSBUVIR/VELPATASVIR TABS		SPIKEVAX COVID-19 VACCINE	
LANCETS UNIVERSAL 21G .....	66	.....	36	SUSP .....	95
SMART SENSE SUPER THIN		SOGROYA .....	53	SPIKEVAX COVID-19	
LANCETS UNIVERSAL 30G .....	66	SOHONOS 5 MG .....	77	VACCINE/2023-24 SUSP .....	95
SMART SENSE THIN		SOLESTA .....	74	SPIKEVAX COVID-19	
LANCETSUNIVERSAL 26G .....	66	solifenacin succinate TABS .....	89	VACCINE/2023-24 SUSY .....	95
SOAAZ TABS 20 MG .....	52	SOLIRIS .....	57	SPIKEVAX COVID-19	
sodium bicarbonate (antacid) TABS		SOLUVITA SOLN .....	74	VACCINE/2024-25 SUSY .....	95
325 MG, 650 MG .....	9	SOLUVITA SOLN .....	76	spinosad .....	49
sodium chloride (gu irrigant) 0.9 %	56	SOMATULINE DEPOT .....	54	SPINRAZA .....	79
sodium chloride (inhalant) AERS ..	43	SOMAVERT .....	53	SPIRIVA HANDIHALER CAPS (Use	
sodium chloride (inhalant) NEBU 0.9		SOOTHENE NBL 100 CHILD		tiotropium bromide monohydrate) .	10
%, 7 % .....	43	MASK MISC .....	72	spironolactone & hydrochlorothiazide	
sodium citrate & citric acid .....	56	SOOTHENE NBL 100		.....	51
sodium fluoride (dental) CREA ....	75	MEDICATION CUP MISC .....	72	spironolactone TABS .....	52
sodium fluoride (dental) GEL .....	75	SOOTHENE NBL 100 MESH CAP		STAMARIL SUSR .....	95
sodium fluoride (dental) SOLN 0.2 %		MISC .....	72	stannous fluoride CONC .....	75
75		SOOTHENE NBL100 ADULT		stavudine CAPS .....	35
sodium fluoride CHEW 0.25 MG, 0.5		MASK MISC .....	72	STERILANCE TL .....	66



STIMATE SOLN NA .....	54	SOLN .....	82	SUSTIVA CAPS 200 MG (Use efavirenz) .....	36
STIMUFEND .....	58	sulfamethoxazole-trimethoprim SUSP .....	27	SUSTIVA CAPS 50 MG (Use efavirenz) .....	36
STIOLTO RESPIMAT .....	12	sulfamethoxazole-trimethoprim TABS .....	27	SUSTIVA TABS (Use efavirenz) ..	36
STIVARGA .....	31	sulfasalazine TABS .....	55	SYLVANT .....	75
STRENSIQ .....	54	sulfasalazine TBEC .....	55	SYMBICORT (Use budesonide-formoterol fumarate dihydrate) .....	12
STRIBILD .....	35	sulindac TABS .....	5	SYMDEKO .....	87
SUBLOCADE SOSY .....	8	sumatriptan .....	73	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	36
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sumatriptan succinate SOAJ 4 MG/0.5ML .....	73	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	36
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sumatriptan succinate SOAJ 6 MG/0.5ML .....	73	SYMTUZA .....	36
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sumatriptan succinate SOCT 4 MG/0.5ML .....	73	SYNAGIS SOLN .....	84
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	8	sumatriptan succinate SOCT 6 MG/0.5ML .....	73	SYNAREL .....	53
SUCRAID .....	51	sumatriptan succinate SOLN 6 MG/0.5ML .....	73	SYNOJOYNT SOSY .....	78
sucralfate SUSP .....	88	sumatriptan succinate TABS .....	73	SYNRIBO .....	31
sucralfate TABS .....	88	sumatriptan-naproxen sodium .....	73	SYNTHROID TABS (Use levothyroxine sodium) .....	87
SUDAFED CHILDRENS LIQD .....	78	sunitinib malate .....	31	SYNVISC ONE SOSY .....	78
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN .....	78	SUNLENCA TBPK .....	35	SYNVISC SOSY .....	78
sulfacetamide sodium (acne) .....	44	SUPARTZ FX SOSY .....	78	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS .....	76
sulfacetamide sodium (ophth) SOLN ..	82	SUPER PROBIOTIC CAPS .....	22	TABLOID .....	29
sulfacetamide sodium LIQD .....	45	SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS .....	22	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....	48
sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....	44	SUPER THIN LANCETS .....	66	tacrolimus (topical) OINT 0.03 % ..	48
sulfacetamide sodium w/ sulfur SUSP 10 %-5 % .....	44	SUPERIOR PROBIOTIC CAPS .....	22	tacrolimus (topical) OINT 0.1 % ..	48
sulfacetamide sod-prednisolone		SUPPRELIN LA .....	53	tacrolimus CAPS .....	74
		SUREBIOTIC PROBIOTIC SUPPORT CAPS .....	22	tadalafil (pulmonary hypertension) TABS .....	39
		SURELITE LANCETS .....	66		

TADLIQ SUSP .....	39	terazosin hcl .....	26	400 MG .....	12
TAFINLAR CAPS .....	31	terbinafine hcl (topical) CREA .....	45	theophylline ELIX .....	12
TAGRISSO .....	30	terbinafine hcl TABS .....	24	theophylline SOLN .....	12
TAKHZYRO SOLN .....	57	terbutaline sulfate TABS .....	12	theophylline TB12 100 MG, 200 MG, 300 MG .....	12
TALZENNA 0.25 MG, 1 MG .....	31	terconazole vaginal CREA 0.4 % .....	96	theophylline TB12 450 MG .....	12
tamoxifen citrate TABS .....	30	terconazole vaginal CREA 0.8 % .....	96	theophylline TB24 .....	12
tamsulosin hcl .....	56	terconazole vaginal SUPP .....	96	thiamine hcl TABS .....	97
TASCENSO ODT .....	86	teriparatide (recombinant) SOPN .....	52	thiamine mononitrate TABS 100 MG . 97	
TASIGNA .....	31	TESTOPEL PLLT .....	8	THINLETS GP LANCETS .....	66
tasimelteon CAPS .....	60	testosterone cypionate SOLN IM 200 MG/ML .....	8	thioridazine hcl .....	34
TAVALISSE .....	57	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....	8	thiothixene .....	34
tazarotene CREA 0.1 % .....	45	testosterone GEL TD 1 % .....	8	THRESHOLD IMT MISC .....	72
TDVAX SUSP .....	88	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM .....	8	THROMBATE III .....	57
TECENTRIQ .....	29	testosterone SOLN .....	8	THYMOGLOBULIN .....	75
TECHLITE AST LANCETS .....	66	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	88	THYROGEN 0.9 MG .....	50
TECHLITE LANCETS .....	66	tetrabenazine .....	86	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	87
TEGLUTIK SUSP .....	78	tetracaine hcl (ophth) .....	82	tiagabine hcl 12 MG, 16 MG .....	14
TEGRETOL-XR TB12 (Use carbamazepine) .....	13	tetrahydrozoline hcl (ophth) 0.05 % 82		tiagabine hcl 2 MG, 4 MG .....	14
TEGSEDI .....	87	TEZSPIRE SOAJ .....	10	TIBSOVO .....	31
telmisartan .....	26	TEZSPIRE SOSY .....	10	TICOVAC .....	95
telmisartan-amlodipine .....	27	TGT LANCET MICRO THIN 33G .....	66	TIGLUTIK SUSP .....	78
telmisartan-hydrochlorothiazide ...	27	TGT LANCET THIN 26G .....	66	timolol maleate (ophth) SOLG 0.25 % .....	81
temazepam 15 MG, 30 MG .....	59	TGT LANCET ULTRA THIN 30G .....	66	timolol maleate (ophth) SOLN 0.5 % . 81	
temazepam 7.5 MG, 22.5 MG .....	59	THALOMID .....	74	timolol maleate (ophth) SOLN .....	81
TEMODAR SOLR .....	28	THEO-24 CP24 100 MG .....	12	timolol maleate TABS .....	37
temozolomide CAPS .....	28	THEO-24 CP24 200 MG, 300 MG, DE .....	81	TIMOLOL/BRIMONIDE/DORZOLAMI DE .....	81
temsirolimus .....	31				
TENIVAC INJ .....	88				
tenofovir disoproxil fumarate TABS 36					

TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	81	tolmetin sodium TABS 600 MG	5	SOLN (Use tramadol hcl)	7
tioconazole vaginal 6.5 %	96	tolnaftate CREA	45	tramadol-acetaminophen	7
tiopronin TABS	56	tolterodine tartrate CP24	89	trandolapril 1 MG, 2 MG	26
tiotropium bromide monohydrate CAPS	10	tolterodine tartrate TABS	89	trandolapril 4 MG	26
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	88	tolvaptan TABS	54	trandolapril-verapamil hcl	27
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	87	TOPAMAX SPRINKLE CPSP (Use topiramate)	13	tranexamic acid TABS	59
TIVICAY PD TBSO	36	topiramate CPSP	13	tranylcypromine sulfate	15
TIVICAY TABS	36	topiramate TABS 25 MG	13	TRAVATAN Z SOLN (Use travoprost)	83
tizanidine hcl CAPS	77	topiramate TABS 50 MG, 100 MG, 200 MG	13	travoprost SOLN	83
tizanidine hcl TABS	77	topotecan hcl SOLN	32	trazodone hcl TABS 300 MG	15
TOBI NEBU (Use tobramycin)	3	TOPOTECAN HCL SOLN	32	trazodone hcl TABS 50 MG, 100 MG, 150 MG	15
TOBRADEX OINT	82	topotecan hcl SOLR	32	TRECTOR	28
tobramycin (ophth) SOLN	82	toremifene citrate	30	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	30
tobramycin NEBU	3	torsemide TABS 20 MG	52	TRELSTAR MIXJECT 3.75 MG	30
tobramycin sulfate SOLN IJ	3	torsemide TABS 5 MG, 10 MG, 100 MG	52	treprostinil SOLN IJ	38
tobramycin sulfate SOLR	3	TOTECT	32	tretinoin (chemotherapy)	31
tobramycin-dexamethasone SUSP	82	TOVIAZ (Use fesoterodine fumarate)	89	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	44
TOBEX OINT	82	TPOXX CAPS	37	tretinoin CREA 0.025 %	44
TODAYS HEALTH SUPER THINLANCETS 30G	66	TRACLEER TABS (Use bosentan) 38		tretinoin GEL 0.01 %, 0.025 %, 0.05 %	44
TODAYS HEALTH ULTRA THINLANCETS 28G	66	TRADJENTA	17	tretinoin microsphere	44
TOLECTIN 600 TABS	5	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7	TRETTEN	57
tolmetin sodium CAPS	5	tramadol hcl SOLN	7	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	29
		tramadol hcl TABS 25 MG, 100 MG	7	triamcinolone acetonide (mouth)	75
		tramadol hcl TABS 50 MG	7	triamcinolone acetonide (topical) AERS	48
		tramadol hcl TB24	7	triamcinolone acetonide (topical) CREA 0.025 %	48
		TRAMADOL HYDROCHLORIDE			

triamcinolone acetonide (topical) CREA 0.1 %	tropicamide SOLN 0.5 %	81	UDENYCA ONBODY SOSY	58
triamcinolone acetonide (topical) CREA 0.5 %	tropicamide SOLN 1 %	81	UDENYCA SOAJ	58
triamcinolone acetonide (topical) LOTN	tropium chloride CP24	89	UDENYCA SOSY	58
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	tropium chloride TABS	89	ULTILET CLASSIC LANCETS	67
triamcinolone acetonide (topical) OINT 0.05 %	TRUBIOTICS CAPS	22	ULTRAFLOA IMMUNE HEALTH CAPS	22
triamcinolone acetonide-dimethicone- silicone	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	22	UNILET COMFORTOUCH LANCET	67
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	TRUEPLUS GLUCOSE CHEW	17	UNILET EXCELITE	67
triamterene & hydrochlorothiazide TABS	TRUEPLUS GLUCOSE ON THE GO CHEW	17	UNILET EXCELITE II	67
triazolam	TRUEPLUS LANCETS 26G	66	UNILET G.P. LANCET	67
trientine hcl 250 MG	TRUEPLUS LANCETS 28G	66	UNILET G.P. SUPERLITE LANCET	67
trifluoperazine hcl TABS	TRUEPLUS LANCETS 28G SUPER THIN	66	UNILET GP 28 ULTRA THIN	67
trihexyphenidyl hcl SOLN	TRUEPLUS LANCETS 30G	66	UNILET LANCET	67
trihexyphenidyl hcl TABS	TRUEPLUS LANCETS 30G ULTRA THIN	67	UNILET LANCETS MICRO-THIN33G	67
TRIKAFTA TBPK 100 MG-50 MG	TRUEPLUS LANCETS 33G	67	UNILET LANCETS SUPER- THIN30G	67
TRILEPTAL SUSP (Use oxcarbazepine)	TRULICITY	17	UNILET LANCETS ULTRA-THIN 28G	67
TRILURON SOSY	TRUMENBA	90	UNILET SUPERLITE LANCET	67
trimethoprim TABS	TRUVADA (Use emtricitabine- tenofovir disoproxil fumarate)	36	UNITUXIN	29
trimipramine maleate CAPS	TUBING/WING TIP MISC	72	UNIVERSAL 1 LANCETS THIN26G	67
TRIUMEQ PD TBSO	TWINRIX SUSY	95	UNIVERSAL 1 LANCETS ULTRA THIN 30G	67
TRIUMEQ TABS	TYBLUME CHEW	41	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	67
TRIVISC SOSY	TYBOST	36	UP4 PROBIOTICS ADULT CAPS	22
TRIZIVIR	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	6	UP4 PROBIOTICS MENS CAPS	22
	TYPHIM VI SOLN	90	UP4 PROBIOTICS ULTRA CAPS	22
	TYPHIM VI SOSY	90	UP4 PROBIOTICS WOMENS CAPS	
	UBRELVY	73		

22	28G	67	venlafaxine hcl CP24 150 MG	15
urea CREA 40 %	vancomycin hcl CAPS 125 MG	27	venlafaxine hcl CP24 37.5 MG	15
urea LOTN 40 %	vancomycin hcl CAPS 250 MG	27	venlafaxine hcl CP24 75 MG	15
ursodiol CAPS	vancomycin hcl SOLR IV 1 GM, 1000 MG	27	venlafaxine hcl TABS	15
ursodiol TABS 250 MG	vancomycin hcl SOLR IV 500 MG	27	venlafaxine hcl TB24	15
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	vancomycin hcl SOLR OR 25 MG/ML	27	VENTOLIN HFA AERS (Use albuterol sulfate)	12
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	27	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	38
valacyclovir hcl 1 GM, 1000 MG	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	27	verapamil hcl CP24 300 MG	38
valacyclovir hcl 500 MG	VANDAZOLE	96	verapamil hcl CP24 360 MG	38
valganciclovir hcl TABS	VAQTA	95	verapamil hcl TABS	38
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	varenicline tartrate TABS	86	verapamil hcl TBCR	38
valproic acid CAPS	varenicline tartrate TBPB	86	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	38
valrubicin	VARIVAX INJ	95	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	38
valsartan SOLN	VAXCHORA	90	VERELAN PM CP24 300 MG (Use verapamil hcl)	38
valsartan TABS	VAXELIS SUSP	88	VESICARE LS SUSP	89
valsartan-hydrochlorothiazide	VAXELIS SUSY	88	VEVYE SOLN	82
VALTOCO 10 MG DOSE LIQD	VAXNEUVANCE	90	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS	22
VALTOCO 15 MG DOSE LQPK	VCF VAGINAL CONTRACEPTIVE FILM FILM	95	VIActiv DIGESTIVE HEALTH CHEW	23
VALTOCO 20 MG DOSE LQPK	VCF VAGINAL CONTRACEPTIVE GEL	95	VIDA MIA UNILET LANCETS SUPER THIN 30G	67
VALTOCO 5 MG DOSE LIQD	VECAMEYL	27	VIDA MIA UNILET LANCETS ULTRA THIN 28G	67
VALUE PLUS LANCETS STANDARD 21G	VECTIBIX 100 MG/5ML, 400 MG/20ML	30	VIEKIRA PAK TBPB	36
VALUE PLUS LANCETS SUPER THIN 30G	VELSIPITY	55	vigabatrin PACK	14
VALUE PLUS LANCETS THIN 26G	VENCLEXTA STARTING PACK TBPB	29	vigabatrin TABS	14
67	VENCLEXTA TABS	29		
VALUMARK LANCET SUPER THIN 30G	VENLAFAXINE BESYLATE ER	15		
VALUMARK LANCET ULTRA THIN				

VIJOICE TBPK .....	75	VOGELXO PUMP GEL TD (Use testosterone) .....	8	WEBCOL ALCOHOL PREP MEDIUM 2 PLY .....	68
VILTEPSO .....	79	VONVENDI .....	57	WEGOVY .....	1
VIMIZIM .....	54	VORAXAZE .....	32	WELLPRO 31 CAPS .....	22
vincristine sulfate .....	32	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	72	white petrolatum-mineral oil .....	80
VIRACEPT TABS 250 MG .....	36	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	72	WILATE KIT .....	57
VIRACEPT TABS 625 MG .....	36	VORTEX VALVED HOLDING CHAMBER DEVI .....	73	WINDMILL TRAINER MISC .....	73
VIREAD POWD .....	36	VOSEVI .....	36	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	84
VIREAD TABS (Use tenofovir disoproxil fumarate) .....	36	VPRIV .....	58	WOMENS 50 BILLION CAPS .....	22
VIREAD TABS .....	36	VSL#3 CAPS .....	22	XACIATO GEL .....	96
VISBIOME PROBIOTIC HIGH POTENCY CAPS .....	22	VTAMA .....	45	XALKORI CAPS .....	31
VISCO-3 SOSY .....	78	VYNDAMAX .....	39	XARELTO STARTER PACK TBPK 12	
VISTOGARD .....	23	VYNDAMAX .....	39	XARELTO SUSR .....	12
VISUDYNE .....	82	VYONDAQEL .....	39	XARELTO TABS 10 MG, 20 MG ..	12
VITAMIN D3 LIQD OR 5000 UNIT/ML .....	96	VYONDYS 53 .....	79	XARELTO TABS 15 MG .....	12
VITAMIN E CAPS 200 UNIT .....	97	VYVANSE CAPS .....	1	XARELTO TABS 2.5 MG .....	12
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT .....	97	VYVANSE CHEW .....	1	XCOPRI TABS .....	14
VITAMIN E CHEW .....	97	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	67	XCOPRI TBPK .....	14
VITAMINS A/C/D/FLUORIDE SOLN . 76		WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	67	XELJANZ SOLN .....	3
vitamins w/ lipotropics CAPS .....	77	WALGREENS GLUCOSE CHEW .	17	XELSTRYM .....	1
VITRAKVI CAPS .....	31	WALGREENS THIN LANCETS ..	67	XEOMIN .....	79
VITRAKVI SOLN .....	31	warfarin sodium TABS .....	12	XEROSTOMIA RELIEF SPRAY SOLN .....	75
VIVIMUSTA SOLN .....	28	WEBCOL ALCOHOL PREP LARGE 1 PLY .....	68	XGEVA SOLN .....	52
VIVITROL .....	23	WEBCOL ALCOHOL PREP LARGE 2 PLY .....	68	XIAFLEX .....	74
VIVOTIF .....	90			XIIDRA .....	82
VIZIMPRO .....	30			XOFLUZA 40 MG, 80 MG .....	37
VOCABRIA .....	36			XOLAIR SOAJ .....	10
				XOLAIR SOLR .....	10

XOLAIR SOSY .....	10	ZEGALOGUE SOAJ .....	17	ziprasidone mesylate .....	33
XOPENEX HFA (Use levalbuterol tartrate) .....	12	ZEGALOGUE SOSY .....	17	ZITUVIO .....	17
XOSPATA .....	31	ZELAC CAPS .....	22	ZOLADEX 10.8 MG .....	30
XPERT XPRESS SARS-COV-2 ..	51	ZELBORAF .....	31	ZOLADEX 3.6 MG .....	30
XPHOZAH .....	54	ZEMAIRA SOLR 1000 MG .....	87	zoledronic acid CONC .....	52
XTANDI CAPS .....	30	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 .....	51	zoledronic acid SOLN 4 MG/100ML 52	
XYBIOTIC CAPS .....	22	ZEPATIER .....	36	zoledronic acid SOLN 5 MG/100ML 52	
XYNTHA .....	57	ZEPBOUND SOAJ .....	1	ZOLEDRONIC ACID SOLN .....	52
XYNTHA SOLOFUSE .....	57	ZEPOSIA STARTER KIT CPPK ..	86	ZOLGENSMA 10.1-10.5 KG .....	80
XYREM SOLN .....	85	ZEVALIN Y-90 .....	29	ZOLGENSMA 10.6-11.0 KG .....	80
YERVOY .....	29	ZIAGEN SOLN (Use abacavir sulfate) .....	36	ZOLGENSMA 11.1-11.5 KG .....	80
YESCARTA .....	30	ZIAGEN TABS (Use abacavir sulfate) .....	36	ZOLGENSMA 11.6-12.0 KG .....	80
YF-VAX INJ .....	95	zidovudine CAPS .....	36	ZOLGENSMA 12.1-12.5 KG .....	80
YONDELIS .....	28	zidovudine SYRP .....	36	ZOLGENSMA 12.6-13.0 KG .....	80
YOSPRALA 81 MG-40 MG .....	57	zidovudine TABS .....	36	ZOLGENSMA 13.1-13.5 KG .....	80
YUFLYMA 1-PEN KIT AJKT .....	4	ZIEXTENZO .....	58	ZOLGENSMA 13.6-14.0 KG .....	80
YUFLYMA 2-PEN KIT AJKT .....	4	zileuton TB12 .....	11	ZOLGENSMA 14.1-14.5 KG .....	80
YUFLYMA 2-SYRINGE KIT PSKT 20 MG/0.2ML .....	4	ZILRETTA SRER .....	42	ZOLGENSMA 14.6-15.0 KG .....	80
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML .....	4	ZIMHI SOSY .....	23	ZOLGENSMA 15.1-15.5 KG .....	80
YUFLYMA CD/UC/HS STARTER AJKT .....	4	zinc oxide (topical) OINT 20 % .....	49	ZOLGENSMA 15.6-16.0 KG .....	80
YUSIMRY .....	5	zinc sulfate CAPS .....	74	ZOLGENSMA 16.1-16.5 KG .....	80
YUTIQ .....	82	ZINPLAVA .....	84	ZOLGENSMA 16.6-17.0 KG .....	80
zafirlukast .....	10	ziprasidone hcl .....	33	ZOLGENSMA 17.1-17.5 KG .....	80
zaleplon .....	59			ZOLGENSMA 17.6-18.0 KG .....	80
ZALTRAP .....	29			ZOLGENSMA 18.1-18.5 KG .....	80
ZARXIO .....	58			ZOLGENSMA 18.6-19.0 KG .....	80
ZAVZPRET .....	73			ZOLGENSMA 19.1-19.5 KG .....	80
				ZOLGENSMA 19.6-20.0 KG .....	80
				ZOLGENSMA 2.6-3.0 KG .....	80

ZOLGENSMA 20.1-20.5 KG	80	ZOVIRAX OINT (Use acyclovir topical)	46
ZOLGENSMA 20.6-21.0 KG	80	ZTALMY	13
ZOLGENSMA 3.1-3.5 KG	80	ZUBSOLV SUBL 0.18 MG-0.7 MG	8
ZOLGENSMA 3.6-4.0 KG	80	ZUBSOLV SUBL 0.36 MG-1.4 MG	8
ZOLGENSMA 4.1-4.5 KG	80	ZUBSOLV SUBL 0.71 MG-2.9 MG	8
ZOLGENSMA 4.6-5.0 KG	80	ZUBSOLV SUBL 1.4 MG-5.7 MG	8
ZOLGENSMA 5.1-5.5 KG	80	ZUBSOLV SUBL 2.1 MG-8.6 MG	8
ZOLGENSMA 5.6-6.0 KG	80	ZUBSOLV SUBL 2.9 MG-11.4 MG	8
ZOLGENSMA 6.1-6.5 KG	80	ZULRESSO	14
ZOLGENSMA 6.6-7.0 KG	80	ZURZUVAE	14
ZOLGENSMA 7.1-7.5 KG	80	ZYDELIG	31
ZOLGENSMA 7.6-8.0 KG	80	ZYKADIA TABS	31
ZOLGENSMA 8.1-8.5 KG	80	ZYNTEGLO	58
ZOLGENSMA 8.6-9.0 KG	80	ZYPREXA RELPREVV	34
ZOLGENSMA 9.1-9.5 KG	80		
ZOLGENSMA 9.6-10.0 KG	80		
ZOLINZA	31		
zolmitriptan SOLN 2.5 MG	73		
zolmitriptan TABS	73		
zolmitriptan TBDP	73		
ZOLPIDEM TARTRATE CAPS	59		
zolpidem tartrate SUBL	59		
zolpidem tartrate TABS	60		
zolpidem tartrate TBCR	60		
ZOMIG SOLN 2.5 MG	73		
ZONISADE SUSP	13		
zonisamide CAPS	13		
ZORYVE 0.3 %	45		
ZOVIRAX CREA (Use acyclovir topical)	46		